COMMITTEE ON NATURAL RESOURCES 113th Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Magnuson-Stevens Fishery Conservation and Management Act – Wednesday, March 13, 2013

For Individuals:

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

* * * * *

For Witnesses Representing Organizations:

- 1. Name: John Pappalardo
- 2. Name of Organization(s) You are Representing at the Hearing: Cape Cod Commercial Hook Fishermen's Association, Inc.
- 3. Business Address: 1566 Main Street, Chatham, MA 02633
- 4. Business Email Address: johnp@ccchfa.org
- 5. Business Phone Number: 508-945-2432 x101

Mr. John Pappalardo, Chief Executive Officer, Cape Cod Commercial Hook Fishermen's Association Magnuson-Stevens Fishery Conservation and Management Act – Wednesday, March 13, 2013

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.

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.

- Member of Massachusetts Ocean Advisory Commission for Ocean Zoning (2009-present)
- Federal Catch Share Task Force (2009-present)
- US/CA Steering Committee (2006-present)
- US/CA negotiations (TMGC 2004-present)
- Massachusetts Marine Fisheries Commission, Member (2000-present)
- Massachusetts Fishermen's Partnership, Executive Committee (2000-2009)
- Atlantic States Marine Fisheries Commission, Advisor (2000-2002)

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.

Chairman of the New England Fishery Management Council, 2006-2011

Member of the New England Fishery Management Council, 2002-2011

- Coordinated the federal management of multi-billion dollar commercial and recreational fisheries throughout New England
- Provided leadership as NEFMC implemented annual catch limits, accountability measures and other changes across fishery management plans as mandated by the updated Magnuson-Stevens Act.
- Interfaced with the NEFMC Executive Director and provided oversight and management for the entire NEFMC staff
- Served as the NEFMC liaison to the other regional fishery councils as well as to the National Marine Fisheries Service, Department of Commerce and the U.S. Congress

Fisheries Policy Director, Cape Cod Commercial Hook Fishermen's Association, Inc, 1997-2010

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of Commerce that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

Personally, none. See below for organization's contracts.

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.

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

none

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

The Cape Cod Commercial Hook Fishermen's Association is a nationally recognized, non-profit organization that works to develop and implement creative solutions that promote healthy oceans, strong fishing businesses and thriving coastal communities. It is taking action now to make sure there are fish and fishermen for future generations. We are the leading voice for commercial fishermen on Cape Cod, working with more than 120 independent fishing businesses and 300 local fishing families.

Witnesses Representing Organizations

Mr. John Pappalardo, Executive Director, Cape Cod Commercial Hook Fishermen's Association Magnuson-Stevens Fishery Conservation and Management Act – Wednesday, March 13, 2013

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

CCCHFA Policy Director, Tom Dempsey, serves as an appointed member of the New England Fishery Management Council, 2011-current.

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of Commerce 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).

National Marine Fisheries Service Cooperative Research contract: "Improving Fishing Efficiency Through Spatio-Temporal Tools to Reduce Bycatch", \$242,085, 2010-2012.

j. 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).

none

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

none

1. 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)).

Please see attached pdf files for 2009, 2010, 2011 Forms 990.

3	CCCHF/	A 05/03/2012 11:21 AM
	Form	990

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 a use of private roundation)	
he organization may have to use a copy of this return to satisfy s	state reporting requirements.

OMB No. 1545-0047 2011

,₄ Depa Inter	artment of the Treasu nal Revenue Service	ıry			t	oenefit tr	ust or private fou copy of this return	Indation)	• •		•	Ope	en to P Ispecti	ublic
Ā	For the 2011 c	alendar					, and ending			•		10000-9078-	<u></u>	<u></u>
в	Check if applicable:	C Name of organization Cape Cod Commercial Hook							C	Employ	ver Identifica	tion numb)er	
	Address change						iation, Inc	3.						
	Name change	Doing B	usiness As								04-	31387	/84	
	•	Number	and street (or	P.O. box if mail is r	not delivered to	street addre	ess)		Room/suite	E		one number		
	Initial return	1560	5 Main	Street							508	-945-	-2432	2
	Terminated	City or to	wn, state or c	ountry, and ZIP + 4					—I.					
	Amended return	Chat	:ham			MA 02	2633			6	Gross rece	inte \$	2,887	7.179
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	Application pending	Eri	c Hes:	se, Cha:	irman				H(a) ls (ł	nis a grou	p return for a	ffiliates?	Yes	XNC
				n Street					H(b) Are	ali affilia	tes included	17 [Yes	No
		Cha	tham			MA	02633			lf "No," a	attach a list.	(see instructi	ions)	<u> </u>
	Tax-exempt status:	X	501(c)(3)	501(c) () 🔺 (Inse		4947(a)(1) or	527						
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<u>к</u>	Form of organization:			Trust Asso	ociation	Other 🕨			Year of formation		of numb			le: MZ
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251040				on's mission or	most signifi	leont activ	ition		·					
Activities & Governance	2 Check thi	s box 🕨	if the or	rganization disc	continued its	s operatio	-wasteful c	· · · · · · · · · · · · · · · · · · ·						••••••
শ	3 Number of	of voting n	embers of	the governing l	body (Part \	VI, line 1a)				3	12		
es	4 Number of	of indepen	f independent voting members of the governing body (Part VI, line 1b)						4	12				
i∨it	5 Total num	nber of inc	er of individuals employed in calendar year 2011 (Part V, line 2a)						5	18		-		
Act	6 Total num	nber of vo	per of volunteers (estimate if necessary)						6	20				
•	7a Total unre	elated business revenue from Part VIII, column (C), line 12						7a			C			
	b Net unrela	ated busir	iess taxable	e income from	Form 990-T	, line 34		.		• • • • • • • • • • • • • • • • • • •	7b			Ö
									Pri	or Year			rrent Year	
e	8 Contributi	ions and g	rants (Part	:VIII, line 1h)							,053	1	,468	
Revenue	9 Program	service re	venue (Par	t VIII, line 2g)					2,		,264			,386
Ş	10 Investmer	nt income	(Part VIII, d	coiumn (A), line	es 3, 4, and	7d)					,093			,410
	11 Other rev	enue (Par	t VIII, colun	nn (A), lines 5,	6d, 8c, 9c,	10c, and	11e)				,216		20	<u>,655</u>
							nn (A), line 12)			814	,626	2	,633	,653
	13 Grants an	nd similar	amounts pa	aid (Part IX, col	lumn (A), lin	ies 13)					0			0
	14 Benefits p	paid to or	for member	rs (Part IX, colu	ımn (A), line	e 4)					0			0
ន										<u>993</u>	,158		777	,153
Expenses	16a Professio	nal fundra	lising fees ((Part IX, columi	n (A <u>)</u> , line 1 [.]	1e)	(A), lines 5–10)				0			0
ğ	b Total func	draising ex	(Pa	art IX, column ((D), line 25)	▶	14,1	143						
Щ	17 Other exp	penses (P	enses (Part IX, column (A), lines 11a–11d, 11f–24e)						,476	1	,210	,485		
	18 Total exp	enses. Ac	ld lines 13-	-17 (must equal	l Part IX, co	lumn (A),	line 25)		1,	864	,634	1	,987	,638
	19 Revenue	less expe	nses. Subtr	ract line 18 fror	m line 12	<u></u>					,992			,015
s or									Beginning o				d of Year	
sset	20 Total ass				,						,488		,992	
Net Assets or Fund Balances	21 Total liabi	•		* · · · · · · · · · · · · · · · · · · ·							,200		<u>,616</u>	
				Subtract line 21	from line 2	0	<u> </u>		2,	730	,288	3	,376	,293
		gnature					· · · · ·							
U	nder penaities of p	erjury, I de	clare that I h	ave examined th	is return, incl	uding acco	mpanying schedules	and stateme	nts, and to the b	est of n	w knowled	lae and bell	ef. it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		of officer CK Muto				Trea	lsurer	Date	
Paid Preparer	Print/Type prepare Michael J W	alsh, CPA		Preparer's signaling	Juchar	yeach	CPA Date	Check 03/12 self-em	
Use Only	Firm's name Firm's address	Sanders PO Box Ostervi	F	<u>& Eaton</u> 02655	, LLP	\bigcirc		Firm's EIN ▶	<u>04-3128198</u> 508-428-0790
		eturn with the prepare on Act Notice, see th			s)	·····	······································		Yes No Form 990 (2011)

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Part III	1) Cape Cod Commen	rcial Hook	04-3138784	Page
		ervice Accomplishments		
Dula Aurala		ains a response to any que	estion in this Part III	<u> </u>
	escribe the organization's mission:	the grality of	+h	
resour	ces by use of no	n-harmful, non-w	the ocean environme vasteful commercial	fishing practices.
	organization undertake any significa m 990 or 990-EZ?		year which were not listed on the	Yes X No
	describe these new services on So	chedule O.	*****	
Did the o services?	organization cease conducting, or r ?		it conducts, any program	
	describe these changes on Sched	ule O.		
expenses		organizations and section 4947(a	s three largest program services, as mea a)(1) trusts are required to report the am each program service reported.	
		· · · · · ·		
reform)(Expenses \$ ign by commercial n of New England onmentally sustai	Ground Fisheries	nts of \$)(other concerned coas s Management to make	it
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Form 990 (2011) Cape Cod Commercial Hook Part IV Checklist of Required Schedules

04	-3	1	3	8	7	8	4

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
~	complete Schedule A	1	X	· · · · · · ·
2	is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations.Did the organization engage in lobbying activities, or have a section 501(h)			
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
Ð	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			77
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
Ŭ				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		<u>X</u>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
0	complete Schedule D. Det III			v
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	8		_X
a	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D. Det IV			v
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		X
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	1	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	4	
•••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		·*************************************	
	complete Schedule D. Part VI	11a	х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		- 21	
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 162 If "Vec." complete Schedule D, Dert IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? if "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Perts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? if "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<u>20a</u>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Part IN: Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 21 if Yes," complete Schedule I, Parts I and II. 21 X 20 Did the organization report more than \$5,000 of grants and ther assistance to individuals in the United States on Part IX, column (A), line 21 if Yes," complete Schedule I, Parts I and III. 21 X 21 Did the organization rever norme than \$5,000 of grants and there assistance to individuals in the United States on Part IX, column (A), line 21 if Yes," complete Schedule I, Parts I and III. 22 X 23 Did the organization have row there of the organization have at assistance to individuals in the United States organization for worm and former officers, directors, trustees, key employees, and highest compensation 23 X 24 Did the organization have at any proceeds of tax-evere the tords beyond a temporary partice exception? 24a X 25 Did the organization naves on excess thereff transaction regans in an excess benefit transaction 24d X 26 Did the organization partice in an 'on behalf of issuer for bonds outstanding at ry time during the year? 24d X 27 X Sectin Did (C)(A) organizatizatino: X-the organization reg	<u>Form</u>	1990 (2011) Cape Cod Commercial Hook 04-3138784		Р	age 4
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on PATIX, column (A), line 71 (If Yee; complete Schedule), Parts I and III 21 X 22 Did the organization answer Yee' to PATIN, column (A), line 72 (If Yee; complete Schedule), Parts I and III 22 X 23 Did the organization answer Yee' to PATIN, column (A), line 72 (If Yee; complete Schedule), A or 5 about compensation of the organization reserver Yee' to PATIN, column (A), line 72 (If Yee; complete Schedule), A or 5 about compensation answer lines 24b 23 X 244 Did the organization network only to be line 52 24a 24 24a 24a <td< th=""><th>- <u>@</u>P#</th><th>Int IV Checklist of Required Schedules (continued)</th><th></th><th>·</th><th></th></td<>	- <u>@</u> P#	Int IV Checklist of Required Schedules (continued)		·	
In the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 X 23 Did the organization answer "Yes" to Part VI, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VI, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VI, Section A, line 3, 4, or 5 about compensation of the organization reveal as exceepent bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, thet was issued after December 31, 2002? If "Yes," answer lines 24b X 24a Did the organization neval any proceeds of the ear-excerpt bonds bayond a temporary period exception? 24a X 24b Did the organization neval any proceeds of the acception? 24d X 24d Did the organization neval any proceeds of the acception? 24d X 25a Section 501(c)(3) and 501(c)(A) organization.Schelute L, Part I 25a X 25a X Yes, "complete Schedule L, Part I 25a X 25a X Did the organization aware that It ongaged in an excess benefit transaction with a disqualified person unstanding as of the organizations. Nich the organization for ware that It ongaged in an excess benefit transactin approxesit and anot as an 'no behal for schedule L, Part I				Yes	No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 X 23 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 X 24 Did the organization answer Yes' to Part VII. Section A, line 3.4, or 3 about compensation of the organization for urrent and former officers, directors, trustees, key employes, and highest compensated employees? If Yes, 'complete Schedule J. 23 X 24a Did the organization naives the two securits of the	21				
on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation: of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24 Did the organization have at bax-exempt bond issue with an outstanding principal amount of more finan \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24e X 25 Did the organization method issue with an outstanding principal amount of more finan \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24e X 26 Did the organization method with the serve was thords beyond a temporary period exception? 24d X 27 Did the organization method with a disqualified person was any tax-exempt bonds? 24d 24e 24d 24d 24d 24d 25a X 28 Section 601(c)(3) and 501(c)(4) organizations have benefit transaction with a disqualified person was not been reported on any of the organization's tay and "I'''es," oronghete Schedule L, Part I 25a X 29 Was aloa to rby a current or former officer, director, trustee, key employee, bigHy compensated employee, or disqualified person wastanding as of the end the organization's tay and I''''r			21		X
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a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 X	28				
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Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 X	-		28a		<u>x</u>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 200 210 was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 X	D,				
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 X			28b		X
 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 	L.				17
 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 	20				
conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 X		Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	•	
 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 X 	50				
Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 X	31		30		•
 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 X 	01				v
complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 X	32		31		<u> </u>
 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 			20		v
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 X	33		32		<u> </u>
 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 		sections 301 7701-2 and 301 7701 32 If "Voc " complete Schodule B. Dat I	22		v
IV, and V, line 1 34 X	34		- 33		
			24		x
	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the		Did the organization receive any payment from or engage in any transaction with a controlled entity within the	- 35a		
meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2	254		x
36 Section 501(c)(3) organizations.Did the organization make any transfers to an exempt non-charitable	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	- 330	<u> </u>	
			36		x
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 X	37				
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,					
Part VI			37		x
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	38	***************************************			<u> </u>
19? Note. All Form 990 filers are required to complete Schedule O 38 X			38	x	

8 **A** Form **990** (2011)

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Form	990 (2011) Cape Cod Commercial Hook 0	4-313876	84		P	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance)		,	· · · · ·	
	Check if Schedule O contains a response to any question in this I	Part V				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		<u>a</u> 24			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1	b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendo	ors and		· ·		
	reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2	a 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment	t tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	structions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	ar?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule C	D		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature	or other authori	ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or	r other financial				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F					
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	x year?		5a		X
b	Did any taxable party notity the organization that it was or is a party to a prohibited tax shelter					X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, a	and did the	••••••••••••••••••			-
	organization solicit any contributions that were not tax deductible?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such c	contributions or				-
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	partly for goods				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	>				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w					
	required to file Form 8282?					
d	If "Yes," indicate the number of Forms 8282 filed during the year		'd			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract	?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben			<u>7f</u>		
g	If the organization received a contribution of qualified intellectual property, did the organization			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the		e a Form 1098-0	C?7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) s	· · · · ·				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sp					
	organization, have excess business holdings at any time during the year?	,		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?				<u> </u>	ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations.Enter:	I	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	1	0a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		0b			
11	Section 501(c)(12) organizations. Enter:	1	1			
a	Gross income from members or shareholders		1a			
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)		1b			
12a	Section 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990 in lie		1			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<u>1</u>	2b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedu	ile O.				
- b	Enter the amount of reserves the organization is required to maintain by the states in which	I	1			
	the organization is licensed to issue qualified health plans		3b			
C	Enter the amount of reserves on hand		3c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?					X
<u>a</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in	Schedule O		14b		t

Form	990 (2011) Cape Cod Commercial Hook 04-3138784		P	Page 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and fo	ra	
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sc	hedule	3	
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management	.,,,,,,,,		<u>-</u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
' b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	*******	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other percent?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6	x	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	- <u> </u>		
	one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	- <u>7a</u>		
	stackholders or persons other than the source had 2	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The coverning body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod			
		<u> </u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	*******
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	********
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Melissa Clarke 1566 Main Street

a. germanatit y	
Chatham	

MA 02633

508-945-2432

Form 990 (201	1) Cape Cod Commercial Hook	04-3138784	Page 7
Part VII	Compensation of Officers, Directors, Trus	stees, Key Employees, Highest Compensated Employ	
	Independent Contractors		· •
	Check if Schedule O contains a response to	any question in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and		
1a Complete	this table for all persons required to be listed. Report comp	ensation for the calendar year ending with or within the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
organization's	tax year.		
 List all o 	f the organization's current officers, directors, trustees (w	hether individuals or organizations), regardless of amount of	
compensation	. Enter -0- in columns (D), (E), and (F) if no compensation	was paid.	
List all o	of the organization's current key employees, if any. See ins	structions for definition of "key employee."	
 List the 	organization's five current highest compensated employed	es (other than an officer, director, trustee, or key employee)	
who received	reportable compensation (Box 5 of Form W-2 and/or Box 7	of Form 1099-MISC) of more than \$100,000 from the	
organization a	nd any related organizations.		
 List all o 	f the organization's former officers, key employees, and h	ighest compensated employees who received more than	
	eportable compensation from the organization and any rela	Ū	
● List all o	f the organization's former directors or trustees that rec	eived, in the capacity as a former director or trustee of the	
organization, r	nore than \$10,000 of reportable compensation from the or	ganization and any related organizations.	
List persons in	the following order: individual trustees or directors; institut	tional trustees; officers; key employees; highest	
compensated	employees; and former such persons.		

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	bo	x, unle ficer a	Pos check ess pe	arson lirecto	than on- is both a pr/trustee Highest compensated	n	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)Andrew Baler		$\left \right $					_			
Clerk	2.00	X		х				0	0	0
(2)Kurt Martin										
Director	2.00	X						0	0	0
(3)Eric Hesse										
Chairman	2.00	X		X				0	0	0
(4)Nick Muto										
Vice Chair	2.00	X		X				0	0	0
(5)Michael Westgate										
Treasurer	2.00	X		X				0	0	. 0
(6)Greg Walinski										
Director	2.00	X						0	0	0
(7)William Martin		i								
Director	2.00	X						0	0	0
(8) Phil Marshal										
Director	2.00	X						0	0	0
(9)Elliott Carr										
Director	2.00	X						0	0	0
(10)Fred Bennett										
Director	2.00	X						0	0	0
(11)Bruce Kaminski										
Director	2.00	X						0	0	0
(12) Jim Nash				·						
Director	2.00	X	<u> </u>					0	0	<u>م</u> ا
(13)	,									
(14)		\vdash								

Form **990** (2011)

(A) Name and title	(B) Average hours per week (describe hours for	bo	x, unk licer a	ess pe nd a d	tion more	than d is both pr/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(112) 1000-11100)	organization and related organizations
5)		-								<u> </u>
l6)										
17)					-					
18)										
[9]	- 1997 (1997)	-								
20)		<u> </u>								
21)										
22)										
23)		<u> </u> .								
24)							-			
25)		\square								
 Sub-total Total from continuation shead Total (add lines 1b and 1c) Total number of individuals (incomposition from the compensation from the composition of the organization list any for employee on line 1a? If "Yes," of For any individual listed on line composition and related ecomposition and related ecomposition. 	ets to Part VII, Juding but not lir he organization mer officer, dire complete Sched 1a, is the sum c	Secti nited ctor, ule J of repo	to th O or th for si	ustee uch in	isteo , ke ndiv	d abo y em idual	ploye	ee, or highest compensated	1	Yes
organization and related organi individual 5 Did any person listed on line 1a for services rendered to the org	receive or accr	ue co	mpe	nsati	 ion f	rom a	any i	unrelated organization or inc	dividual	
Section B. Independent Contract 1 Complete this table for your five	ors e highest compe	nsate	ed inc	iepei	nder	nt cor	ntrac	tors that received more tha	n \$100.000 of	
compensation from the organiz	ation. Report co (A) business address	mper	satio	on for	the	cale	ndar	year ending with or within t	(B) (B)	(C) Compensat
Duke University Durham		2 2	77		Off	ice		f Sponsored Proc Consulting		Compensat
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<u> </u>							<u> </u>			

Form	990	(2011)
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Form 990 (2011) Cape Cod Commercial Hook

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	11. 9						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b	Federated carr Membership du Fundraising ev	Jes	1a 1b 1c		64,712				0.2.010(0.0.1)
arA		Related organi		1d						
ns, imil	е	Government grants (contributions)	1e						
ler S	f	All other contribution and similar amounts				400 400				
<u>G</u> E			ns included in lines 1a-1	<u>1f</u>		403,490 17,500				
and	9 h		s 1a-1f		'		1,468,202			
ЗUe						Busn. Code				
ever	2a	Permits	••••••••••••••••••				740,838			
Program Service Revenue	b		y supported				5,548	5,548	· · · · · · · · · · · · · · · · · · ·	
jervi	c d									
amS	e				· · · · · · · · · ·				, <u>, , , , , , , , , , , , , , , , , , </u>	
rogr	f		am service reven						······································	· · · · · · · · · · · · · · · · · · ·
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	3		ome (including di ar amounte)				49,430			40,420
	4	Income from in	ar amounts)	exempt	bond pro	reeds 🕨	49,430		·····	49,430
	5			•	•					
			(i) Real			ersonal				
	6a	Gross rents								
		Less: rental exps.								
	C d	Rental inc. or (loss)	me or (loss)			•				
	7a	Gross amount from	(i) Securities			Other				
		sales of assets other than inventory				602,500				
	b	Less: cost or other								
		basis & sales exps.				253,520				
		Gain or (loss)				348,980		248,000		
			ss) m fundraising even		<u></u>	🕨	348,980	348,980		
Other Revenue		(not including \$								
eve		of contributions r	eported on line 1c).							
er R		See Part IV, line	18	. а		8,926				
튄			penses		i		0.000			
			(loss) from fundra m gaming activities		events	▶	8,926			8,926
	vu		19							
	b	Less: direct ex	penses	j b						
			(loss) from gamir	ng activ	ities	<u></u> ►				
	10a	Gross sales of	•			E 401				
	Ь		owances oods sold			5,491				
			(loss) from sales		ntory	•	5,491			5,491
			cellaneous Revenue		<u></u> ,,	Busn. Code				0,101
	11a	Miscellan	eous				6,238	6,238		
ļ	b	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		•••••					· · · · · · · · · · · · · · · · · · ·
	c d		ue							
	u e	Total. Add line	- 11- 11-		••••	▶	6,238			
	12		See instruction				2,633,653		0	63,847

Form **990** (2011)

Form 990 (2011) Cape Cod Commercial Hook

· Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

	Check if Schedule O contains a response	to any question in this Part	IX		
Do	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
7b	, 8b, 9b, and 10b of Part VIII.		expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22		ж. ¹		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	,			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees				
6	Compensation not included above, to disqualified				· · · · · · · · · · · · · · · · · · ·
v	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	607 270	E00 700	114 000	
7	Other salaries and wages	627,372	508,799	114,999	3,574
8	Pension plan accruals and contributions (include	00 001	-	, - , -	_
•	section 401(k) and 403(b) employer contributions)	22,081	17,322	4,716 38,175	43
9	Other employee benefits	71,604	33,206	38,175	223
10	Payroll taxes	56,096	43,787	11,899	410
11	Fees for services (non-employees):				
а	Management				
b	· · · · · · · · · · · · · · · · · · ·	4,415	250	4,165	
C	Accounting	11,635		11,635	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	511,856	501,133	10,723	
12	Advertising and promotion	14,963	5,168	9,795	
13	Office expenses	37,121	13,547	23,249	325
14	Information technology	· · ·			
15	Royaities				<u> </u>
16	Occupancy	19,728		19,728	,
17	Travel	45,881	44,745	598	538
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19					· · · · · · · · · · · · · · · · · · ·
20	1-4	59,053	40,038	19,015	
21				<u></u>	
22	Depreciation, depletion, and amortization	34,043		34,043	
23		12,676		12,676	<u></u>
24	Insurance Other expenses, Itemize expenses not covered				
	above, (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
-	Quota Purchases	A10 0C0	410 000		
a b	Merchandise	418,869	418,869		
b		17,573	15,079	2,494	
c L	Fundraising	8,981	54	182	8,745
d	Dues, Fees & Permits	5,366	3,951	1,415	
	All other expenses	8,325	2,411	5,629	285
25		1,987,638	1,648,359	325,136	14,143
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 🗌 if				
D • •	following SOP 98-2 (ASC 958-720)	·········			
DAA					E 000 (mart ()

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Form 990 (2011) Cape Cod Commercial Hook Part X Balance Sheet

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<u>000000</u>		Balance Sneet		· · · · · · · · · · · · · · · · · · ·			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			1,418,716	4	
	2		••••••	•••••••••	60,767		1,073,610
	2	Savings and temporary cash investments	••••••	• • • • • • • • • • • • • • • • • • • •	10,273	2	10 EC7
		Pledges and grants receivable, net			10,213	3	40,567
	4	Accounts receivable, net				4	130,613
	5	Receivables from current and former officers, directors,		•			
		employees, and highest compensated employees. Com Schedule L	· ·				
	6	Receivables from other disqualified persons (as defined				5	
	0	4958(f)(1)), persons described in section 4958(c)(3)(B),					
		employers and sponsoring organizations of section 501					
Assets	7	employees' beneficiary organizations (see instructions)	• • • • • • • • •		8,716	6	
Ass	7	Notes and loans receivable, net	· · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	0,/10		594,707
·	8 9	inventories for sale or use	· • • · · · • • · ·	• • • • • • • • • • • • • • • • • • • •	22 104	8	335
		Prepaid expenses and deferred charges	•••••	· I. · · · · · · · · · · · · · · · · · ·	22,184	9	15,562
	IUa		10	1 1/19 592			
	۲. ۲	other basis. Complete Part VI of Schedule D	10	a 1,148,582 91,018	1,023,601		1 057 564
	11				1,023,001	10c	1,057,564
	12	Investments—publicly traded securities	•••••	• • • • • • • • • • • • • • • • • • • •	1,024	11	102 010
	13	Investmentsother securities. See Part IV, line 11	•••••	••••••••••••••••••••••••••••	1,024		103,219
	14	Investments—program-related. See Part IV, line 11				13	
	15		· · · · · · · · · ·	••••••••••••••••••••••••••••••••••••	3,071,207	<u>14</u> 15	2,976,600
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 3	 //\	•••••••••••	5,616,488		5,992,777
, ,	17	Accounts payable and accrued expenses			61,085		90,825
	18				01,003	18	30,823
	19	Grants payable Deferred revenue		•••••••••••••••••••••••••		19	
	20	Toy avamat hand liabilities			·	20	
	21	Escrow or custodial account liability. Complete Part IV o	of Scher	lule D		21	
ú	22	Payables to current and former officers, directors, truste	es kev				
Liabilities		employees, highest compensated employees, and disqu	-				
lide		Complete Bart II of Schedule I				22	
Ë	23	Secured mortgages and notes payable to unrelated third	d partie	······································	947,919		592,660
	24	Unsecured notes and loans payable to unrelated third p	arties		1,350,000		1,600,000
	25	Other liabilities (including federal income tax, payables t					
		parties, and other liabilities not included on lines 17-24).					
		of Schedule D			527,196	25	332,999
	26	Total liabilities. Add lines 17 through 25			2,886,200	26	2,616,484
		Organizations that follow SFAS 117, check here	X an	d complete			
ŝ		lines 27 through 29, and lines 33 and 34.					
anc	27	Unrestricted net assets			1,677,909		3,269,091
Bai	28				162,000	28	107,202
pu	29			<u></u>	890,379	29	
Ē		Organizations that do not follow SFAS 117, check	her🕁	and			
S 0		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or equipmen		•••••		31	
Net	32	Retained earnings, endowment, accumulated income, o	or other	funds		32	
_	33	Total net assets or fund balances			2,730,288		3,376,293
	34	Total liabilities and net assets/fund balances			5,616,488	34	5,992,777

Form 990 (2011)

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1	990 (2011) Cape Cod Commercial Hook 04-3138784			Pag	<u>je</u> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,6		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,9		
3	Revenue less expenses. Subtract line 2 from line 1	3	6	46,0	015
4	Net assets or fund balances at beginning of year (must equal Part X, iine 33, column (A))	4	2,7	30,:	288
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-10
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	<u>column (B))</u>	6	3,3	76,2	293
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XI				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🔀 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b				x	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	• • • • • • •			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			*******	******
	the Single Audit Act and OMB Circular A-1332		3a	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	••••			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			x	
				000	

Form 990 (2011)

- (Form 990 or 990-EZ) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) poperempt charitable trust)11 to Publi	
		Cape Cod Com			see seha		uction	1		0 00000000000000000000000000000000000	pection	<u> </u>
Name of the c	rganization	-	Association, Ind	7					ver identifi −3138	ication number		
Part I	Reasor		status (All organizations r		mnlete t	his nar	t) See				····.	
			it is: (For lines 1 through 11, che			no par	, 000		10110110.	•		
			ciation of churches described in	-	•	A)(i).						
		bed in section 170(b)(1)(A				<i>X</i> . <i>i</i> -						
			organization described in secti	on 170(b)(1)(A)(iii)).						
			n conjunction with a hospital de)(A)(iii).	Enter th	ne hospita	al's name,		
	ity, and state:	·										
5 🗌 A	n organization	operated for the benefit of	a college or university owned or	operated	by a gove	rnmenta	l unit de	scribed	in			
_ \$	ection 170(b)	(1)(A)(iv).(Complete Part I	.)									
6 4	federal, state	, or local government or gov	vernmental unit described in sec	tion 170((b)(1)(A)(v	/).						
			ibstantial part of its support from	a govern	mental un	it or from	the ger	neral pu	blic			
		ction 170(b)(1)(A)(vi).(Co	. ,									
			0(b)(1)(A)(vi). (Complete Part II									
			more than 33 1/3% of its suppo						-			
			t functions—subject to certain e	•	. ,				its			
			unrelated business taxable inco			1 tax) fro	om busii	nesses				
			1975. See section 509(a)(2). (•								
			clusively to test for public safety									
			clusively for the benefit of, to pe						41			
			l organizations described in sec						tion			
		b Type II	e type of supporting organization		•	ſ			.			
			c J Type III-Functiona			d [e IIIOti Kind and				
			than one or more publicly suppo									
	r section 509(a		that one of more publicly suppo	nieu orgai		leactined	1 11 3001	.011 508	(a)(1)			
			nination from the IRS that it is a		ne II or I	vne III s	unnortin	a				
	rganization, ch			1900, 19	po ii, or i	ype in a	upportin	9			Г	
	-		n accepted any gift or contributi	on from a	nv of the	••••		• • • • • • • • •	•••••	•••••	L	
	following perso		an accopton any give of contained	onnonna								
			trols, either alone or together wi	th person:	s describe	ed in (ii) a	nd				Yes	ło
			upported organization?							11g(i)		
	(ii) A family m	ember of a person describe	d in (i) above?									
		itrolled entity of a person de			· · · · · · · · · · · · · · ·			•••••		11g(iii)		
		owing information about the					• • • • • • • •				J	
(i) Name	of supported	(II) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	is the		ount of	,
orga	lization		(described on lines 1–9	1 1	Isted In your	the organ col. (i)	itzation in of your	organizat	tion in col. ized in the	sup	ort	
			above or IRC section (see instructions)	governing	document?	supp			S.?			
				Yes	No	Yes	No	Yes	No			
(A)												
			·······	ļ				ļ				
В)												
		1 . 1										
(C)												
					·		· · · ·	ļ	<u> </u>			
(D)												
							ļ	<u> </u>				
(E)								Ι.				
Total												

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

Schedule A (Form 990 or 990-EZ) 2011

	edule A (Form 990 or 990-EZ) 2011 Car					-3138784	Page
	art II Support Schedule for Or (Complete only if you che Part III. If the organization	cked the box or	line 5, 7, or 8	of Part I or if th	e organization fa	ailed to qualify u	nder
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					, 	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			-			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4					-	<u>-</u> -
	tion B. Total Support	<u> </u>				<u></u>	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from ling 4	((-)	(1)	(4) 2010	(0) 2011	<u>()) ()(a)</u>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
1	Total support. Add lines 7 through 10						
2	Gross receipts from related activities, etc. (see instructions)				. 12	
3	First five years. If the Form 990 is for the					3)	
_	organization, check this box and stop here		<u></u>	<u></u>	<u></u>	<u></u>	
iec	tion C. Computation of Public Su	pport Percenta	ige				
4	Public support percentage for 2011 (line 6,	column (f) divided l	by line 11, column	(f))		14	
5	Public support percentage from 2010 Sche	dule A, Part II, line	14				
6a	- 33 1/3% support test—2011. If the organ	zation did not chec	K the box on line 1	3, and line 14 is 33	1/3% or more, chec	k this	
	box and stop here. The organization quali	fies as a publicly su	pported organizati	on			•
b	33 1/3% support test—2010, if the organi	zation did not chec	k a box on line 13	or 16a, and line 15	is 33 1/3% or more,		
	check this box and stop here. The organiz	ation qualifies as a	publicly supported	organization			▶
7a	10%-facts-and-circumstances test-20 10% or more, and if the organization meets	 If the organization the "facts-and-circ 	on did not check a umstances" test, c	box on line 13, 16a heck this box and	a, or 16b, and line 14 stop her e. Explain i	· is n	
	Part IV how the organization meets the "fac				, , ,,		
h	organization			L	- 401 477	•••••••••••••••••••••••••••••••••••••••	•••••••
b	10%-facts-and-circumstances test—20					ne	
	15 is 10% or more, and if the organization Explain in Part IV how the organization me						
	supported organization			-		•	•

supported organization
 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2011

DAA

Schedule A (Form 990 or 990-EZ) 2011 Cape Cod Commercial Hook Part III Support Schedule for Organizations Described in Section 509(a

04-3138784

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support						
Caler	idar year (or fiscal year beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not Include any "unusual grants.")	722,760	862,986	510,747	707,053	1,468,202	4,271,748
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	636,050	1,330,840	1,855,439	2,108,203	752,624	6,683,156
3	Gross receipts from activities that are not an unrelated trade or business under section 513					14,417	14,417
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,358,810	2,193,826	2,366,186	2,815,256	2,235,243	10,969,321
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						r
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						10 000 001
Sec	tion B. Total Support						10,969,321
	Idar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	1,358,810	2,193,826	2,366,186	2,815,256		10,969,321
10a	Gross income from interest, dividends, payments received on securities loans; rents, royalties and income from similar sources	356	447	1,097	1,093		52,423
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	356	447	1,097	1,093	49,430	52,423
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,359,166	2,194,273	2,367,283	2,816,349	2,284,673	11,021,744
14	First five years. If the Form 990 is for the			, ,		· · · · · · ·	
	organization, check this box and stop here			-		• • • • • • • • • • • • • • • • • • • •	►
Sec	tion C. Computation of Public Su	pport Percenta	ge				
15	Public support percentage for 2011 (line 8,	column (f) divided b	y line 13, column (f))			99.52 %
<u>16</u>	Public support percentage from 2010 Sche	dule A, Part III, line	<u>15</u>	····	·····		99.97%
	tion D. Computation of Investme						
17	Investment income percentage for 2011 (li	ne 10c, column (f) d	ivided by line 13, c	olumn (f))			%
18	Investment income percentage from 2010						%
19a	33 1/3% support tests 2011. If the orga						
L	17 is not more than 33 1/3%, check this bo						> X
b	33 1/3% support tests—2010. If the orga line 18 is not more than 33 1/3%, check thi						
20	Private foundation. If the organization did						
<u> </u>						nedule A (Form 99	0 or 990-EZ) 2011

Schedule A (F Part IV	orm 990 or 990-EZ) 2011 Cape Cod Commercial Hook Supplemental Information. Complete this part to provide the explan	04-3138784 Page 4
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for instructions).	or any additional information. (See
	· · · · · · · · · · · · · · · · · · ·	
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... (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

SCHEDULE C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Und	ler section 501(c) and section 527
► Complete if the organization is described below. ►	Attach to Form 990 or Form 990-EZ.



If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	e of organization Cape Cod Commercial			Employer identificat	
	Fishermen's Associat	ion, Inc.		04-31387	84
	t I-A Complete if the organization is exem			527 organization.	
1	Provide a description of the organization's direct and indirect				
2	Political expenditures	· • • • • • • • • • • • • • • • • • • •	•••••	▶\$	
· 3	Volunteer hours		•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •
Pai	EI-B Complete if the organization is exem				······
1	Enter the amount of any excise tax incurred by the organization	ation under section 4955		▶ \$	•••••••••••••••••••••••••••••••••••••••
2	Enter the amount of any excise tax incurred by organization	n managers under section 4955 _.		▶ \$	
3	If the organization incurred a section 4955 tax, did it file For	m 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
<u></u>	Complete if the organization is exem			1 501(c)(3).	
1	Enter the amount directly expended by the filing organizatio activities			► \$, . ,
2	Enter the amount of the filing organization's funds contribute	ed to other organizations for sect	ion		
	527 exempt function activities		· · · · · · · · · · · · · · · · · · ·	▶ \$	•••••••••••••••••••••••••••••••••••••••
3	Total exempt function expenditures. Add lines 1 and 2. Enter the 17h			• •	
4	line 17b	~	• • • • • • • • • • • • • • • • • • • •	▶ \$	
4 5	Did the filing organization file Form 1120-POL for this year' Enter the names, addresses and employer identification nu	(mbox (EIN) of all a attack EOZ and			Yes No
5	organization made payments. For each organization listed,				
	the amount of political contributions received that were pron				
	as a separate segregated fund or a political action committee				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			(of Link	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization. If
					none, enter -0
(1)					
(2)					
(3)			ν.		
(4)				,	
(5)					
(6)					

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

OMB No. 1545-0047

Open to Public

Inspection

CCCHFA 05/03/2012 11:21 A	M
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Sche	edule C (Form 990 or 990-EZ) 2011 Cape (Cod Commercial	Hook	04-3138784	Page 2
R	art II-A Complete if the organi	zation is exempt unde	r section 501(c)(3) and	filed Form 5768 (elect	ion under
	<u>section 501(h)).</u>				
Α	Check 🕨 📄 if the filing organizati	on belongs to an affiliate	ed group (and list in Par	t IV each affiliated group	member's
	name, address, EIN,	expenses, and share of	f excess lobbying exper	nditures).	
B	Check 🕨 🗌 if the filing organizati	on checked box A and "	limited control" provisio	ns apply.	
	Limits on Lo	bbying Expenditures		(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts paid o	r incurred.)	organization's totals	group totals
1;	a Total lobbying expenditures to influence pu	blic opinion (grass roots lobby	/ing)		
	b Total lobbying expenditures to influence a l	egislative body (direct lobbyin	ig)		<u>_</u>
. (c Total lobbying expenditures (add lines 1a a	Ind 1b)			
(
	e Total exempt purpose expenditures (add lir	nes 1c and 1d)			· · · · · · · · · · · · · · · · · · ·
	f Lobbying nontaxable amount. Enter the am	ount from the following table	in both		
	columns.				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amou	nt 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 o	ver \$1,500,000.		
	Over \$17,000,000	<u>\$1,000,000.</u>			
	g Grassroots nontaxable amount (enter 25%	of line 1f)			
1	h Subtract line 1g from line 1a. If zero or less	, enter -0-			
	i Subtract line 1f from line 1c. If zero or less,	enter -0-			
	j If there is an amount other than zero on eith	her line 1h or line 1i, did the o	rganization file Form 4720	······································	
	reporting section 4911 tax for this year?		-		Yes No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditur	es During 4-Year	Averaging Period	d	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable 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					

Schedule C (Form 990 or 990-EZ) 2011

(election under section 501(h)).		orm 5	100		
each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(1	a)		(b)	
he lobbying activity.	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?	X	Ĭ			
p Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X				
Media advertisements?		X			
Mailings to members, legislators, or the public?		X			
Publications, or published or broadcast statements?		X			
f Grants to other organizations for lobbying purposes?		X			
g Direct contact with legislators, their staffs, government officials, or a legislative body?				15	, 9
n Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i Other activities?		X			
j Total. Add lines 1c through 1i				15	,9
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
If "Yes," enter the amount of any tax incurred under section 4912					
: If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
I if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Int III-B Complete if the organization is exempt under section 501(c)(4), section 501		· · · · · · · · · ·		1 2 3	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Int III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	l(c)(5), or	r secti	 ion	2 3	
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Schedule C (Form 9	90 or 990-EZ) 2011	Cape Cod	l Commercial	Hoo k		04-3138784	Page 4
Part IV	Supplement	al Information	(continued)				
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Schedule	С	(Form	990	or	990	-EZ)	2011	
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SCHEDULE D ... (Form 990)

> Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990. ► See separate instructions.

ОМ	B No. 1545-	0047
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O In	pen to P spectior	ublic

				Inspection
	of the organization ape Cod Commercial Hook		Employe	identification number
	ishermen's Association, Inc.		04-3	120704
				138784
	Int I Organizations Maintaining Donor Advised Fundation organization answered "Yes" to Form 990, Part IV	, line 6.	counts.	. Complete if the
	ý	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			······································
3	Aggregate grants from (during year)	· · · · · · · · · · · · · · · · · · ·		
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the			
-	funds are the organization's property, subject to the organization's exclusion			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w		• • • • • • • • • • • •	
-	only for charitable purposes and not for the benefit of the donor or donor			
	conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the organ	nization answered "Yes" to Form 99	90 Pad	IV line 7
1	Purpose(s) of conservation easements held by the organization (check a		., i un	<u>. rv</u> , into 7,
-	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically imp	ortant lan	d area
	Protection of natural habitat	Preservation of a certified historic		
	Preservation of open space		on dotare	
2	Complete lines 2a through 2d if the organization held a qualified conservation	ation contribution in the form of a conservat	ion	
	easement on the last day of the tax year.			
	·			Held at the End of the Tax Yea
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
с	Number of conservation easements on a certified historic structure include	led in (a)	20	·
d	Number of conservation easements included in (c) acquired after 8/17/06	and not on a		
	The second se	·	2d	
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization	durina th	e
	tax year 🕨			-
4	Number of states where property subject to conservation easement is loc	ated ►		
5	Does the organization have a written policy regarding the periodic monito			
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcin	g conservation easements during the year	• • • • • • • • • • •	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing con	nservation easements during the year		
	▶\$			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)		
	(i) and section 170(h)(4)(B)(ii)?			Yes
9	In Part XIV, describe how the organization reports conservation easemer	nts in its revenue and expense statement, a	and	
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that descr	ribes the	
	organization's accounting for conservation easements.			
P	et III Organizations Maintaining Collections of Art, H		milar A	ssets.
	Complete if the organization answered "Yes" to Fo	· · · · · · · · · · · · · · · · · · ·		- <u></u>
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not			t
	works of art, historical treasures, or other similar assets held for public ex		nce of	
	public service, provide, in Part XIV, the text of the footnote to its financial			
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to r			
	works of art, historical treasures, or other similar assets held for public ex	nibition, education, or research in furtherar	nce of	
	public service, provide the following amounts relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1	·····	!	►\$
~	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art, historical treasures, or of		e the	
_	following amounts required to be reported under SFAS 116 (ASC 958) re			•
a L	Revenues included in Form 990, Part VIII, line 1		🥊	► \$
Eor!	Assets included in Form 990, Part X Paperwork Reduction Act Notice, see the instructions for Form 990			\$ Schedule D (Form 990) 201
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Sche	dule D (Form 990) 2011 Cape Co			<u> </u>	04-31387			P	age 2
Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)								
3									
а	Public exhibition	đ	Loan or exchange	e programs					
b	Scholarly research		-						
с	Preservation for future generations			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				
4	Provide a description of the organization's	collections and explain h	ow they further th	ne organization's e	xempt purpose in P	art			
	XIV.			io digunization o o	Nompt parpooo in t	art			
5									
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV,								
	line 9, or reported an amount on Form 990, Part X, line 21.								
1a	Is the organization an agent, trustee, custo	dian or other intermedia	y for contribution	s or other assets n	ot				
							Ye	5	No
b	If "Yes," explain the arrangement in Part X	IV and complete the follo	wing table:				•• 🛄]
			-				 Amount		
c	Beginning balance					1c			
d	Additions during the year			••••••		1d			
e	Distributions during the year			•••••••••••••••••		1e			
f	Ending balance					1f			
2a	Did the organization include an amount on	Form 990, Part X, line 2	1?			I	Ye	s	No
b	If "Yes," explain the arrangement in Part X	IV.	••••••				🗀	- L.]
	rt V Endowment Funds. Cor		ation answere	d "Yes" to Forr	n 990, Part IV,	line 10.			
		(a) Current year	(b) Prior yea			ee years back	(e) Fou	' years	back
1 a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
	Other expenditures for facilities and								
	programs								
f	Administrative expenses					-			
g	End of year balance								
2	Provide the estimated percentage of the ci	urrent year end balance (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	%							
b		%							
c	Temporarily restricted endowment 🕨	%							
	The percentages in lines 2a, 2b, and 2c sh								
3 a	Are there endowment funds not in the pos	session of the organization	on that are held a	nd administered fo	r the		-		
	organization by:			·				Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		Х
b	If "Yes" to 3a(ii), are the related organization	ons listed as required on	Schedule R?				3b		
4	Describe in Part XIV the intended uses of t	the organization's endow	ment funds.						
<u>Pa</u>	rt VI Land, Buildings, and Eq	uipment. See Forr	<u>n 990, Part X,</u>	line 10.	-			-	
	Description of property	(a) Cost or other i	pasis (b) C	cost or other basis	• (c) Accumulate	d	(d) Book	value	
		(investment)		(other)	depreciation				
	Land			260,000					000
b	Buildings			738,803	26	<u>,990</u>	7:	11,	<u>813</u>
	Leasehold improvements								
	Equipment			60,460		,253			207
	Other			89,319	14	,775			544
Tota	I. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part X	, column (B), line	10(c).)	<u></u>	🕨	1,0	57,	564

Schedule D (Form 990) 2011

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Schedule D (Form 990) 2011 Cape Cod Commercial H	look	04-3138784	Page 3
Part VII Investments-Other Securities. See Form 990), Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of	valuation;
(including name of security)		Cost or end-of-yea	
(1) Financial derivatives			
(1) Financial derivatives			· · · · · · ·
			· · · · · · · · · · · · · · · · · · ·
(A)			
(B)			
(C)	·		
(D)	· · · · · · · · · · · · · · · · · · ·		
(E)			
(F)			
(G)			
(H)			
(1)		·	· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 99	0, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of	valuation:
		Cost or end-of-yea	ar market value
(1)			
(2)			
(3)			······
(4)			·······
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets. See Form 990, Part X, line 15.	·····•		
(a) Description			(b) Book value
(1) Fishing Permits			2,976,600
(2)	- ······		
(3)			<u> </u>
(4)	·		·······
(5)			
(6)	· · · · ·		
(7)			
(8)			
(9)			
(10)	- 10.4.1.E. P.		
			2 076 600
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25		••••••••••••••••••••••••••••••••••••••	2,976,600
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) Refundable Advances	332,99		
(3)		<u> </u>	
(4)		—	
(5)		—	
(6)		—	
(7)	· · ·		
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	332,99	9	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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Sche	dule D (Form 990) 2011 Cape Cod Commercial Hook	04-313		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	2,633,653
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	1,987,638
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	646,015
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
<u> 10 </u>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			646,015
. <u>®</u> ₽a	rt XII Reconciliation of Revenue per Audited Financial State			
1	Total revenue, gains, and other support per audited financial statements		1	2,633,653
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	<u>2a</u>		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	_2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	********	3	2,633,653
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV.)	4b		
С	Add lines 4a and 4b		<u>4</u> c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,633,653
	Int XIII Reconciliation of Expenses per Audited Financial Stat			
1	Total expenses and losses per audited financial statements		1	1,987,638
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
a	Donated services and use of facilities	2a		
b				
c	Other losses			
d		2d		
e	Add lines 2a through 2d		<u>2e</u>	1 000 000
3	Subtract line 2e from line 1	·····	3	1,987,638
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>		
a	Other (Describe in Part XIV.)			
	Add lines 4a and 4b	••••••••••••••••••••••••••••••••••••	4c	1 007 000
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	••••••••••••••••••••••••••••••••••••••	5	1,987,638
	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II			
	V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d	d and 4b. Also complete this part to	o provide	
any a	idditional information.			
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Schedule D (Form 990) 2011

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Schedule D (Form 990) 2011 Cape Cod Com Part XIV Supplemental Information (cont	mercial Hook	04-3138784	Page 5
Supplemental Information (cont	Inued)		-
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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 Complete to provide information for responses to specif Form 990 or 990-EZ or to provide any additional inf Attach to Form 990 or 990-EZ.	fic questions on	OMB No. 1545-0047 2011 Open to Public Inspection
Name of the organization Ca	pe Cod Commercial Hook shermen's Association, Inc.	Employer ident	tification number
Form 990, Par Research of f	t III, Line 4d - All Other Accomplishm disheries and education of public on fi pility of the fisheries.	ment	
Form 990, Par	t VI, Line 6 - Classes of Members or S	Stockholders	•••••••••••••••••••••••••••••••••••••••
The Organizat Organization.	ion has members that assist in carryin	ng out the mis	sion of the
	t VI, Line 7a - Election of Members an le association may elect the Board memb		
	t VI, Line 7b - Decisions Subject to A -laws require membership approval.	Approval of Me	embers
	t VI, Line 11b - Organization's Proces eviewed by finance committee and made		
	t VI, Line 12c - Enforcement of Confl nterest policy statements are reviewed		Board
	t VI, Line 15a - Compensation Process e executive director is reviewed by Boa		cial

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Schedule O (Form 990 or 990-EZ) (2011) Name of the organization	Page
Cape Cod Commercial Hook	Employer identification number 04-3138784
Form 990, Part VI, Line 15b - Compensation Pr	rocess for Officers
Salaries of key personnel are reviewed by Boa	ard members.
Form 990, Part VI, Line 19 - Governing Docume	ents Disclosure Explanation
Governing documents are available to the publ	lic upon request.
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partment of the Treasury ernal Revenue Service (99)	(Inc ► See sepa	Depreciation and luding Information o	n Listed Pr		<u>rn.</u>	OMB No. 1545-0172 2011 Attachment Sequence No. 17
	Cape Cod Commerc				Identifying nu	
	ishermen's Asso	ciation, Inc.			04-313	38784
ainess or activity to which this form Indirect Depr						
0.00.00.00.00.00.00.00.00.00.00.00.00.0	To Expense Certain Prop	erty Under Section	179			κ
	ou have any listed propert	-		mplete Part I.		
Maximum amount (see	(instructions)				1	500,00
	79 property placed in service (se				2	
Threshold cost of secti	on 179 property before reduction	in limitation (see instruction	ons)			2,000,00
	Subtract line 3 from line 2. If zer					
Dollar limitation for tax yea	ar. Subtract line 4 from line 1. If zero o (a) Description of property					
	ar besoription of property		t (business use oni	y) (c) i	Elected cost	-
						-
Listed property. Enter t	the amount from line 29			7	_	1
	ection 179 property. Add amount	s in column (c), lines 6 and	7		8	
Tentative deduction. E	nter the smaller of line 5 or line i	B			9	
Carryover of disallowe	d deduction from line 13 of your :	2010 Form 4562			10	
Business income limita	tion. Enter the smaller of busines	ss income (not less than ze	ero) or line 5 (se	ee instructions) _.		
	leduction. Add lines 9 and 10, bu			1		
	d deduction to 2012. Add lines 9 art III below for listed property. Ir		🕨	13		
Part II Special D	epreciation Allowance a	nd Other Depreciati	on (Do not	include lister	I property)	(See instructions)
Other depreciation (inc	luding ACRS)	······································			15	
Part III MACRS I	Auding ACRS) Depreciation (Do not incl r assets placed in service in tax y	ude listed property.) (Section A	See instruc	tions.)	<u>15</u> 	34,0
Other depreciation (inc Part III MACRS I MACRS deductions for If you are electing to group ar	Cuding ACRS) Depreciation (Do not incl r assets placed in service in tax y ny assets placed in service during the tax	ude listed property.) (Section A years beginning before 201 year into one or more general asse	See instruc	tions.)	<u>15</u>	34,0
MACRS deductions for If you are electing to group ar	Depreciation (Do not incl r assets placed in service in tax y ny assets placed in service during the tax Section BAssets Placed in S (b) Month and year	ude listed property.) (Section A vears beginning before 201 vears into one or more general asse service During 2011 Tax (c) Basis for depreciation (business/investment use	See instruct 1 at accounts, check I Year Using th	tions.)	15 16 	34,0
Other depreciation (inc Part III MACRS I MACRS deductions for If you are electing to group ar S (a) Classification of prop	Cuding ACRS) Depreciation (Do not incl assets placed in service in tax y assets placed in service during the tax Section B—Assets Placed in S berty (b) Month and year placed in	ude listed property.) (Section A years beginning before 201 year into one or more general asso service During 2011 Tax (c) Basis for depreciation	See instruc 1 t accounts, check 1 Year Using th (d) Recovery	tions.)	15 16 17 eciation Syste	34,0
Other depreciation (inc Part III MACRS I MACRS deductions for If you are electing to group ar (a) Classification of prop a 3-year property	Cuding ACRS) Depreciation (Do not incl assets placed in service in tax y assets placed in service during the tax Section B—Assets Placed in S berty (b) Month and year placed in	ude listed property.) (Section A vears beginning before 201 vears into one or more general asse service During 2011 Tax (c) Basis for depreciation (business/investment use	See instruc 1 t accounts, check 1 Year Using th (d) Recovery	tions.)	15 16 17 eciation Syste	34,0
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A CRS deductions for MACRS deductions for If you are electing to group ar (a) Classification of property b 5-year property c 7-year property d 10-year property e 15-year property	Cuding ACRS) Depreciation (Do not incl assets placed in service in tax y assets placed in service during the tax Section B—Assets Placed in S berty (b) Month and year placed in	ude listed property.) (Section A vears beginning before 201 vears into one or more general asse service During 2011 Tax (c) Basis for depreciation (business/investment use	See instruc 1 t accounts, check 1 Year Using th (d) Recovery	tions.)	15 16 17 eciation Syste	34,0
Other depreciation (inc Part III MACRS I MACRS deductions for if you are electing to group ar (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property f 20-year property f 20-year property	Cuding ACRS) Depreciation (Do not incl assets placed in service in tax y assets placed in service during the tax Section B—Assets Placed in S berty (b) Month and year placed in	ude listed property.) (Section A vears beginning before 201 vears into one or more general asse service During 2011 Tax (c) Basis for depreciation (business/investment use	See instruc	tions.)	15 16 17 eciation Syste (I) Method	34,0
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990 / 9	90-PF	Oth	ner Notes and	Loans Receiv	able		2011
		r calendar year 2011, o	r tax year beginning		, and ending		2011
ame				• · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	Employer Ident	ification Numbe
	Cod Commerc:						
Fisnei	rmen's Asso	ciation, Ind	<u>c.</u>			04-3138	784
Form S	990. Part X	, Line 7 - 2	Additional	Information			
						·	
		of borrower			Relationship to di	squalified person	-
(Cod Fixed G	the second se	ha o a ch i a	<u> </u>			
	unity Deve.	lopment Par	tnersnip				
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<u>)</u>	·						
		Ι	I	Γ			1
	Driginal amount	Date of loan	Maturity				Interest
)	borrowed 29,044	05/31/07	date	<u> </u>	epayment terms		0.000
)	600,000	10/12/11	10/31/26	15vrs. mc	nthly pri	n & int	3.000
}							0.000
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0)			<u> </u>				
	Security pro	ovided by borrower			Purpose	ofiloan	-
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)) 							
) 				Balance due at	Balance due	at Enir	market value

Consideration furnished by lender	beginning of year	end of year	(990-PF only)
(1)	8,716		
(2)		594,707	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			· · · · · · · · · · · · · · · · · · ·
(10)			
Totals	8,716	594,707	

990 / 990-PF

Mortgages and Other Notes Payable

2011

Name

Forms

For calendar year 2011, or tax year beginning

, and ending

Employer Identification Number

Cape Cod Commercial Hook Fishermen's Association, Inc.

04-3138784

Form 990, Part X, Line 23 - Additional Information

	Name of lender	Relationship to disqualified person
(1)	Cape Cod Five	
(2)	Note Payable Tomasion	
(3)	Note Payable Luce	
(4)	USDA Communuity Facilities	
(5)	,	
(6)		
(7)		
(8)		
<u>(9)</u>		
<u>(10)</u>		
80000		

	Original amount		Maturity		Interest
	borrowed	Date of loan	date	Repayment terms	rate
(1)	250,000	08/01/08		Monthly pmts, int only	3.250
(2)	125,000	01/08/10		Annual pmts, prin only	0.000
(3)	200,000	01/08/10		Annual pmts, prin & int	5.000
(4)	500,000	07/28/10	07/28/50	Monthly pmts, prin & int	4.000
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Security provided by borrower	Purpose of loan
1) Secured by blanket UCC filing	Line of credit
2)	To purchase fishing permits
3)	To purchase fishing permits
4) All assets of the organization	To purchase building
5)	
3)	
7)	
8)	
9)	
10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	125,000	100,000
(2)	125,000	· · · · · · · · · · · · · · · · · · ·
(3)	200,000	
(4)	497,919	492,660
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	947,919	592,660

1	000
Form	990

Department of the Treasury

Internal Revenue Service

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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)



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

AF	^r or th	e 2010 calendar year, or tax year beginning and ending		
Вс	heck if	C Name of organization	D Employer identifi	ation number
a	pplicab	CAPE COD COMMERCIAL HOOK FISHERMEN'S	CO	
	Addre chang			Y
		Doing Business As		138784
	_Initial 			
	return Termi	•		
	Lated Amen	1300 MAIN DINMI	(508) 945-2432
	_Ireturn	City of town, state of country, and ZIP + 4	G Gross receipts \$	<u>2,885,206.</u>
	Appli tion pendi		H(a) Is this a group re	
	Ponta	F Name and address of principal officer:MICHAEL WESTGATE	for affiliates?	Yes X No
-		SAME AS C ABOVE	H(b) Are all affiliates inc	luded? 🔄 Yes 🔄 No
<u> 1</u>	ах•өх	empt status: 🗶 501(c)(3) 🛄 501(c) () 🗸 (insert no.) 🛄 4947(a)(1) or 🦳	527 If "No," attach a	list. (see instructions)
JV	Vebsi	te: ► WWW • CCCHFA • ORG	H(c) Group exemptio	•
κF	orm o	organization: 🔀 Corporation 🔄 Trust 🔄 Association 🚺 Other 🕨 📘 🛛	ear of formation: 1996	· · · · · · · · · · · · · · · · · · ·
		Summary		Carlo of logal control of Alex
·	1	Briefly describe the organization's mission or most significant activities: TO PROTE		
S		OF THE OCEAN ENVIRONMENT AND ITS NATURAL RES		
Governance	2	Check this box		
Yer	3		1 1	
ß	-			12
80	4	Number of independent voting members of the governing body (Part VI, line 1b)		12
tie		Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<u>5</u>	18
Activities &	6	Total number of volunteers (estimate if necessary)	6	50
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	0.
	b	Net unrelated business taxable income from Form 990 T, line 34		0.
			Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	1,126,134.	<u>707,053.</u>
Revenue	9	Program service revenue (Part VIII, line 2g)	1,225,389.	2,041,264.
lev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,097.	1,093.
щ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,663.	65,216.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,367,283.	2,814,626.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	936,293.	993,158.
lse		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	······································	
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	678,276.	871,476.
		Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)	1,614,569.	1,864,634.
28	19	Revenue less expenses. Subtract line 18 from line 12	752,714.	949,992.
Net Assets or Fund Balances	-	Tatal accests (Dart V. Kas. 10)	Beginning of Current Year	End of Year
Bal	20	Total assets (Part X, line 16)	3,596,636.	5,616,488.
et ∕	21	Total liabilities (Part X, line 26)	1,816,340.	2,886,200.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,780,296.	2,730,288.
	nrt II	Signature Block		
		atties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true,	corre	pt, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	n	Signature of officer hickney Washer	Date	
Her	е	MICHAEL WESTGATE, TREASURER	- 01	25-11
		Type or print name and title		· · · · · · · · · · · · · · · · · · ·
		Print/Type preparer's name Perparer's eigenturer Back	Date Check	PTIN
Paid	I	RICHARD F. BULGER RICHARD F. BULGER	10) 24/11 self-employ	ed 🛛
Prep	arer	Firm's name LAMB, MASON, BULGER & CO., PC	Firm's EIN ►	
-	Only	Firm's address P.O. BOX 1233		

000 0113		2. DO	JA 12JJ						
	WE	ST CH	HATHAM,	MA	02669-1233		Phone no.	(508)945	-3575
May the IF	S discuss this return	vith the p	oreparer shown	abov	ve? (see instructions)			X Yes	No
032001 02-22	-11 LHA For Pape	rwo <mark>rk R</mark> e	eduction Act I	lotice	e, see the separate i	nstructions.		Form §	990 (2010)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2010) ASSOCIATION, INC t III Statement of Program Service Accomplishments	04-313	38784	Pag
Par	Check if Schedule O contains a response to any question in this Part III			[
1	Briefly describe the organization's mission:		••••••	<u>l</u>
	SUPPORTS STEWARDSHIP OF COASTAL ECOSYSTEMS THROUGH EDUC	CATION.		
	RESEARCH, AND POLICY PROGRAMS			
2	Did the organization undertake any significant program services during the year which were not listed on			
	the prior Form 990 or 990-EZ?		Yes	Γ Χ
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	?	Yes	X
	If "Yes," describe these changes on Schedule O.			
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e			
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.			
4a		Revenue \$	803,1	
	CAMPAIGN BY COMMERCIAL FISHERMEN AND OTHER CONCERNED CO			NT.
	FOR REFORM OF NEW ENGLAND GROUND FISHERIES MANAGEMENT 'S ENVIRONMENTALLY SUSTAINABLE.	TO MAKE	T.T.	
	HAVIKONMENIALDI DODIAINADIE.			
4b	(Code:) (Expenses \$ 399, 127. including grants of \$) ((Revenue \$	440,	87
4b	(Code:) (Expenses \$ 399,127. including grants of \$) (PROTECTING THE HERRING RESOURCE.	(Revenue \$	440,	87
4b		(Revenue \$	440,	87
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4b		(Revenue \$	440,	87
	PROTECTING THE HERRING RESOURCE.			
	PROTECTING THE HERRING RESOURCE.	(Revenue \$ _	749,	07
	PROTECTING THE HERRING RESOURCE.	(Revenue \$ FISH P(749,	07
	PROTECTING THE HERRING RESOURCE.	(Revenue \$_ FISH P(749,	07
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4c 4d	PROTECTING THE HERRING RESOURCE. COMENDATION (Expenses \$ 347,306. including grants of \$)((CAPE COD FISHERIES TRUST-A PROGRAM TO PROTECT DEPLETED IN A MANNER THAT RENVIGORATES FISHING BUSINESSES AND CO COMMUNITIES BY PURCHASING AND FINANCING FISHING PERMITS TO MAINTAIN LOCAL OWNERSHIP IN EXCHANGE FOR SIC COVENANTS THAT PROTECT FISH, FISHERMEN AND FISHING CULTURE. Cher program services. (Describe in Schedule C.) (Expenses \$ 269,970. including grants of \$)(Revenue \$ 47, Total program service expenses ▶ 1,568,415.	(Revenue \$ FISH P(OASTAL GNING LI	749, OPULAT	

Form 990 (2010) Form 990 (2010) ASSOCIATION, INC Part IV Checklist of Required Schedules

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? /f "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		~~
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	Did the organization report an amount for Investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>x</u>
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
~	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			x
1 2 9	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u>_</u>
120	Schedule D, Parts XI, XII, and XIII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	Δ.	
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь				
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			-
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b				
	operate one or more hospitais must attach audited financial statements (see instructions)	20b		

Form 990 (2010)

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CAPE COD COMMERCIAL HOOK FISHERMEN'S

Part IV Checklist of Required Schedules (continued) 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Yes No 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 21 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, I arts I and III 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 24a X 25b Did the organization naintain an escrow account other than a refunding escrow at any time during the year? 24d 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person unit an engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's tax year? If "Yes," complete Schedule L, Part I 25a X
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27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial
contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete
Schedule L, Part III 27 X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV
instructions for applicable filing thresholds, conditions, and exceptions):
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
b A famliy member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> 29 X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation
contributions? If "Yes," complete Schedule M 30 X
31 Did the organization liquidate, terminate, or dissolve and cease operations?
If "Yes," complete Schedule N, Part I 31 X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete
Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Image: Comparison of the organization of the organizatio of the or
sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>
35 is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 X a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of 35 X
section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?
if "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 6 6
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?
Note. All Form 990 filers are required to complete Schedule O
Form 990 (2010)

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ASSOCIATI	ION, INC		

Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V	,		
			Yes	No
1a		26		
b	Enter the number of Forms W-2G Included in line 1a. Enter -0- if not applicable1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		18		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	or? 7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		-	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		1	
	to file Form 8282?	70		x
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 (
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	, 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		+	1
10	Section 501(c)(7) organizations. Enter:		1	1
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1EG		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?		1	+
-	Note. See the instructions for additional information the organization must report on Schedule O.		1	
h	Enter the amount of reserves the organization is required to maintain by the states in which the		1	
2	organization is licensed to issue qualified health plans			
e	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		-1	

Form **990** (2010)

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Form 990 (2010)

Form 990 (2010)

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	<u>990 (2010) ASSOCIATION, INC</u> 04-3138	784	P	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" n	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1.2			
b	Enter the number of voting members included in line 1a, above, who are independent		:	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	- 0	Δ	
74	governing body?	7a	х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b	X	<u></u>
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	<u>, u ì</u>		<u> </u>
U	by the following:			
			37	
а ь	The governing body?	<u>8a</u>	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		
	organization's mailing address? <i>If</i> "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	<u>10a</u>		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	<u> </u>
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	<u>12c</u>	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	ļ
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	[
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright { m MA}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		,
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website 🛛 🗶 Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	•	
	MELISSA CLARKE(-508-)-945-2432	-		
	1566 MAIN STREET, CHATHAM, MA 02633			
		Form	990	(2010)
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Form 990 (2010) ASSOCIATION, INC 04-31 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, In the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per	(cl	hec	k all	that	app	ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ANDREW BALER									·····	
CLERK	2.00	Х		X				0.	0.	0.
KURT MARTIN										
VICE PRESIDENT	2.00	х		X				0.	0.	0.
ERIC HESSE										
CHAIRMAN	2.00	Х		X				0.	0.	0.
JEFF NORGEOT										
DIRECTOR	2.00	Х						0.	0.	0.
MICHAEL WESTGATE										
TREASURER	8.00	X		X				0.	0.	0.
GREG WALINSKI										
DIRECTOR	2.00	X						0.	0.	0.
WILLIAM MARTIN										
DIRECTOR	2.00	X				<u> </u>		0.	0.	0.
PHIL MARSHAL							İ			
DIRECTOR	2.00	X						0.	0.	0.
ELLIOTT CARR										
DIRECTOR	2.00	X	ļ			ļ		0.	0.	0.
FRED BENNETT										
DIRECTOR	2.00	X						0.	0.	0.
BRUCE KAMINSKI							ľ			_
DIRECTOR	2.00	X				<u> </u>		0.	0.	0.
PETER TAYLOR	_ _ _ _ _ _ _ _ _ _					1				
PRESIDENT	5.00	X		X				0.	0.	0.
						<u> </u>				
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	· · ·									
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Part VII Section A.		TION, INC							04-3	<u>138</u>	<u>784</u>	
			nplo	yees		l Hig	nest	Compensated Employ	ees (continued)			
(A	-	(B)		_	(C)			(D)	(E)			(F
Name a	ind title	Average			ositi			Reportable	Reportable		Est	tim
		hours per week		heck		атар	piy)	compensation	compensatio		am	
		(describe	Ę					from the	from related			oth
		hours for	r dīre			В		organization	organizatior (W-2/1099-M		com	oen om
		related	stee 0	rustee		CEUSE		(W-2/1099-MISC)	(11 12 1000 111	00,	orga	
		organizations	ual tru	onalt			8				and	l re
		in Schedule	individual trustee or director	institutional trustee	Officer	Highest compensated	Former				orga	niz
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1h_Sub_total			l	<u> </u>				0.		0.	<u> </u>	
1b Sub-total	uation sheets to Part									0.		
								· · · · ·		· · · ·		
	o and 1c)						•	0.		0.		
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 d Total (add lines 1k) 2 Total number of incompensation from 3 Did the organization line 1a? <i>If</i> "Yes," cod 4 For any individual line and related organization 5 Did any person lister rendered to the org 5 Section B. Independent 1 Complete this table the organization. AMPLIFIER STI 	tividuals (including but the organization ▶ n list any former office omplete Schedule J for isted on line 1a, is the cations greater than \$1 ed on line 1a receive of janization? If "Yes," co t Contractors e for your five highest of (A) Name and busines RATEGIES, 41	not limited to the r, director or true such individual sum of reportab 50,000? <i>If "Yes,</i> r accrue comper <i>mplete Schedul</i> compensated in a address L79 PIED	stee le cc nsati <u>e J f</u>	, key poppe mplei on fr	emp nsati te Sc om a <u>ch pe</u>	Ioyee	, or I id ot le J rrelat	0 . eceived more than \$100 nighest compensated ei her compensation from for such indivídual that received more than (B) Description of i	mployee on the organization vidual for services	0. ble n s mpens	3 4 5 ation fi	rom ;)
 d Total (add lines 1k 2 Total number of incompensation from 3 Did the organization line 1a? <i>If</i> "Yes," cod 4 For any individual line and related organization 5 Did any person lists rendered to the org Section B. Independen 1 Complete this table the organization. AMPLIFIER ST'I	tividuals (including but <u>a the organization</u> ▶ n list any former office <i>complete Schedule J for</i> isted on line 1a, is the cations greater than \$1 ed on line 1a receive of <u>ganization? If "Yes," co</u> <u>it Contractors</u> e for your five highest of <u>(A)</u> Name and busines RATEGIES, 41 <u>AKLAND</u> , CA	not limited to th r, director or tru- such individual sum of reportab 50,000? <i>If "Yes,</i> r accrue compe <i>mplete Schedul</i> compensated in- saddress L79 PIEDI 94611	stee le cc " co nsati depe	lister , key pompe ion fra or su	emp nsati re Sc om a <u>ch pe</u> tt coi		, or I indicated of the second	0 . eceived more than \$100 nighest compensated ei her compensation from for such indivídual that received more than (B) Description of i	mployee on the organization vidual for services \$100,000 of con services \$ULTING	0. ble n s mpens	3 4 5 ation fi	rom ;)
 d Total (add lines 1k 2 Total number of incompensation from 3 Did the organization line 1a? <i>If</i> "Yes," cod 4 For any individual line and related organization 5 Did any person lister rendered to the org Section B. Independen 1 Complete this table the organization. 	tividuals (including but <u>a the organization</u> ▶ n list any former office <i>complete Schedule J for</i> isted on line 1a, is the cations greater than \$1 ed on line 1a receive of <u>ganization? If "Yes," co</u> <u>it Contractors</u> e for your five highest of <u>(A)</u> Name and busines RATEGIES, 41 <u>AKLAND</u> , CA	not limited to the r, director or true such individual sum of reportab 50,000? <i>If "Yes,</i> r accrue comper <i>mplete Schedul</i> compensated in saddress 179 PIEDI 94611	stee le cc " co nsati depe	lister , key pompe ion fra or su	emp nsati re Sc om a <u>ch pe</u> tt coi		, or I indicated of the second	0 . eceived more than \$100 nighest compensated en her compensation from for such individual that received more than (B) Description of PROGRAM CONS	mployee on the organization vidual for services \$100,000 of con services \$ULTING	0. ble n s mpens	3 4 5 ation fi	гол ;) 1sa 9,

2	Form 990 (20		ASSOCIATION,	INC
	Part VIII	Statemen	t of Revenue	

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				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
and other similar amounts	b c d f g	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and 1f Noncash contributions included above 1f Noncash contributions included in lines 1a-1f: \$ 1f	34,247.	707,053.			
	2 a	CONSULTING CONTRACTS		1518728.	1518728.		
Řevenue		LEASING OF PERMITS WI		485,071.	485,071.		
2		COMMUNITY SUPPORTED F		37,465.	37,465.		
eve	d			· · · · · · · · · · · · · · · · · · ·			
<u>م</u>	е						
	f	All other program service revenue					· · · · · · · · · · · · · · · · · · ·
		Total. Add lines 2a-2f		2041264.			
	3	Investment income (including dividends, i other similar amounts) Income from investment of tax-exempt bo	nterest, and	1,093.			1,093
	5	Royalties					
		(i) Real					
	6 a	Gross Rents					
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)	►				
	7 a	Gross amount from sales of (i) Securit assets other than inventory				· · · · · · · · · · · · · · · · · · ·	
		Less: cost or other basis and sales expenses Gain or (loss)					
		Net gain or (loss)					
	a 8 a	Gross income from fundraising events (no including \$ of contributions reported on line 1c). See	vt				
ř		Part IV, line 18	a 134073.				
lei	۲	Less: direct expenses					
5				63 403			62 402
		Net income or (loss) from fundraising ever		63,493.			63,493
		Gross income from gaming activities. See Part IV, line 19	. а				
	b	Less: direct expenses	, b				
	С	Net income or (loss) from gaming activitie	s				
	10 a	Gross sales of inventory, less returns and allowances	. a 1,723.				
	Ь	Less: cost of goods sold					
		Net income or (loss) from sales of invento		1,723.			1 700
\vdash	, U			<u> </u>			1,723
-	44 ~						
	b						
	C						
	d_	All other revenue					
_ -		Total. Add lines 11a-11d		2814626.	2041264.		. 66,309

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	All other organizations must com		not required to complete	e columns (B), (C), and (D).	
	not include amounts reported on lines 6b, 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				F ,,,,
	organizations in the U.S. See Part IV, line 21				
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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	187,307.	157,211.	17,762.	12,334
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		·····		
7	Other salaries and wages	624,659.	492,348.	87,922.	<u>44,389</u>
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	31,147.	24,206.	4,872.	2,069
9	Other employee benefits	78,298.	49,993.	22,791.	5,514
0	Payroll taxes	71,747.	59,043.	7,540.	5,164
1	Fees for services (non-employees):				
а	Management				
b	Legal	11,780.	7,420.	4,360.	
С	Accounting	4,800.		4,800.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	409,120.	394,700.	10,152.	4,268
2	Advertising and promotion	11,495.	11,009.	486.	
3	Office expenses	22,072.	5,967.	15,650.	455
4	Information technology	1,456.	700.	756.	
5	Royalties				
6	Occu p ancy	32,334.	26,993.	4,069.	1,272
7	Travel	82,348.	80,678.	1,402.	268
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,325.	1,275.		50
20	Interest	43,067.	41,310.	1,339.	418
1	Payments to affiliates		· · · · · · · · · · · · · · · · · · ·		
2	Depreciation, depletion, and amortization	27,356.	21,611.	4,377.	1,368
3	Insurance	12,018.	7,667.	4,159.	192
4	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 0.)				
а	QUOTA PURCHASES	98,180.	98,180.	[`	
b	PRINTING DESIGN AND PUB	38,037.	32,935.	4,732.	370
c	DUES, FEES & PERMITS	21,673.	20,142.	1,531.	570
d	TELEPHONE	12,052.	9,642.	1,569.	841
e	FISH PIER INTERPERTERS	9,750.	9,750.	±,303+	
f	All other expenses	32,613.	15,635.	11,132.	5,846
5	Total functional expenses. Add lines 1 through 24f	1,864,634.	1,568,415.	211,401.	84,818
<u>.</u> 6	Joint costs. Check here				04,010
	-98-2:(ASC-958-720)- Complete this line-only-if-the				

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<u>Form 990 (2010)</u>

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CAPE COD COMMERCIAL HOOK FISHERMEN'S

ASSOCIATION, INC

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Par	tΧ	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,327,707.	2	1,418,716.
	3	Pledges and grants receivable, net			200,333.	3	60,767.
	4	Accounts receivable, net			56,194.	4	10,273.
	5	Receivables from current and former officers, di					
		employees, and highest compensated employee	es. Comp	olete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd contributing			
		employers and sponsoring organizations of sect					
Ś		employees' beneficiary organizations (see instru				6	
Assets	7	Notes and loans receivable, net			14,524.	7	8,716.
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			19,635.	9	22,184.
	10a			1 001 010			
		basis. Complete Part VI of Schedule D		1,081,843.			1 000 501
	b	Less: accumulated depreciation		58,242.	71,343.		1,023,601.
	11	Investments - publicly traded securities		11	1 004		
	12	Investments - other securities. See Part IV, line -	1,023.	12	1,024.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			1 005 077	14	2 071 007
	15	Other assets. See Part IV, line 11			1,905,877.	15	3,071,207.
<u> </u>	16	Total assets. Add lines 1 through 15 (must equ			<u>3,596,636.</u> 79,631.	16	5,616,488.
	17	Accounts payable and accrued expenses			19,031.	17	61,085.
	18 19	Grants payable				18 19	
	20	Deferred revenue Tax-exempt bond liabilities			· · · · · · · · · · · · · · · · · · ·	20	·····
	20	Escrow or custodial account liability. Complete				20	
Liabilities	21	Payables to current and former officers, director					
ilid	22	highest compensated employees, and disqualifi					
Lia		of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrela			100,000.	· · · · · · · · · · · · · · · · · · ·	947,919.
	24	Unsecured notes and loans payable to unrelate			1,100,000.		1,350,000.
	25	Other liabilities. Complete Part X of Schedule D			536,709.		527,196.
	26	Total liabilities. Add lines 17 through 25			1,816,340.		2,886,200.
		Organizations that follow SFAS 117, check h					
ş		lines 27 through 29, and lines 33 and 34.					
ЦС	27	Unrestricted net assets		*****	596,797.	27	1,677,909.
Sala	28	Temporarily restricted net assets	*****	483,997.		162,000.	
Б	29				699,502.	29	890,379.
Ę		Organizations that do not follow SFAS 117, c	heck he	re 🕨 🛄 and			
p		complete lines 30 through 34.					
ets	30	Capital sto ck or trust principal, or current funds				30	
SS SS	31	Paid-in or capital surplus, or land, building, or ea				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			1,780,296.		2,730,288.
	34	Total liabilities and net assets/fund balances	······	·····	3,596,636.	34	5,616,488.
							Form 990 (2010)

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	CAPE COD COMMERCIAL HOOK FISHERMEN'S				
à:	1 990 (2010) ASSOCIATION, INC	04-33	138784	_Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		*******		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,814		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,864	1,6	34.
3	Revenue less expenses. Subtract line 2 from line 1	3			92.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,780),2	96.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
_6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,730),2	88.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990; 🛄 Cash 🛛 🗶 Accrual 📃 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Scheduk	0,			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b				Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	nə audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	Х	
				200	

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x x										
SCHEDULE A						•	_	1	OMB No. 1545-0047	
(Form 990 or 990-EZ)		olic Charity St	atus a	and P	ublic	Supp	ort		2010	
	Comple	te if the organization is				ion or a s	ection		2010	
Department of the Treasury Internal Revenue Service	► A+	4947(a)(1) no tach to Form 990 or Fo				i a a far i a fil -			Open to Public Inspection	
Name of the organizat		D COMMERCIAL						nolover id	entification num	her
	ASSOCIA		11001	ripii		b			-3138784	
Part I Reason		ity Status (All organiz	ations mus	st complet	e this part	.) See inst	tructions.			
		because it is: (For lines ⁻	-		•	•				
		s, or association of chur		ibed in se	ction 170	(b)(1)(A)(i)	.			
		0(b)(1)(A)(ii). (Attach Sc								
		tal service organization of operated in conjunction					/5)(4)(8)/8	n Entarth	n hoonitel's name	
city, and sta			with a riboj		ibed in Se		(D)(T)(A)(II	n, Linter un	e nospital s name,	,
	**************************************	benefit of a college or u	niversity ov	vned or op	perated by	a governi	mental uni	described	l in	<u> </u>
section 17(0 (b)(1)(A)(iv). (Comple	ete Part II.)	-			-				
		ent or governmental uni								
		eives a substantial part	of its supp	ort from a	governme	ntal unit c	or from the	general pu	ublic described in	
	(b)(1)(A)(vi). (Comple	te Part II.) ection 170(b)(1)(A)(vi).	Complete	Dort II \						
		eives: (1) more than 33 *			rom contri	hutions m	amharshii	n fees and	l arces receipte fr	0.000
•		nctions - subject to certa								
		axable income (less sect			-			••	•	
See section	i 509(a)(2), (Complete	e Part III.)								
		perated exclusively to te	-	-						
		perated exclusively for the ations described in sections described								
		organization and compl				.). See se (a)(3), Chec	k the box that	
а 🛄 Туре					tionally int	egrated		d	Type III - Other	
		at the organization is not			•	-	r more disc		• •	
foundation r	managers and other t	han one or more publicly	y supporte	d organiza	ations desc	ribed in s	ection 509)(a)(1) or se	ection 509(a)(2).	
-		ten determination from t	the IRS tha	ıt it is a Ty	рө I, Турө	ll, or Type	e III			<u> </u>
	organization, check th								*****	
		organization accepted ar lirectly controls, either al			-				Vac	No
		upported organization?							Yes 11g(i)	<u>No</u>
(ii) A famil	y member of a persor	n described in (i) above?	*****					••••••	11g(ii)	
(iii) A 35%	controlled entity of a	person described in (i) d	or (ii) above						11g(iii)	
h Provide the	following information	about the supported or	ganization(s).						
		(iii) Type of	<u></u>				(1) (1)	the		
(i) Name of supported organization	(ii) EIN	organization	(IV) IS the o in col. (i) lis		(v) Did you organizat		organizatio	on in col. I	(vii) Amount of	
01921122001		described on lines 1-9 above or IRC section	governing (support?	(i) organiz U.S	ea in the .?	support	
		(see instructions))	Yes	No	Yes	No	Yes	No		
					1					
				·						,
			· · · ·			ļ	ļ			
· · · · · · · · · · · · · · · · · · ·		 						┟		
Total										
· · · · · · · · · · · · · · · · · · ·	eduction Act Notice	; see the Instructions f	or	I	I		Schedul	e A (Form	990 or 990-EZ) 2	010
Form 990 or 990-EZ.		,						(10

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Schedule A (Form 990 or 990-EZ) 2010

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|----|---|---|----|---|
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Se          | ction A. Public Support                      |                           |                             |                     |          |                  |                   |
|-------------|----------------------------------------------|---------------------------|-----------------------------|---------------------|----------|------------------|-------------------|
| Cale        | ndar year (or fiscal year beginning in) 🕨    | (a) 2006                  | (b) 2007                    | (c) 2008            | (d) 2009 | (e) 2010         | (f) Total         |
|             | Gifts, grants, contributions, and            |                           |                             |                     |          |                  |                   |
|             | membership fees received. (Do not            |                           |                             |                     |          |                  |                   |
|             | include any "unusual grants.")               |                           |                             |                     |          |                  |                   |
| 2           | Tax revenues levied for the organ-           |                           |                             |                     |          |                  |                   |
|             | ization's benefit and either paid to         |                           |                             |                     |          |                  |                   |
|             | or expended on its behalf                    |                           |                             |                     |          |                  |                   |
| 3           | The value of services or facilities          |                           |                             |                     |          |                  |                   |
|             | furnished by a governmental unit to          |                           |                             |                     |          |                  |                   |
|             | the organization without charge              |                           |                             |                     |          |                  |                   |
| 4           | Total. Add lines 1 through 3                 |                           |                             |                     |          |                  |                   |
| 5           | The portion of total contributions           |                           |                             |                     |          |                  |                   |
|             | by each person (other than a                 |                           |                             |                     |          |                  |                   |
|             | governmental unit or publicly                |                           |                             |                     |          |                  |                   |
|             | supported organization) included             |                           |                             |                     |          |                  |                   |
|             | on line 1 that exceeds 2% of the             |                           |                             |                     |          |                  |                   |
|             | amount shown on line 11,                     |                           |                             |                     |          |                  |                   |
|             | column (f)                                   |                           |                             |                     |          |                  |                   |
|             | Public support. Subtract line 5 from line 4. |                           |                             |                     |          |                  |                   |
| See         | ction B. Total Support                       |                           |                             |                     |          |                  |                   |
| Cale        | ndar year (or fiscal year beginning in) 🕨    | (a) 2006                  | (b) 2007                    | (c) 2008            | (d) 2009 | (e) 2010         | (f) Total         |
| 7           | Amounts from line 4                          |                           |                             |                     |          |                  |                   |
| 8           | Gross income from interest,                  |                           |                             |                     |          |                  |                   |
|             | dividends, payments received on              |                           |                             |                     | 1        |                  |                   |
|             | securities loans, rents, royalties           |                           |                             |                     |          |                  |                   |
|             | and income from similar sources $\dots$      |                           |                             |                     |          |                  |                   |
| 9           | Net income from unrelated business           |                           |                             |                     |          |                  |                   |
|             | activities, whether or not the               |                           |                             |                     |          |                  |                   |
|             | business is regularly carried on             |                           |                             | -                   |          |                  |                   |
| 10          | Other income. Do not include gain            |                           |                             |                     |          |                  |                   |
|             | or loss from the sale of capital             |                           |                             |                     |          |                  |                   |
|             | assets (Explain in Part IV.)                 |                           |                             |                     |          |                  |                   |
| 11          | Total support. Add lines 7 through 10        |                           |                             |                     |          |                  |                   |
| 12          | Gross receipts from related activities,      | , etc. (see instruct      | ions)                       | ******              |          | 12               |                   |
| 13          | First five years. If the Form 990 is for     |                           |                             |                     | •        |                  |                   |
| ~           | organization, check this box and stor        | <u>) here</u>             |                             | <u></u>             |          | <u></u>          |                   |
| 50          | ction C. Computation of Publ                 |                           |                             |                     |          |                  |                   |
| 14          | Public support percentage for 2010 (         |                           |                             |                     |          | 14               | %                 |
| 15          | Public support percentage from 2009          |                           |                             |                     |          | 15               | %                 |
| <b>16</b> a | 33 1/3% support test - 2010.If the o         |                           |                             |                     |          |                  |                   |
|             | stop here. The organization qualifies        |                           |                             |                     |          |                  |                   |
| b           | 33 1/3% support test - 2009.If the o         | -                         |                             |                     |          |                  |                   |
|             | and stop here. The organization qual         |                           |                             |                     |          |                  |                   |
| 17a         | 10% -facts-and-circumstances tes             |                           |                             |                     |          |                  |                   |
|             | and if the organization meets the "fac       |                           |                             |                     |          |                  |                   |
|             | meets the "facts-and-circumstances"          |                           |                             |                     |          |                  |                   |
| b           | 10% -facts-and-circumstances tes             |                           |                             |                     |          |                  |                   |
|             | more, and if the organization meets the      |                           |                             |                     |          |                  | e                 |
|             | organization meets the "facts-and-cire       |                           |                             |                     |          |                  | ▶[]               |
| <u>8</u>    | Private foundation, If the organization      | <u>in dia not check a</u> | <u>i pox on line 13, 16</u> | oa, 166, 17a, or 17 |          |                  |                   |
|             |                                              |                           |                             |                     | Sch      | edule A (Form 99 | 0 or 990-EZ) 2010 |

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#### CAPE COD COMMERCIAL HOOK FISHERMEN'S

#### chedule A (Form 990 or 990 EZ) 2010 ASSOCIATION, INC

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

04-3138784 Page 3

#### Section A. Public Support Calendar year (or fiscal year beginning in) 🏲 (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 410,282. 722,760. 862,986. 510,747. 707,053. 3,213,828. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 767,279. 636,050. 1,330,840, 2,108,203, 1.855.439 6,697,811. Gross receipts from activities that з are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 1,177,561 1,358,810, 2,193,826 2,366,186, 2,815,256 <u>9,9</u>11,639. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 0. 8 Public support (Subtract line 7c from line 6.) 9,911,639, Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (c) 2008 (a) 2006 (b) 2007 (d) 2009 (f) Total (e) 2010 9 Amounts from line 6 1,177,561 9<u>,911,639</u> 1,358,810 2,193,826 2 366 186 2,815,256 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... 349. 356. 447 1,097. 1,093. 3,342. ь Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 349. 356. 447. 1,097. 1,093. 3,342. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ..... 1,359,166. 13 Total support (Add lines 9, 10c, 11, and 12.) 1,177,910. 2,194,273. 2,367,283, 2,816,349, 9,914,981. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f) 99.97 15 % 16 Public support percentage from 2009 Schedule A, Part III, line 15 99.97 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f) .03 17 % 18 Investment Income percentage from 2009 Schedule A, Part III, line 17 .03 % 19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ...... 🕨 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 032023 12-21-10 Schedule A (Form 990 or 990-EZ) 2010

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| Schedule B                                                                                 | Schedule of Contributors                                                                                                                                                                                                                                                                                                                                                                                                                                | OMB No. 1545-0047                                                                                  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--|--|--|--|--|
| (Form 990, 990-EZ,<br>or 990-PF)<br>Department of the Treasury<br>Internal Revenue Service | Attach to Form 990, 990-EZ, or 990-PF.                                                                                                                                                                                                                                                                                                                                                                                                                  | 2010                                                                                               |  |  |  |  |  |
|                                                                                            | APE COD COMMERCIAL HOOK FISHERMEN'S<br>SSOCIATION, INC                                                                                                                                                                                                                                                                                                                                                                                                  | Employer identification number                                                                     |  |  |  |  |  |
| Organization type (check of                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    |  |  |  |  |  |
| Filers of:                                                                                 | Section:                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |  |  |  |  |  |
| Form 990 or 990-EZ                                                                         | X 501(c)( 3 ) (enter number) organization                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |  |  |  |  |  |
|                                                                                            | 4947(a)(1) nonexempt charitable trust not treated as a private foundation                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |  |  |  |  |  |
|                                                                                            | 527 political organization                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                    |  |  |  |  |  |
| Form 990-PF                                                                                | 501(c)(3) exempt private foundation                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |  |  |  |  |  |
|                                                                                            | 4947(a)(1) nonexempt charitable trust treated as a private foundation                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    |  |  |  |  |  |
|                                                                                            | 501(c)(3) taxable private foundation                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |  |  |  |  |  |
| General Rule                                                                               | n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in r                                                                                                                                                                                                                                                                                                                                                              | noney or property) from any one                                                                    |  |  |  |  |  |
|                                                                                            | n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in r<br>dete Parts I and II.                                                                                                                                                                                                                                                                                                                                      | noney or property) from any one                                                                    |  |  |  |  |  |
| Special Rules                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    |  |  |  |  |  |
| 509(a)(1) and 170                                                                          | c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re<br>b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of th<br>(i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.                                                                                                                                                                        |                                                                                                    |  |  |  |  |  |
| aggregate contrib                                                                          | c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one cont<br>utions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary<br>crueit <b>y</b> to children or animals. Complete Parts I, 11, and III.                                                                                                                                                                          |                                                                                                    |  |  |  |  |  |
| contributions for u<br>If this box is checl<br>purpose, Do not c                           | c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one cont<br>se exclusively for religious, charitable, etc., purposes, but these contributions did not a<br>ked, enter here the total contributions that were received during the year for an exclusive<br>omplete any of the parts unless the <b>General Rul</b> e applies to this organization because<br>e, etc., contributions of \$5,000 or more during the year. | aggregate to more than \$1,000.<br>/e/y religious, charitable, etc.,<br>it received nonexclusively |  |  |  |  |  |
| but it must answer "No" or                                                                 | hat is not covered by the General Rule and/or the Special Rules does not file Schedule<br>Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line<br>ng requirements of Schedule B (Form 990, 990-EZ, or 990-PF).                                                                                                                                                                                                    | B (Form 990, 990-EZ, or 990-PF),<br>2 of its Form 990-PF, to certify                               |  |  |  |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

ASSOCIATION, INC

Name of organization

Page 1 of 2 of Part I

Employer identification number

04-3138784

Part I Contributors (see instructions)

CAPE COD COMMERCIAL HOOK FISHERMEN'S

| (a)          | (b)                                                                              | (c)                                    | (d)                                                                                                                     |
|--------------|----------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| No,          | Name, address, and ZIP + 4                                                       | Aggregate contributions                | Type of contribution                                                                                                    |
| <u>    1</u> | JESSE B COX FOUNDATION<br>77 SUMMER ST<br>BOSTON, MA                             | \$ <u>50,000.</u>                      | Person X<br>Payroli<br>Noncash<br>(Complete Part II if there<br>is a noncash contribution.)                             |
| (a)          | (b)                                                                              | (c)                                    | (d)                                                                                                                     |
| No.          | Name, address, and ZIP + 4                                                       | Aggregate contributions                | Type of contribution                                                                                                    |
| 2            | MARISLA FOUNDATION<br>412 NORTH COAST HWY<br>LAGUNA BEACH, CA 92651              | -<br>\$ <u>25,000.</u>                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II if there is a noncash contribution.)                                |
| (a)          | (b)                                                                              | (c)                                    | (d)                                                                                                                     |
| No.          | Name, address, and ZIP + 4                                                       | Aggregate contributions                | Type of contribution                                                                                                    |
| 3            | SAILORS SNUG HARBOR<br>77 SUMMER ST<br>BOSTON, MA                                | \$ <u>15,000.</u>                      | Person X<br>Payroll<br>Noncash<br>(Complete Part II if there<br>is a noncash contribution.)                             |
| (a)          | (b)                                                                              | (c)                                    | (d)                                                                                                                     |
| No.          | Name, address, and ZIP + 4                                                       | Aggregate contributions                | Type of contribution                                                                                                    |
| 4            | SURDNA FOUNDATION<br>330 MADISON AVE<br>NEW YORK, NY 10017                       | -<br>\$ <u>15,000.</u>                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II if there<br>is a noncash contribution.)                             |
| (a)          | (b)                                                                              | (c)                                    | (d)                                                                                                                     |
| No.          | Name, address, and ZIP + 4                                                       | Aggregate contributions                | Type of contribution                                                                                                    |
| 5            | THE PROSPECT HILL FOUNDATION<br>99 PARK AVENUE, SUITE 2220<br>NEW YORK, NY 10016 | \$ <u>100,000.</u>                     | Person X<br>Payroll<br>Noncash<br>(Complete Part II if there<br>is a noncash contribution.)                             |
| (a)          | (b)                                                                              | (c)                                    | (d)                                                                                                                     |
| No.          | Name, address, and ZIP + 4                                                       | Aggregate contributions                | Type of contribution                                                                                                    |
| 023452 12-23 | DAVID OPPENHEIM<br>PO BOX 1348<br>WEST CHATHAM, MA 02669<br>3-10<br>17           | \$ <u>100,000.</u><br>Schedule B (Form | Person X<br>Payroll Noncash (Complete Part II if there<br>is a noncash contribution.)<br>990, 990-EZ, or 990-PF) (2010) |

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| Schedule B ( | Form 990, | 990-EZ, or | 990-PF) | (2010) |
|--------------|-----------|------------|---------|--------|
|              |           |            |         |        |

Name of organization CAPE COD COMMERCIAL HOOK FISHERMEN'S ASSOCIATION, INC

Employer identification number

04-3138784

Part I Contributors (see instructions)

| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                 |
|-------------|-------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------|
| 7           | WILLIAM ROGERS<br><u>8367 HAWKINS CREAMERY RD</u><br><u>GAITHERSBURG</u> , MD | \$ <u>16,667.</u>              | Person X<br>Payroll<br>Noncash<br>(Complete Part II if there<br>is a noncash contribution.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                 |
| 8           | STEPHEN DANIELS<br>149 HARDINGS LANE<br>CHATHAM, MA 02633                     | \$40,000.                      | Person X<br>Payroll<br>Noncash<br>(Complete Part II if there<br>is a noncash contribution.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                 |
| 9           | ARTHUR KERN<br>21 SHATTUCK LN<br>CHATHAM, MA 02633                            | \$15,000.                      | Person X<br>Payroll<br>Noncash<br>(Complete Part II if there<br>is a noncash contribution.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                 |
| 10          | WALTON FAMILY FOUNDATION<br>PO BOX 2030<br>BENTONVILLE, AR                    | \$75,000.                      | Person X<br>Payroll<br>Noncash<br>(Complete Part II if there<br>is a noncash contribution.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                 |
| 11          | 1772 FOUNDATION<br>PO BOX 112<br>POMFRET CENTER, CT                           | \$ <u>26,500.</u>              | Person X<br>Payroll<br>Noncash<br>(Complete Part II if there<br>is a noncash contribution.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                 |
|             |                                                                               | \$                             | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)               |
| 023452 12-2 | 3-10                                                                          | Schedule B (Form               | 990, 990-EZ, or 990-PF) (20                                                                 |

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#### <u>§chedule B</u> (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

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#### CAPE COD COMMERCIAL HOOK FISHERMEN'S ASSOCIATION, INC

Page of of Part II

Employer identification number

<u>04-3138784</u>

#### Part II Noncash Property (see Instructions)

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|----------------------------------------------|------------------------------------------------|----------------------|
|                              |                                              | <br>\$                                         |                      |
|                              |                                              | ······································         |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |                                              | \$                                             |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |                                              | \$                                             |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| ······                       |                                              | \$                                             |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |                                              | \$                                             |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |                                              |                                                |                      |
| 3453 12-23-10                |                                              | \$Sehedule R (Form (                           |                      |

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| ame of orga               |                                                                                                                                                                                                        |                                                                                     | Employer identification number                                                                                    |  |  |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|--|
|                           | OD COMMERCIAL HOOK FIS                                                                                                                                                                                 | SHERMEN'S                                                                           |                                                                                                                   |  |  |
| <u>SSOCI</u><br>Part III  | ATION, INC<br>Exclusively religious, charitable, etc., i<br>more than \$1,000 for the year. Complet<br>Part III, enter the total of exclusively religi<br>\$1,000 or less for the year. (Enter this in | te columns (a) through (e) and the foll<br>ious, charitable, etc., contributions of | 04-3138784<br>01(c)(7), (8), or (10) organizations aggregating<br>lowing line entry. For organizations completing |  |  |
| (a) No.                   |                                                                                                                                                                                                        |                                                                                     |                                                                                                                   |  |  |
| from<br>Part I            | (b) Purpose of gift                                                                                                                                                                                    | (c) Use of gift                                                                     | (d) Description of how gift is held                                                                               |  |  |
|                           |                                                                                                                                                                                                        |                                                                                     |                                                                                                                   |  |  |
| -                         |                                                                                                                                                                                                        | (e) Transfer of gift                                                                |                                                                                                                   |  |  |
|                           | Transferencia nome addresse a                                                                                                                                                                          |                                                                                     |                                                                                                                   |  |  |
| -                         | Transferee's name, address, a                                                                                                                                                                          |                                                                                     | Relationship of transferor to transferee                                                                          |  |  |
|                           |                                                                                                                                                                                                        |                                                                                     |                                                                                                                   |  |  |
| (a) No.<br>from           | (b) Purpose of gift                                                                                                                                                                                    | (c) Use of gift                                                                     | (d) Description of how gift is held                                                                               |  |  |
| Part I                    |                                                                                                                                                                                                        |                                                                                     |                                                                                                                   |  |  |
|                           |                                                                                                                                                                                                        |                                                                                     |                                                                                                                   |  |  |
|                           |                                                                                                                                                                                                        | (e) Transfer of gift                                                                |                                                                                                                   |  |  |
|                           | Transferee's name, address, a                                                                                                                                                                          | Relationship of transferor to transferee                                            |                                                                                                                   |  |  |
|                           |                                                                                                                                                                                                        |                                                                                     |                                                                                                                   |  |  |
| -                         |                                                                                                                                                                                                        |                                                                                     |                                                                                                                   |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                                                                                                                    | (c) Use of gift                                                                     | (d) Description of how gift is held                                                                               |  |  |
|                           |                                                                                                                                                                                                        |                                                                                     | _                                                                                                                 |  |  |
|                           |                                                                                                                                                                                                        | (e) Transfer of gift                                                                |                                                                                                                   |  |  |
|                           | Transferee's name, address, a                                                                                                                                                                          | Ind ZIP + 4                                                                         | Relationship of transferor to transferee                                                                          |  |  |
| -                         |                                                                                                                                                                                                        |                                                                                     |                                                                                                                   |  |  |
| (a) No.                   |                                                                                                                                                                                                        | [                                                                                   |                                                                                                                   |  |  |
| from<br>Part I            | (b) Purpose of gift                                                                                                                                                                                    | (c) Use of gift                                                                     | (d) Description of how gift is held                                                                               |  |  |
|                           |                                                                                                                                                                                                        |                                                                                     |                                                                                                                   |  |  |
|                           |                                                                                                                                                                                                        | (e) Transfer of gift                                                                |                                                                                                                   |  |  |
|                           | Transferee's name, address, a                                                                                                                                                                          | nd ZIP + 4                                                                          | Relationship of transferor to transferee                                                                          |  |  |
| -                         |                                                                                                                                                                                                        |                                                                                     |                                                                                                                   |  |  |
| -                         |                                                                                                                                                                                                        |                                                                                     |                                                                                                                   |  |  |
|                           | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                  |                                                                                     | Schedule B (Form 990, 990-EZ, or 990-PF                                                                           |  |  |

| <b>SCHEDULE C</b>                                                                                                                                                                                                 | Pol                                                                                                                                                      | itical Campaign                                                                                                                       | and Lobbyir                                                                                                                            | na Activities                                                                                                    | 1                                                    | OMB No. 1545-0047                                                                                                                          |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| (Form 990 or 990-EZ)                                                                                                                                                                                              |                                                                                                                                                          |                                                                                                                                       |                                                                                                                                        |                                                                                                                  |                                                      |                                                                                                                                            |  |  |
| Department of the Treasury<br>Internal Revenue Service                                                                                                                                                            |                                                                                                                                                          |                                                                                                                                       |                                                                                                                                        |                                                                                                                  |                                                      |                                                                                                                                            |  |  |
| <ul> <li>Section 501(c)(3) org</li> <li>Section 501(c) (other</li> <li>Section 527 organization anset</li> <li>Section 501(c)(3) org</li> <li>Section 501(c)(3) org</li> <li>If the organization anset</li> </ul> | ganizations: Compl<br>r than section 501<br>ations: Complete F<br>wered "Yes," to Fe<br>ganizations that ha<br>ganizations that ha<br>wered "Yes," to Fe | orm 990, Part IV, line 4, or Fo<br>ve filed Form 5768 (election u<br>ve NOT filed Form 5768 (elect<br>orm 990, Part IV, line 5 (Prox  | omplete Part I-C.<br>9 Parts I-A and C below<br>0 <b>rm 990-EZ, Part VI, Ii</b><br>Inder section 501(h)): C<br>tion under section 501( | v. Do not complete Part l<br>ne 47 (Lobbying Activit<br>complete Part II-A. Do no<br>(h)): Complete Part II-B. I | -<br>l-B.<br>ties), then<br>ot complet<br>Do not cor | e Part II-B.<br>npiete Part II-A.                                                                                                          |  |  |
| <ul> <li>Section 501(c)(4), (5)</li> <li>Name of organization</li> </ul>                                                                                                                                          | CAPE COD<br>ASSOCIAT                                                                                                                                     | COMMERCIAL HOC                                                                                                                        |                                                                                                                                        | -                                                                                                                | 04                                                   | dentification number<br>-3138784                                                                                                           |  |  |
| Part I-A Compl                                                                                                                                                                                                    | ete if the orga                                                                                                                                          | nization is exempt und                                                                                                                | ler section 501(c)                                                                                                                     | or is a section 52                                                                                               | 7 organ                                              | ization.                                                                                                                                   |  |  |
| 2 Political expenditur                                                                                                                                                                                            | es                                                                                                                                                       | ion's direct and indirect politic                                                                                                     | . –                                                                                                                                    |                                                                                                                  |                                                      |                                                                                                                                            |  |  |
| Part I-B Comple                                                                                                                                                                                                   | ete if the orga                                                                                                                                          | nization is exempt und                                                                                                                | ler section 501(c)                                                                                                                     | (3).                                                                                                             |                                                      |                                                                                                                                            |  |  |
| 2 Enter the amount o<br>3 If the organization i<br>4a Was a correction m<br>b If "Yes," describe in<br>Part I-C Comple                                                                                            | f any excise tax ind<br>ncurred a section 4<br>nade?<br><u>Part IV.</u><br>ete if the orga                                                               | curred by the organization und<br>curred by organization manag<br>1955 tax, did it file Form 4720<br>nization is exempt unc           | ers under section 4955<br>for this year?<br><b>ler section 501(c)</b>                                                                  | , except section 5                                                                                               | ►\$[                                                 | Yes No                                                                                                                                     |  |  |
|                                                                                                                                                                                                                   |                                                                                                                                                          | y the filing organization for se                                                                                                      |                                                                                                                                        |                                                                                                                  | ►\$                                                  |                                                                                                                                            |  |  |
|                                                                                                                                                                                                                   |                                                                                                                                                          | ation's funds contributed to of                                                                                                       | 0                                                                                                                                      |                                                                                                                  | ►\$                                                  |                                                                                                                                            |  |  |
| <ol> <li>Total exempt function</li> </ol>                                                                                                                                                                         | ion e <b>x</b> penditures, A                                                                                                                             | Add lines 1 and 2. Enter here a                                                                                                       | and on Form 1120-POL                                                                                                                   | ·                                                                                                                | ►\$                                                  |                                                                                                                                            |  |  |
|                                                                                                                                                                                                                   |                                                                                                                                                          | 20-POL for this year?                                                                                                                 |                                                                                                                                        |                                                                                                                  |                                                      | Yes No                                                                                                                                     |  |  |
| 5 Enter the names, ad<br>made payments. For<br>contributions received                                                                                                                                             | ddresses and emp<br>or each organizatio<br>ved that were prom                                                                                            | loyer identification number (E<br>n listed, enter the amount pai<br>aptly and directly delivered to<br>ditional space is needed, prov | IN) of all section 527 pc<br>d from the filing organi<br>a separate political org                                                      | olitical organizations to v<br>zation's funds. Also ente<br>anization, such as a sep                             | vh <mark>ich th</mark> e t<br>er the amo             | filing organization<br>ount of political                                                                                                   |  |  |
| (a) Name                                                                                                                                                                                                          | 3                                                                                                                                                        | (b) Address                                                                                                                           | (c) EIN                                                                                                                                | (d) Amount paid fro<br>filing organization's<br>funds. If none, enter                                            | s conti<br>-0-, pr<br>del<br>pc                      | Amount of political<br>ibutions received and<br>omptly and directly<br>lvered to a separate<br>olitical organization.<br>If none, enter -0 |  |  |
| ,                                                                                                                                                                                                                 |                                                                                                                                                          |                                                                                                                                       |                                                                                                                                        |                                                                                                                  |                                                      |                                                                                                                                            |  |  |
|                                                                                                                                                                                                                   |                                                                                                                                                          |                                                                                                                                       |                                                                                                                                        |                                                                                                                  |                                                      |                                                                                                                                            |  |  |
|                                                                                                                                                                                                                   |                                                                                                                                                          |                                                                                                                                       |                                                                                                                                        |                                                                                                                  |                                                      |                                                                                                                                            |  |  |
|                                                                                                                                                                                                                   |                                                                                                                                                          |                                                                                                                                       |                                                                                                                                        |                                                                                                                  |                                                      |                                                                                                                                            |  |  |
| ·                                                                                                                                                                                                                 |                                                                                                                                                          |                                                                                                                                       |                                                                                                                                        |                                                                                                                  |                                                      |                                                                                                                                            |  |  |
| For Paperwork Reducti<br>LHA                                                                                                                                                                                      | ion Act Notice, se                                                                                                                                       | e the Instructions for Form                                                                                                           | 990 or 990-EZ,                                                                                                                         | Schedul                                                                                                          | e C (Form                                            | 990 or 990-EZ) 2010                                                                                                                        |  |  |

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|                                                                                         |                     |                    | HOOK FISHERME           |                |                      |
|-----------------------------------------------------------------------------------------|---------------------|--------------------|-------------------------|----------------|----------------------|
| Schedule C (Form 990 or 990 EZ) 2010 ASSC<br>Part II-A Complete if the organizati       | CIATION,            | INC                |                         | 04-1           | 3138784 Page 2       |
| Part II-A Complete if the organizati<br>(election under section 50                      | •                   | t under sectio     | n = 0.1(c)(3) and the   | a Form 5/68    |                      |
| A Check  Check  Check  Check                                                            |                     |                    |                         |                |                      |
| B Check Check Check in the filing organization check                                    | -                   |                    | ovisions annly          |                |                      |
|                                                                                         |                     |                    | ovisions apply.         | (a) Filing     | (b) Affiliated group |
| Limits on Lot<br>(The term "expenditures" r                                             | bying Expendit      |                    | 、                       | organization's | totals               |
|                                                                                         | neans amounts       | paid or incurred   | •)                      | totals         |                      |
| 1 a Total lobbying expenditures to influence put                                        | blic opinion (gra   | ss roots lobbying) |                         |                |                      |
| <b>b</b> Total lobbying expenditures to influence a le                                  |                     |                    |                         |                |                      |
| c Total lobbying expenditures (add lines 1a ar                                          | nd 1b)              |                    |                         |                |                      |
|                                                                                         |                     |                    | ·····                   |                |                      |
| e Total exempt purpose expenditures (add lin                                            |                     |                    |                         |                |                      |
| f Lobbying nontaxable amount. Enter the am                                              |                     |                    |                         |                |                      |
| If the amount on line 1e, column (a) or (b) is:                                         |                     | ng nontaxable an   |                         |                |                      |
| Not over \$500,000                                                                      |                     | amount on line 1e  |                         |                |                      |
| Over \$500,000 but not over \$1,000,000                                                 | 1 .                 |                    | cess over \$500,000.    |                |                      |
| Over \$1,000,000 but not over \$1,500,000<br>Over \$1,500,000 but not over \$17,000,000 |                     |                    | cess over \$1,000,000.  |                |                      |
| Over \$17,000,000                                                                       | \$1,000,000         |                    | ess over \$1,500,000.   |                |                      |
|                                                                                         | γ φτ,000,000        | <u>.</u>           |                         |                |                      |
| g Grassroots nontaxable amount (enter 25%                                               | of line 1f)         |                    |                         |                |                      |
| h Subtract line 1g from line 1a. If zero or less,                                       | optor O             |                    |                         |                |                      |
| i Subtract line 1f from line 1c. If zero or less,                                       | optor A             |                    |                         |                |                      |
| j If there is an amount other than zero on eith                                         | ier line 1h or line | 1i, did the organi | zation file Form 4720   |                |                      |
| reporting section 4911 tax for this year?                                               |                     |                    |                         |                | Yes No               |
|                                                                                         |                     | ging Period Unde   |                         |                |                      |
| (Some organizations th                                                                  |                     |                    |                         |                |                      |
|                                                                                         |                     |                    | es 2a through 2f on pag | ge 4.)         |                      |
|                                                                                         | bying Expendit      | ures During 4-Ye   | ar Averaging Period     |                |                      |
| Calendar year (a)<br>(or fiscal year beginning in)                                      | 2007                | <b>(b)</b> 2008    | (c) 2009                | (d) 2010       | (e) Total            |
| 2a Lobbying nontaxable 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))                                                           |                     |                    |                         |                |                      |
|                                                                                         |                     |                    | 1                       |                |                      |

Schedule C (Form 990 or 990-EZ) 2010

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#### CAPE COD COMMERCIAL HOOK FISHERMEN'S

#### Schedule C (Form 990 or 990-EZ) 2010 ASSOCIATION, INC 04-3138784 Page 3 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                     | ı)            | (b)        |           |
|--------|---------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------|------------|-----------|
|        |                                                                                                                                 | Yes                    | No            | Amo        | ount      |
| 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:                                                                                              |                        |               |            |           |
| а      | Volunteers?                                                                                                                     | X                      |               |            |           |
| þ      | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                    | X                      |               |            |           |
| С      | Media advertisements?                                                                                                           |                        | <u> </u>      |            |           |
|        | Mailings to members, legislators, or the public?                                                                                |                        | X             |            |           |
|        | Publications, or published or broadcast statements?                                                                             |                        | <u> </u>      |            |           |
|        | Grants to other organizations for lobbying purposes?                                                                            |                        | X             |            |           |
| g      |                                                                                                                                 | X                      |               | 34         | 1,385.    |
|        | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                       |                        | <u> </u>      |            |           |
|        | Other activities? If "Yes," describe in Part IV                                                                                 |                        | X             | 2/         |           |
| L<br>L | Total. Add lines 1c through 1i<br>Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? |                        | x             | 34         | 1,385.    |
|        | If "Yes," enter the amount of any tax incurred under section 4912                                                               |                        |               |            |           |
| 0      | If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                      |                        | ŀ             |            |           |
|        | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                    |                        | ·             |            |           |
| Par    | t III-A Complete if the organization is exempt under section 501(c)(4), section                                                 | n 501/c)/              | (5) or se     | ction      |           |
|        | 501(c)(6).                                                                                                                      |                        |               | Cuon       |           |
|        |                                                                                                                                 |                        |               | Yes        | No        |
| 1      | Were substantially all (90% or more) dues received nondeductible by members?                                                    |                        |               |            |           |
| 2      | Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                               |                        | 2             |            |           |
| 3      | Did the organization agree to carryover lobbying and political expenditures from the prior year?                                |                        |               |            |           |
| 1      | 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Par<br>"Yes."                                               |                        |               | swered     |           |
| 2      | Dues, assessments and similar amounts from members                                                                              |                        |               |            |           |
| ~      | expenses for which the section 527(f) tax was paid).                                                                            | ai                     |               |            |           |
| а      | Current year                                                                                                                    |                        |               |            |           |
|        | Carryover from last year                                                                                                        |                        |               |            |           |
| c      |                                                                                                                                 |                        |               |            |           |
| 3      | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                 |                        | 3             |            |           |
| 4      | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc                            |                        |               |            |           |
|        | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p                             |                        |               |            |           |
|        | expenditure next year?                                                                                                          |                        | 4             |            |           |
| 5      | Taxable amount of lobbying and political expenditures (see instructions)                                                        | ••••••••••••••••       | 5             |            | ·····     |
| Pai    | t IV Supplemental Information                                                                                                   | <u></u> ,              | <u> </u>      |            |           |
| Com    | plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; an               | d Part II-B,           | line 1i. Also | , complete | this part |
|        | ny additional information.                                                                                                      |                        |               | . ,        | 1         |
| PAI    | RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:                                                                                  |                        |               |            |           |
| PA:    | ID REPRESENTIVES TO DISCUSS ACTUAL OR POTENTIAL LEG                                                                             | ፐርፐ.አመተ                | ом <b>м</b>   | EETING     | ч         |
|        | THE PROPERTY OF THE PROPERTY OF TOTAL THE DEG                                                                                   | <u>- 0 - 1 - 1</u> - 1 |               |            | <b>T</b>  |
| WI     | TH SENATORS & STAFF. PURPOSE WAS TO LOBBY FOR NO IF                                                                             | Q'5 &                  | MONEY         | FOR        | ······    |
| TH)    | E MAGNUSSON STEVENS FISHERY CONSERVATION ACT AND TO                                                                             | REPRE                  | SENT          |            |           |
| IN     | TEREST OF FISHING INDUSTRY                                                                                                      |                        |               |            |           |
|        |                                                                                                                                 |                        |               |            |           |

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Schedule C (Form 990 or 990-EZ) 2010

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| (Forr           | HEDULE D<br>n 990)                        | Complete if the org                                                                        | al Financial Statements<br>anization answered "Yes," to Form 990,<br>ine 6, 7, 8, 9, 10, 11, or 12. |                     | -           | OMB No. 1545-0<br>2010<br>Open to Pu | )        |
|-----------------|-------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------|-------------|--------------------------------------|----------|
|                 | ment of the Treasury<br>I Revenue Service | Attach to Form                                                                             | 990. See separate instructions.                                                                     |                     |             | Inspection                           |          |
| <b>.</b>        | e of the organizati                       | ASSOCIATION, INC                                                                           | · · · · · · · · · · · · · · · · · · ·                                                               |                     | 0           | identification n<br>4-313878         |          |
| Pa              | rt I Organiza                             | ations Maintaining Donor Advise                                                            | ed Funds or Other Similar Funds                                                                     | or Acc              | ounts.      | Complete if the                      |          |
|                 | organizatio                               | n answered "Yes" to Form 990, Part IV, lin                                                 |                                                                                                     |                     | <u>.</u>    |                                      |          |
|                 |                                           |                                                                                            | (a) Donor advised funds                                                                             | (b) F               | Funds and   | other accounts                       | 3        |
| 1               |                                           | nd of year                                                                                 |                                                                                                     |                     |             |                                      |          |
| 2               |                                           | utions to (during year)                                                                    |                                                                                                     |                     |             |                                      |          |
| 3<br>4          |                                           | from (during year)                                                                         | ·····                                                                                               |                     |             |                                      |          |
| 4<br>5          |                                           | t end of year<br>on inform all donors and donor advisors in                                | writing that the assets hold in deper advice                                                        | od funda            |             |                                      |          |
| Ŭ               |                                           | on's property, subject to the organization's                                               |                                                                                                     |                     |             | Yes [                                | No       |
| 6               |                                           | on inform all grantees, donors, and donor a                                                |                                                                                                     |                     |             |                                      |          |
| -               |                                           | oses and not for the benefit of the donor of                                               |                                                                                                     |                     |             |                                      |          |
|                 |                                           | ate benefit?                                                                               |                                                                                                     | -                   | -           | Yes                                  | No       |
| Pa              | rt II Conserv                             | ation Easements. Complete if the or                                                        | ganization answered "Yes" to Form 990, P                                                            | art IV, line        | э7.         |                                      |          |
| 1               | Purpose(s) of cons                        | servation easements held by the organizat                                                  | ion (check all that apply).                                                                         |                     |             |                                      |          |
|                 | Preservation                              | n of land for public use (e.g., recreation or e                                            | education) Preservation of an hist                                                                  | torically ir        | mportant l  | and area                             |          |
|                 | Protection o                              | f natural habitat                                                                          | Preservation of a certi                                                                             | fied h <b>i</b> sto | ric structu | ire                                  |          |
|                 |                                           | i of open space                                                                            |                                                                                                     |                     |             |                                      |          |
| 2               |                                           | through 2d if the organization held a quali                                                | fied conservation contribution in the form o                                                        | of a consi          | ervation e  | asement on the                       | last     |
|                 | day of the tax year                       | r.                                                                                         |                                                                                                     | ·                   |             |                                      |          |
|                 |                                           |                                                                                            |                                                                                                     |                     |             | it the End of the T                  | ax Year  |
| a               |                                           | onservation easements                                                                      |                                                                                                     |                     | a           |                                      |          |
| b               | l otal acreage rest                       | ricted by conservation easements                                                           |                                                                                                     | 2                   | . dt        |                                      |          |
| c               |                                           | vation easements on a certified historic str                                               |                                                                                                     |                     | 2C          |                                      |          |
| d               |                                           | vation easements included in (c) acquired                                                  |                                                                                                     |                     |             |                                      |          |
| •               |                                           | nal Register                                                                               |                                                                                                     |                     | d l         |                                      |          |
| 3               | vear                                      | vation easements modified, transferred, re                                                 | leased, extinguished, or terminated by the                                                          | organiza            | tion durin  | g the tax                            |          |
| 4               |                                           | <br>where property subject to conservation ea                                              | example is located                                                                                  |                     |             |                                      |          |
| 5               |                                           | tion have a written policy regarding the pe                                                |                                                                                                     |                     |             |                                      |          |
| Ŭ               |                                           | orcement of the conservation easements i                                                   |                                                                                                     |                     |             | Yes [                                | No       |
| 6               | Staff and voluntee                        | r hours devoted to monitoring, inspecting,                                                 | and enforcing conservation easements du                                                             | irina the t         | vear 🕨      |                                      |          |
| 7               |                                           | es incurred in monitoring, inspecting, and                                                 |                                                                                                     |                     |             |                                      |          |
| 8               |                                           | vation easement reported on line 2(d) abo                                                  |                                                                                                     |                     |             |                                      |          |
|                 |                                           | )(4)(B) <b>(ii</b> )?                                                                      |                                                                                                     |                     |             | Yes 🗌                                | No       |
| 9               | In Part XIV, descrit                      | pe how the organization reports conservat                                                  | ion easements in its revenue and expense                                                            | statemer            | nt, and ba  |                                      |          |
|                 |                                           | le, the text of the footnote to the organiza                                               |                                                                                                     |                     |             |                                      |          |
|                 | conservation ease                         | ments.                                                                                     |                                                                                                     | -                   |             | -                                    |          |
| Pa              | · · · · · · · · · · · · · · · · · · ·     | ations Maintaining Collections o                                                           |                                                                                                     | ther Sir            | nilar As    | sets.                                |          |
| ·               |                                           | the organization answered "Yes" to Form                                                    |                                                                                                     |                     |             |                                      |          |
| 1a              |                                           | elected, as permitted under SFAS 116 (AS                                                   |                                                                                                     |                     |             |                                      |          |
|                 |                                           | s, or other similar assets held for public ex                                              |                                                                                                     | nce of pu           | blic servic | e, provide, in Pa                    | art XIV, |
|                 |                                           | note to its financial statements that descr                                                |                                                                                                     |                     |             |                                      |          |
| b               |                                           | elected, as permitted under SFAS 116 (As                                                   |                                                                                                     |                     |             |                                      |          |
|                 |                                           | similar assets held for public exhibition, e                                               | ducation, or research in furtherance of put                                                         | olic servic         | e, provid€  | e the following a                    | mounts   |
|                 | relating to these it                      |                                                                                            |                                                                                                     |                     |             |                                      |          |
|                 | (i) Hevenues incli                        | uded in Form 990, Part VIII, line 1                                                        |                                                                                                     |                     | ► \$        |                                      |          |
| 0               | • •                                       | ed in Form 990, Part X                                                                     | anuroo, or other similar assets for financial                                                       |                     | ► \$        | ,,,,,                                |          |
| 2               |                                           | received or held works of art, historical tre<br>Ints required to be reported under SFAS 1 |                                                                                                     | i gain, pro         | oviae       |                                      |          |
| а               |                                           | d in Form 990, Part VIII, line 1                                                           |                                                                                                     |                     | e e         |                                      |          |
| a<br>b          | Assets included in                        | Form 990, Part X                                                                           | •••••••••                                                                                           |                     | φ           |                                      |          |
| 2               |                                           |                                                                                            |                                                                                                     |                     | Ψ           |                                      |          |
| LHA             | For Paperwork Re                          | eduction Act Notice, see the Instruction                                                   | s for Form 990.                                                                                     |                     | Scher       | lule D (Form 99                      | 0) 2010  |
| 03205<br>12-20- | i                                         |                                                                                            |                                                                                                     |                     | 201100      |                                      | .,       |
|                 |                                           |                                                                                            | 24                                                                                                  |                     |             |                                      |          |

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|        | ` CAPE CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D COMMERCIA            | AL HOOK FI            | SHERMEN'S                               |                  |                                               |              |           |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|-----------------------------------------|------------------|-----------------------------------------------|--------------|-----------|
| -      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TION, INC              | <del></del>           |                                         |                  | <u>1-313878</u>                               |              |           |
| L      | t III Organizations Maintaining C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                       |                                         |                  |                                               |              |           |
| 3      | Using the organization's acquisition, accession (about a state of the set of | on, and other record   | s, check any of the   | following that are a                    | significant use  | e of its collection                           | n item       | 15        |
| _      | (check all that apply):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        | <b></b> .             |                                         |                  |                                               |              |           |
| a      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d                      |                       | change programs                         |                  |                                               |              |           |
| b      | Scholarly research                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | е                      | Otner                 |                                         | ····             | <u> </u>                                      |              |           |
| c      | Preservation for future generations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | - 11 12                |                       |                                         |                  |                                               |              |           |
| 4      | Provide a description of the organization's or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                       |                                         |                  | in Part XIV.                                  |              |           |
| 5      | During the year, did the organization solicit of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                       |                                         |                  |                                               | r            | ٦         |
| Par    | to be sold to raise funds rather than to be m<br>t IV Escrow and Custodial Arran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                       |                                         |                  |                                               |              | <u>No</u> |
|        | reported an amount on Form 990, Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rt X, line 21.         |                       |                                         |                  | art IV, line 9, o                             |              |           |
| 1a     | Is the organization an agent, trustee, custod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                       |                                         |                  |                                               |              | _         |
|        | on Form 990, Part X?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                       |                                         | •••••••          | Yes                                           | Ŀ            | No        |
| b      | If "Yes," explain the arrangement in Part XIV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | and complete the fo    | llowing table:        |                                         |                  |                                               |              |           |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                       |                                         |                  | Amour                                         | <u>nt</u>    | <u> </u>  |
| С      | Beginning balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                       |                                         |                  |                                               | <u> </u>     |           |
|        | Additions during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                       |                                         |                  |                                               |              |           |
| e      | Distributions during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                       |                                         |                  |                                               |              |           |
| f      | Ending balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | - 1 -                 | ••••••••••••••••••••••••••••••••••••••• | <u>1f</u>        | <b>_</b>                                      |              | ·         |
|        | Did the organization include an amount on F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        | 217                   |                                         |                  | 🗀 Yes                                         | L            | _ No      |
| Pa     | If "Yes," explain the arrangement in Part XIV<br>t V Endowment Funds. Complete i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                       |                                         | . 10             |                                               |              |           |
| 1 1    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                       | · · · · · · · · · · · · · · · · · · ·   | 1                |                                               |              | <u> </u>  |
|        | Destacione of whether a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (a) Current year       | (b) Prior year        | (c) Two years back                      | (d) Three year   | rs back (e) Fou                               | ir years     | back      |
| 1a     | Beginning of year balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 699,502.               | 500,105               |                                         |                  |                                               |              |           |
| b      | Contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 190,877.               | 199,397               | . 500,105                               | •                |                                               | <u> </u>     |           |
| C      | Net investment earnings, gains, and losses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                       |                                         |                  |                                               |              | <u> </u>  |
| d      | Grants or scholarships                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                       |                                         |                  |                                               |              |           |
| е      | Other expenditures for facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                       |                                         |                  |                                               |              |           |
|        | and programs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                       |                                         |                  |                                               |              |           |
|        | Administrative expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                       |                                         |                  |                                               |              |           |
| g      | End of year balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        | 699,502               | . 500,105                               | •                |                                               |              |           |
| 2      | Provide the estimated percentage of the yea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | r end balance held a   |                       |                                         |                  |                                               |              |           |
|        | Board designated or quasi-endowment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        | _%                    |                                         |                  |                                               |              |           |
|        | Permanent endowment  Term endowment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | %                      |                       |                                         |                  |                                               |              |           |
| -      | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | %                      | tion that are bails   |                                         |                  |                                               |              |           |
| ्व     | Are there endowment funds not in the posse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ission of the organiza | ation that are held a | and administered to                     | r the organizati | ion                                           | <b></b>      | T         |
|        | by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                       |                                         |                  |                                               | Yes          |           |
|        | (i) unrelated organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                       |                                         |                  | <u>3a(i)</u>                                  |              | X         |
| h      | (ii) related organizations<br>If "Yes" to 3a(ii), are the related organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | listed on required o   | n Sobodulo D2         |                                         |                  | <u>3a(ii)</u>                                 |              | X         |
| 4      | Describe in Part XIV the intended uses of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                       |                                         |                  | <u>3b</u>                                     | <u> </u>     | I         |
|        | t VI   Land, Buildings, and Equipm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                       |                                         |                  |                                               |              | <u> </u>  |
|        | Description of investment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (a) Cost or of         |                       | t or other (c)                          | Accumulated      | (d) Roy                                       |              |           |
|        | Bessiption of involution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | basis (investm         | .,                    |                                         | lepreciation     | (d) Boo                                       | ok valu      | ,e        |
| 1a     | Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        | · · ·                 | 50,000.                                 | ioprociation     | - 26                                          | 0 0          | 00.       |
| b      | Buildings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                       | 32,032.                                 | 8,550            |                                               |              | 82.       |
| г<br>с | Leasehold improvements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                       |                                         | 0,000            | <u>, ,                                   </u> | <u></u> ,4   | 04.       |
| ď      | Equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        | 1:                    | 39,811.                                 | 49,692           | 2. 0                                          | 0,1          | 19        |
|        | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                       |                                         |                  | <u></u>                                       | <u>_</u> , _ | <u></u>   |
|        | Add lines 1a through 1e. (Column (d) must e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        | X. column (B). line   | 10(c).)                                 |                  | 1,02                                          | 3 6          | 01        |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                       |                                         | Sc               | hedule D (Forr                                |              |           |

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| Pa                                                                                                                | rt VII Investments - Other Securities.                                                                                                                                                                                                                                                                                                                                                                                                                        | See Form 990, Part X. line " | 2.                                     |                                       |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|---------------------------------------|
|                                                                                                                   | (a) Description of security or category<br>(including name of security)                                                                                                                                                                                                                                                                                                                                                                                       | (b) Book value               | (c) Metho                              | d of valuation:<br>·year market value |
| 41                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                        | year market value                     |
| י (י.<br>ה (פ                                                                                                     | Financial derivatives<br>Closely-held equity interests                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                                        |                                       |
|                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                        |                                       |
| ,                                                                                                                 | Other(A)                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                        |                                       |
|                                                                                                                   | (A)<br>(B)                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                        |                                       |
|                                                                                                                   | (C)                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              | -                                      |                                       |
|                                                                                                                   | (D)                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              | -                                      |                                       |
|                                                                                                                   | (E)                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                                       |
|                                                                                                                   | (F)                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                                       |
|                                                                                                                   | (G)                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        | ·                                     |
|                                                                                                                   | (H)                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        | ·····                                 |
|                                                                                                                   | (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                                       |
|                                                                                                                   | I. (Col (b) must equal Form 990, Part X, col (B) line 12.)                                                                                                                                                                                                                                                                                                                                                                                                    |                              | ······································ |                                       |
| Pa                                                                                                                | art VIII Investments - Program Related.                                                                                                                                                                                                                                                                                                                                                                                                                       | Soo Form 000, Part V, Jina   | 10                                     |                                       |
|                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P                            |                                        | d of valuation:                       |
|                                                                                                                   | (a) Description of investment type                                                                                                                                                                                                                                                                                                                                                                                                                            | (b) Book value               | Cost or end-of                         | -year market value                    |
| (                                                                                                                 | 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                        | ,                                     |
|                                                                                                                   | 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                        |                                       |
|                                                                                                                   | 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                        | ······                                |
|                                                                                                                   | 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                        |                                       |
|                                                                                                                   | 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                        | ·····                                 |
|                                                                                                                   | 6)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                        |                                       |
|                                                                                                                   | 7)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                        | ·····                                 |
|                                                                                                                   | 8)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                        |                                       |
| ·····                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                        |                                       |
| 6                                                                                                                 | 9)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                        |                                       |
| (1)<br>ota                                                                                                        | I. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►<br>Irt IX Other Assets. See Form 990, Part X, lin                                                                                                                                                                                                                                                                                                                                                |                              |                                        |                                       |
| (1<br>iotal<br>Pa                                                                                                 | 0)<br>I. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►<br>Irt IX Other Assets. See Form 990, Part X, lin<br>(ε<br>1) FISHING PERMITS                                                                                                                                                                                                                                                                                                              | e 15.<br>a) Description      |                                        | (b) Book value<br>3,071,20            |
| (1)<br>ota<br>Pa<br>(                                                                                             | 0)<br>I. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►<br>Irt IX Other Assets. See Form 990, Part X, lin<br>(a<br>1) FISHING PERMITS<br>2)                                                                                                                                                                                                                                                                                                        |                              |                                        |                                       |
| (1)<br>ota<br>Pa<br>(<br>(                                                                                        | 0)<br>I. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►<br>Int IX Other Assets. See Form 990, Part X, lin<br>(a<br>1) FISHING PERMITS<br>2)<br>3)                                                                                                                                                                                                                                                                                                  |                              |                                        |                                       |
| (1)<br>ota<br>Pa<br>(<br>(<br>(                                                                                   | 0)<br>I. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►<br>Irt IX Other Assets. See Form 990, Part X, lin<br>(a<br>1) FISHING PERMITS<br>2)<br>3)<br>4)                                                                                                                                                                                                                                                                                            |                              |                                        |                                       |
| (1)<br>otal<br>Pa<br>(<br>(<br>(<br>(<br>(<br>(                                                                   | 0)<br>I. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►<br>Irt IX Other Assets. See Form 990, Part X, lin<br>(€<br>1) FISHING PERMITS<br>2)<br>3)<br>4)<br>5)                                                                                                                                                                                                                                                                                      |                              |                                        |                                       |
| (1)<br>otal<br>Pa<br>((<br>(;<br>(;<br>()<br>()<br>()<br>()                                                       | 0)<br>1. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►<br>1. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►<br>1. (a<br>1. FISHING PERMITS<br>2)<br>3)<br>4)<br>5)<br>6)                                                                                                                                                                                                                                                               |                              |                                        |                                       |
| (1)<br>iotal<br>Pa<br>((<br>(i)<br>(i)<br>(i)<br>(i)<br>(i)<br>(i)<br>(i)<br>(i)<br>(i)                           | 0)<br>1. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►<br>1. (TIX Other Assets. See Form 990, Part X, lin<br>(a<br>1) FISHING PERMITS<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)                                                                                                                                                                                                                                                                         |                              |                                        |                                       |
| (1)<br>ota<br>Pa<br>((<br>((<br>((<br>((<br>((<br>((<br>((<br>(())))))))))))                                      | 0)<br>I. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶<br>Irt IX Other Assets. See Form 990, Part X, lin<br>(a<br>1) FISHING PERMITS<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)                                                                                                                                                                                                                                                                    |                              |                                        |                                       |
| (1)<br>otal<br>Pa<br>((<br>(;<br>(;<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>() | 0)<br>I. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►<br>Irt IX Other Assets. See Form 990, Part X, lin<br>(a<br>1) FISHING PERMITS<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)                                                                                                                                                                                                                                                              |                              |                                        |                                       |
| (1)<br>ota<br>Pa<br>((<br>((<br>((<br>((<br>((<br>((<br>((<br>(()<br>(1)                                          | 0)<br>I. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►<br>Irt IX Other Assets. See Form 990, Part X, lin<br>(a<br>1) FISHING PERMITS<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)<br>0)                                                                                                                                                                                                                                                        | a) Description               |                                        | 3,071,20                              |
| (1)<br>ota<br>Pa<br>((<br>((<br>((<br>((<br>((<br>((<br>(()<br>()<br>()<br>()<br>()<br>()<br>()                   | 0)<br>I. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►<br>Irt IX Other Assets. See Form 990, Part X, lin<br>(a<br>1) FISHING PERMITS<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)<br>0)<br>al. (Column (b) must equal Form 990, Part X, col (B) lin<br>Irt X Other Liabilities. See Form 990, Part >                                                                                                                                           | a) Description               |                                        |                                       |
| (1)<br>otal<br>Pa<br>((<br>((<br>((<br>((<br>((<br>((<br>((<br>(()<br>(())))))))))                                | 0)<br>1. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►<br>1. (Col (b) must equal Form 990, Part X, lin<br>(a<br>1) FISHING PERMITS<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)<br>0)<br>al. (Column (b) must equal Form 990, Part X, col (B) lin<br>Int X Other Liabilities. See Form 990, Part X<br>(a) Description of liability                                                                                                             | a) Description               | (b) Amount                             | 3,071,20                              |
| (1)<br>otal<br>Pa<br>((<br>((<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()                   | 0)<br>1. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►<br>1. (Col (b) must equal Form 990, Part X, lin<br>(a<br>1) FISHING PERMITS<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)<br>0)<br>al. (Column (b) must equal Form 990, Part X, col (B) lin<br>11 Other Liabilities. See Form 990, Part X<br>(a) Description of liability<br>1) Federal income taxes                                                                                     | a) Description               |                                        | 3,071,20                              |
| (1)<br>otal<br>Pa<br>((<br>((<br>((<br>((<br>(()<br>(()<br>(()<br>(()<br>()<br>()<br>()<br>()                     | 0)<br>I. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►<br>Irt IX Other Assets. See Form 990, Part X, lin<br>(a) FISHING PERMITS<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)<br>0)<br>al. (Column (b) must equal Form 990, Part X, col (B) lin<br>Irt X Other Liabilities. See Form 990, Part ><br>(a) Description of liability<br>1) Federal income taxes<br>2) REFUNDABLE ADVANCES                                                           | a) Description               | (b) Amount<br>527, 196.                | 3,071,20                              |
| (1)<br>otal<br>Pa<br>((<br>((<br>((<br>((<br>((<br>((<br>((<br>(()<br>()<br>()<br>()<br>()<br>()                  | 0)<br>I. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►<br>Irt IX Other Assets. See Form 990, Part X, lin<br>(a) FISHING PERMITS<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)<br>0)<br>1. (Column (b) must equal Form 990, Part X, col (B) lin<br>Irt X Other Liabilities. See Form 990, Part X<br>(a) Description of liability<br>1) Federal income taxes<br>2) REFUNDABLE ADVANCES<br>3)                                                      | a) Description               |                                        | 3,071,20                              |
| (1)<br>iotal<br>Pa<br>((<br>(i)<br>(i)<br>(i)<br>(i)<br>(i)<br>(i)<br>(i)                                         | 0)<br>I. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►<br>IIT IX Other Assets. See Form 990, Part X, lin<br>(a<br>1) FISHING PERMITS<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)<br>0)<br>al. (Column (b) must equal Form 990, Part X, col (B) lin<br>IIT X Other Liabilities. See Form 990, Part ><br>(a) Description of liability<br>1) Federal income taxes<br>2) REFUNDABLE ADVANCES<br>3)<br>4)                                          | a) Description               |                                        | 3,071,20                              |
| (1)<br>ota<br>Pa<br>((<br>(')<br>(')<br>(')<br>(')<br>(')<br>(')<br>(')                                           | 0)<br>I. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►<br>ITT IX Other Assets. See Form 990, Part X, lin<br>(a<br>1) FISHING PERMITS<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)<br>0)<br>al. (Column (b) must equal Form 990, Part X, col (B) lin<br>ITX Other Liabilities. See Form 990, Part ><br>(a) Description of liability<br>1) Federal income taxes<br>2) REFUNDABLE ADVANCES<br>3)<br>4)<br>5)                                      | a) Description               |                                        | 3,071,20                              |
| (1)<br>iotal<br>Pa<br>((<br>(i)<br>(i)<br>(i)<br>(i)<br>(i)<br>(i)<br>(i)                                         | 0)<br>I. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►<br>Irt IX Other Assets. See Form 990, Part X, lin<br>(a<br>1) FISHING PERMITS<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)<br>0)<br>al. (Column (b) must equal Form 990, Part X, col (B) lin<br>Irt X Other Liabilities. See Form 990, Part X<br>(a) Description of liability<br>1) Federal income taxes<br>2) REFUNDABLE ADVANCES<br>3)<br>4)<br>5)<br>6)                              | a) Description               |                                        | 3,071,20                              |
| (1)<br><b>fota</b><br><b>Pa</b><br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()                       | 0)<br>I. (Col (b) must equal Form 990, Part X, col (B) line 13.)<br>ITT IX Other Assets. See Form 990, Part X, lin<br>(a<br>1) FISHING PERMITS<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)<br>0)<br>al. (Column (b) must equal Form 990, Part X, col (B) lin<br>ITT X Other Liabilities. See Form 990, Part ><br>(a) Description of liability<br>1) Federal income taxes<br>2) REFUNDABLE ADVANCES<br>3)<br>4)<br>5)<br>6)<br>7)                          | a) Description               |                                        | 3,071,20                              |
| (1)<br>Total<br>Pa<br>(()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>(                                    | 0)<br>I. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►<br>Irt IX Other Assets. See Form 990, Part X, lin<br>(a<br>1) FISHING PERMITS<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)<br>0)<br>al. (Column (b) must equal Form 990, Part X, col (B) lin<br>Irt X Other Liabilities. See Form 990, Part ><br>(a) Description of liability<br>1) Federal income taxes<br>2) REFUNDABLE ADVANCES<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)                  | a) Description               |                                        | 3,071,20                              |
| (1)<br><u>fota</u><br><b>Pa</b><br>((<br>(')<br>(')<br>(')<br>(')<br>(')<br>(')<br>(')                            | 0)<br>I. (Col (b) must equal Form 990, Part X, col (B) line 13.)<br>ITT IX Other Assets. See Form 990, Part X, lin<br>(a<br>1) FISHING PERMITS<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)<br>0)<br>al. (Column (b) must equal Form 990, Part X, col (B) lin<br>ITT X Other Liabilities. See Form 990, Part ><br>(a) Description of liability<br>1) Federal income taxes<br>2) REFUNDABLE ADVANCES<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)              | a) Description               |                                        | 3,071,20                              |
| (1)<br>ota<br>Pa<br>(()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>(                                      | 0)<br>I. (Col (b) must equal Form 990, Part X, col (B) line 13.)<br>ITT IX Other Assets. See Form 990, Part X, line<br>(a<br>1) FISHING PERMITS<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)<br>0)<br>al. (Column (b) must equal Form 990, Part X, col (B) line<br>ITT X Other Liabilities. See Form 990, Part X<br>(a) Description of liability<br>1) Federal income taxes<br>2) REFUNDABLE ADVANCES<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)<br>0)      | a) Description               |                                        | 3,071,20                              |
| (1)<br>iotal<br>Pa<br>(()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>(                                    | 0)<br>I. (Col (b) must equal Form 990, Part X, col (B) line 13.)<br>ITT IX Other Assets. See Form 990, Part X, line<br>(a<br>1) FISHING PERMITS<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)<br>0)<br>al. (Column (b) must equal Form 990, Part X, col (B) line<br>TT X Other Liabilities. See Form 990, Part ><br>(a) Description of liability<br>1) Federal income taxes<br>2) REFUNDABLE ADVANCES<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)<br>0)<br>1) | a) Description               | 527,196.                               | 3,071,20                              |
| (1)<br><u>fota</u><br><b>Pa</b><br>((<br>(')<br>(')<br>(')<br>(')<br>(')<br>(')<br>(')                            | 0)<br>I. (Col (b) must equal Form 990, Part X, col (B) line 13.)<br>ITT IX Other Assets. See Form 990, Part X, line<br>(a<br>1) FISHING PERMITS<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)<br>0)<br>al. (Column (b) must equal Form 990, Part X, col (B) line<br>ITT X Other Liabilities. See Form 990, Part X<br>(a) Description of liability<br>1) Federal income taxes<br>2) REFUNDABLE ADVANCES<br>3)<br>4)<br>5)<br>6)<br>7)<br>8)<br>9)<br>0)      | a) Description               | 527,196.                               | 3,071,20                              |

| 、    | CAPE COD COMMERCIAL HOOK F                                                                | SHERM                                   | IEN'S                                   |          |                 |               |
|------|-------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|----------|-----------------|---------------|
| Sche | dule D (Form 990) 2010 ASSOCIATION, INC                                                   |                                         |                                         | 04-3     | 3138784         | Page <b>4</b> |
| Pa   | rt XI Reconciliation of Change in Net Assets from Form 990 to                             | o Audited                               | Financial Sta                           | tement   | S               |               |
| 1    | Total revenue (Form 990, Part VIII, column (A), line 12)                                  |                                         |                                         |          | 2,814           | 626.          |
| 2    | Total expenses (Form 990, Part IX, column (A), line 25)                                   |                                         |                                         |          | 1,864           |               |
| 3    | Excess or (deficit) for the year. Subtract line 2 from line 1                             |                                         |                                         |          |                 | ,992.         |
| 4    | Net unrealized gains (losses) on investments                                              |                                         |                                         |          |                 | , , , ,       |
| 5    | Donated services and use of facilities                                                    |                                         | 5                                       |          |                 |               |
| 6    | Investment expenses                                                                       |                                         | 6                                       |          |                 |               |
| 7    | Prior period adjustments                                                                  | ••••••••••                              | 7                                       |          |                 |               |
| 8    | Other (Describe in Part XIV.)                                                             |                                         | 8                                       |          |                 | ,             |
| 9    | Total adjustments (net). Add lines 4 through 8                                            | ••••••                                  | 9                                       |          |                 | 0.            |
| 10   | Excess or (deficit) for the year per audited financial statements. Combine lines 3 a      | nd 9                                    | 10                                      |          | 919             | ,992.         |
|      | t XII Reconciliation of Revenue per Audited Financial Statem                              | ents With                               | Revenue per                             | Return   | <u> </u>        |               |
| 1    |                                                                                           | •                                       |                                         |          | 2,814           | 626.          |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                       | • • • • • • • • • • • • • • • • • • • • |                                         | ·        |                 |               |
| а    | Net unrealized gains on investments                                                       | 2a                                      |                                         |          |                 |               |
| b    |                                                                                           | 2b                                      |                                         | I        |                 |               |
| c    | Recoveries of prior year grants                                                           | 20                                      |                                         |          |                 |               |
| d    | Other (Describe in Part XIV.)                                                             | 2d                                      |                                         |          |                 |               |
|      | Add lines 2a through 2d                                                                   |                                         |                                         | 2e       |                 | Ο.            |
| 3    | Subtract line 2e from line 1                                                              |                                         |                                         | . 20     | 2,814           |               |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1;                      |                                         | ••••••••••••••••••••••••••••••••••••••• | ·        |                 | .020.         |
| a    | Investment expenses not included on Form 990, Part VIII, line 7b                          | 4a                                      |                                         |          |                 |               |
|      | Other (Describe in Part XIV.)                                                             |                                         |                                         |          |                 |               |
|      | Add lines 4a and 4b                                                                       |                                         |                                         | 4c       |                 | 0.            |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)           |                                         |                                         | 5        | 2,814           |               |
| Pa   | t XIII Reconciliation of Expenses per Audited Financial Statem                            |                                         |                                         |          | <u></u> rn      |               |
| 1    | Total expenses and losses per audited financial statements                                |                                         |                                         |          | 1,864           | 634.          |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                         |                                         |                                         | ·        |                 |               |
| а    | Donated services and use of facilities                                                    | 2a                                      |                                         |          |                 |               |
| b    | Prior year adjustments                                                                    |                                         |                                         |          |                 |               |
| с    | Other losses                                                                              |                                         |                                         |          |                 |               |
| d    | Other (Describe in Part XIV.)                                                             |                                         |                                         |          |                 |               |
| ę    | Add lines 2a through 2d                                                                   |                                         |                                         | 2e       |                 | Ο.            |
| 3    | Subtract line 2e from line 1                                                              |                                         | ************************                | 3        | 1,864           |               |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:                        |                                         | •••••••••••••••••••••••••••••           |          |                 |               |
| a    | Investment expenses not included on Form 990, Part VIII, line 7b                          | 4a                                      |                                         |          |                 |               |
| b    | Other (Describe in Part XIV.)                                                             |                                         |                                         |          |                 |               |
| с    | Add lines 4a and 4b                                                                       |                                         |                                         | 4c       |                 | Ο.            |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)          |                                         |                                         | 5        | 1,864           |               |
| Pai  | t XIV Supplemental Information                                                            |                                         |                                         |          |                 |               |
| Com  | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part | III, lines 1a a                         | nd 4; Part IV, lines                    | 1b and 2 | b; Part V, line | 4: Part       |
|      | e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com |                                         |                                         |          |                 | .,            |
| PAF  | T V, LINE 4: PERMANENTLY RESTRICTED FUNDS                                                 | USED                                    | TO PURCHA                               | SE FI    | SHING           |               |
|      |                                                                                           |                                         |                                         |          |                 |               |
| PEF  | MITS UNDER THE CAPE COD FISHERIES TRUST                                                   |                                         |                                         |          |                 |               |
|      |                                                                                           |                                         |                                         |          |                 |               |
| PRC  | OGRAM                                                                                     |                                         |                                         |          |                 |               |
|      |                                                                                           |                                         |                                         |          |                 |               |
|      |                                                                                           |                                         |                                         |          |                 |               |
|      |                                                                                           |                                         |                                         |          |                 |               |
|      |                                                                                           |                                         |                                         |          |                 |               |
|      |                                                                                           |                                         |                                         |          |                 |               |
| ,    |                                                                                           |                                         |                                         |          |                 |               |
|      |                                                                                           |                                         |                                         |          |                 |               |
|      |                                                                                           |                                         |                                         |          |                 |               |
|      |                                                                                           |                                         |                                         |          |                 |               |
| ·    |                                                                                           |                                         |                                         |          |                 |               |

032054 12-20-10 Schedule D (Form 990) 2010

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------|------------------------------------------------------------------------|------------|----------------------------------------------------------------|---------------------------------------------------------|
| (Form 990 or 990-EZ)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Fundraising or G                                                                                           |                                                 | -                          |                                                                        |            |                                                                | 2010                                                    |
| Department of the Treasury or if the Ireasury or if       | the organization answered "Ye<br>ne organization entered more th<br><u>Attach to Form 990 or Form 990-</u> | an \$15,(                                       | )00 or                     | Form 990-EZ, line                                                      | 6a,        | · · · · · · · · · · · · · · · · · · ·                          | Open To Public<br>Inspection                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D COMMERCIAL HOOK                                                                                          | FIS                                             | HER                        | MEN'S                                                                  |            |                                                                | entification number                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>FION, INC</b><br>Complete if the organization ansy                                                      | wered "Y                                        | 'es" to                    | Form 990 Part IV I                                                     | line 17    | <u>04-3138</u><br>7 Form 990-E7                                |                                                         |
| required to complete this part                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |                                                 |                            |                                                                        |            |                                                                |                                                         |
| <ol> <li>Indicate whether the organization raise         <ul> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> </ul> </li> <li>2 a Did the organization have a written or key employees listed in Form 990, Park</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e Solicit<br>f Solicit<br>g Specia<br>r oral agreement with any individu                                   | ation of<br>ation of<br>al fundra<br>al (incluc | non-g<br>gover<br>ísing d  | overnment grants<br>nment grants<br>events<br>fficers, directors, true | stees      | or                                                             | s No                                                    |
| <ul> <li>b If "Yes," list the ten highest paid individual of the second sec</li></ul> | viduals or entities (fundraisers) pu                                                                       |                                                 |                            |                                                                        |            |                                                                |                                                         |
| (i) Name and address of individual or entity (fundraiser)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (ii) Activity                                                                                              | (iii)<br>fundr<br>have cu<br>or con<br>contribu | alser<br>Jatody<br>trol of | (iv) Gross receipts<br>from activity                                   | tò (o<br>1 | Amount paid<br>r retained by)<br>fundraiser<br>ied in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            | Yes                                             | No                         |                                                                        |            |                                                                |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            |                                                 |                            |                                                                        |            |                                                                |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            |                                                 |                            |                                                                        |            |                                                                |                                                         |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            |                                                 |                            |                                                                        |            |                                                                |                                                         |
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| otal<br>3 List all states in which the organization<br>or licensing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            |                                                 | utions                     | s or has been notified                                                 | d it is    | exempt from r                                                  | egistration                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            |                                                 |                            |                                                                        |            |                                                                | · · · · · · · · · · · · · · · · · · ·                   |
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| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                                                 |                            |                                                                        |            |                                                                |                                                         |
| HA Paperwork Reduction Act Notice, s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ee the Instructions for Form 990                                                                           | 0 or 990                                        | -EZ.                       |                                                                        | 5          | Schedule G (For                                                | m 990 or 990-EZ) 201                                    |
| 032061 01-13-11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            |                                                 |                            |                                                                        |            |                                                                |                                                         |
| 61024 729245 CCCOMMLH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OOK 2010.03050                                                                                             | 28                                              |                            |                                                                        |            |                                                                |                                                         |

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| arti  | le G (Form 990 or 990-EZ) 2010 ASSOC                           | ביוייניאר באורי                        |                                                  | 04.                                 | 2120704 Demo                                      |
|-------|----------------------------------------------------------------|----------------------------------------|--------------------------------------------------|-------------------------------------|---------------------------------------------------|
|       | II Fundraising Events. Complete if the                         | 16 organization answered               | "Yes" to Form 990, Part                          | U4:<br>IV, line 18, or reported IV. | <u>-3138784</u> Page 2<br>I more than \$15.000    |
|       | of fundraising event contributions and gr                      |                                        |                                                  |                                     |                                                   |
|       |                                                                | (a) Event #1<br>ANNUAL<br>HOOKERS BALL | <b>(b)</b> Event #2                              | (c) Other events NONE               | (d) Total events<br>(add col. (a) through         |
|       |                                                                | (event type)                           | (event type)                                     | (total number)                      | col. (c))                                         |
|       |                                                                |                                        |                                                  |                                     | · · · · · · · · · · · · · · · · · · ·             |
| 1     | Gross receipts                                                 | 134,073.                               |                                                  | <u></u>                             | 134,073                                           |
| 2     | Less: Charitable contributions                                 |                                        | ······-                                          |                                     |                                                   |
| 3     | Gross income (line 1 minus line 2)                             | 134,073.                               |                                                  |                                     | 134,073                                           |
| 4     | Cash prizes                                                    |                                        |                                                  |                                     |                                                   |
| 5     | Noncash prizes                                                 |                                        |                                                  |                                     |                                                   |
| 6     | Rent/facility costs                                            |                                        |                                                  |                                     |                                                   |
| 7     | Food and beverages                                             | 17,731.                                |                                                  |                                     | 17,731.                                           |
|       |                                                                | 0 200                                  |                                                  |                                     | 0.000                                             |
| 8     | Entertainment<br>Other direct expenses                         | 50 549                                 |                                                  |                                     | 2,300                                             |
| 10    | Direct expenses summary. Add lines 4 throug                    |                                        |                                                  |                                     | 50,549                                            |
| 11    | Net income summary. Combine line 3, colum                      |                                        | •••••••••••••••••••••••••••••••••••••••          |                                     | ( 70,580                                          |
| arti  | III Gaming. Complete if the organization                       | answered "Yes" to Form                 | 990, Part IV, line 19, or r                      | eported more than                   | 05,495                                            |
|       | \$15,000 on Form 990-EZ, line 6a.                              |                                        |                                                  |                                     |                                                   |
|       |                                                                | (a) Bingo                              | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming                    | (d) Total gaming (add<br>col. (a) through col. (c |
| 1     | Gross revenue                                                  |                                        |                                                  |                                     |                                                   |
| 2     | Cash prizes                                                    |                                        |                                                  |                                     |                                                   |
| з     | Noncash prizes                                                 |                                        |                                                  |                                     |                                                   |
| 4     | Rent/facility costs                                            |                                        |                                                  |                                     |                                                   |
| 5     | Other direct expenses                                          |                                        |                                                  |                                     |                                                   |
| 6     | Volunteer labor                                                | Yes%                                   | Yes%                                             | Yes %                               | •                                                 |
| 7     | Direct expense summary. Add lines 2 throug                     | h 5 in column (d)                      |                                                  |                                     |                                                   |
| 8     | Net gaming income summary. Combine line                        | 1, column d, and line 7                |                                                  |                                     |                                                   |
|       |                                                                |                                        |                                                  |                                     |                                                   |
| Ent   | ter the state(s) in which the organization opera               | tes gaming activities:                 |                                                  |                                     |                                                   |
|       | ne organization licensed to operate gaming ac<br>No," explain: |                                        |                                                  | ·····                               | Yes No                                            |
|       |                                                                |                                        |                                                  |                                     |                                                   |
| a We  | ere any of the organization's gaming licenses re               | evoked, suspended or te                | rminated during the tax v                        | /ear?                               | Yes                                               |
|       | Yes," explain:                                                 |                                        |                                                  |                                     |                                                   |
|       |                                                                |                                        |                                                  |                                     |                                                   |
| _     |                                                                | · · · · · · · · · · · · · · · · · · ·  |                                                  |                                     |                                                   |
| 82 0. | 1-13-11                                                        | · · · · · · · · · · · · · · · · · · ·  |                                                  | Sabadula & (E)                      | orm 990 or 990-EZ) 201                            |

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|       | edule G (Form 990 or 990-EZ) 2010       ASSOCIATION, INC       04-3         Does the organization operate gaming activities with nonmembers?                                                         |       |          |       |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-------|
|       | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed                                                                                 | L     | 168      | L     |
| -     |                                                                                                                                                                                                      |       | Yee      |       |
| з     | Indicate the percentage of gaming activity operated in:                                                                                                                                              | L     |          | L     |
|       | The organization's facility                                                                                                                                                                          | 13a   |          |       |
|       | An outside facility                                                                                                                                                                                  | 13b   | 1        |       |
|       | Enter the name and address of the person who prepares the organization's gaming/special events books and records:                                                                                    |       |          |       |
|       | Name                                                                                                                                                                                                 |       |          |       |
|       | Address                                                                                                                                                                                              |       |          |       |
| 5a    | Does the organization have a contract with a third party from whom the organization receives gaming revenue?                                                                                         |       | Yes      | [     |
| b     | If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount                                                                                              |       |          |       |
| С     | of gaming revenue retained by the third party <b>&gt;</b> \$<br>If "Yes," enter name and address of the third party:                                                                                 |       |          |       |
|       | Name                                                                                                                                                                                                 |       |          |       |
|       | Address                                                                                                                                                                                              |       |          |       |
| 6     | Gaming manager information:                                                                                                                                                                          |       |          |       |
|       | Name                                                                                                                                                                                                 |       |          |       |
|       | Gaming manager compensation  \$                                                                                                                                                                      |       |          |       |
|       |                                                                                                                                                                                                      |       |          |       |
|       | Description of services provided 🕨                                                                                                                                                                   |       |          |       |
|       |                                                                                                                                                                                                      |       |          |       |
|       |                                                                                                                                                                                                      |       |          |       |
|       |                                                                                                                                                                                                      |       |          |       |
|       | Director/officer Employee Independent contractor                                                                                                                                                     |       |          |       |
|       |                                                                                                                                                                                                      |       |          |       |
|       | Mandatory distributions:                                                                                                                                                                             |       |          |       |
| а     | Is the organization required under state law to make charitable distributions from the gaming proceeds to                                                                                            |       |          | _     |
|       | retain the state gaming license?                                                                                                                                                                     | , L   | Yes      | L     |
| b     | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the                                                                           |       |          |       |
| 2-2-2 | organization's own exempt activities during the tax year <b>&gt;</b> \$<br>rt IV Supplemental Information, Complete this part to provide the explanations required by Part I, line 2b, columns (iii) |       | <u> </u> |       |
| d     |                                                                                                                                                                                                      |       |          |       |
|       | lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information                                                                                | (see  | Instru   | ction |
|       |                                                                                                                                                                                                      |       |          |       |
|       |                                                                                                                                                                                                      |       |          |       |
|       |                                                                                                                                                                                                      |       |          |       |
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|       |                                                                                                                                                                                                      |       |          |       |
|       |                                                                                                                                                                                                      | -     |          |       |
|       |                                                                                                                                                                                                      |       |          |       |
|       |                                                                                                                                                                                                      |       |          |       |
|       | 23 01-13-11 Schedule G (Form                                                                                                                                                                         | , 000 | or 00/   | )_F7' |

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury Internal Revenue Service

ASSOCIATION, INC

Attach to Form 990 or 990-EZ. CAPE COD COMMERCIAL HOOK FISHERMEN'S OMB No. 1545-0047 Open to Public Inspection

Employer identification number 04-3138784

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NON-HARMFUL, NON-WASTEFUL COMMERCIAL FISHING PRACTICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RESEARCH OF ATLANTIC FISHERIES AND EDUCATION OF PUBLIC ON FISHERIES

ISSUES AND SUSTAINABILITY OF THE FISHERIES

EXPENSES \$ 269,970. INCLUDING GRANTS OF \$ 0. REVENUE \$ 47,429.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS THAT

ASSIST IN CARRYING OUT THE MISSION OF THE ORGANIZATION

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS MAY ELECT BOARD MEMBERS

FORM 990, PART VI, SECTION A, LINE 7B: CHANGES TO BY-LAWS REQUIRE APPROVAL OF MEMBERSHIP

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY FINANCE COMMITTEE AND MADE AVAILABLE TO ALL BOARD MEMBERS

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY STATEMENTS REVIEWED ANNUALLY BY BOARD MEMBERS

FORM 990, PART VI, SECTION B, LINE 15: SALARIES OF EXECUTIVE DIRECTOR AND KEY PERSONEL ARE REVIEWED BY BOARD MEMBERS

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE AVAILABLE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010) 032211 01-24-11 31

13161024 729245 CCCOMMLHOOK 2010.03050 CAPE COD COMMERCIAL HOOK FI CCCOMML1

| Name of the organization | CAPE COD COMM<br>ASSOCIATION,         | IERCIAL HOOK FI | SHERMEN'S                                | Employer identification num<br>04-3138784 |
|--------------------------|---------------------------------------|-----------------|------------------------------------------|-------------------------------------------|
| ON REQUEST               |                                       |                 |                                          |                                           |
|                          | · · · · · · · · · · · · · · · · · · · |                 |                                          |                                           |
| INANCE COMMIT            | TTEE REVIEWS A                        | UDITED FINANCI  | AL STATEMENTS                            | , THE BOARD OF                            |
| DIRECTORS SELI           | ECTS THE INDEP                        | ENDENT AUDITOR  | •                                        |                                           |
|                          |                                       |                 |                                          |                                           |
|                          |                                       |                 |                                          |                                           |
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|                          |                                       |                 |                                          |                                           |
| 82212<br>1-24-11         |                                       |                 |                                          | chedule O (Form 990 or 990-EZ) (2         |

| FORM         | FORM 990 PAGE 10               | -                | -          | ľ      |                                                               | 066                               | Q             |                       |                           |                                          |                               |                           |                                       |
|--------------|--------------------------------|------------------|------------|--------|---------------------------------------------------------------|-----------------------------------|---------------|-----------------------|---------------------------|------------------------------------------|-------------------------------|---------------------------|---------------------------------------|
| Asset<br>No. | #<br>Description               | Date<br>Acquired | Method     | Life   | o<br>S<br>N<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C | Unadjusted Bus<br>Cost Or Basis % | Expense<br>cl | Reduction in<br>Basis | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |
|              | 1 COMPUTER SYSTEMS             | 03/12/04         |            | 5.00   | HY17                                                          | 11,159.                           |               |                       | 11,159.                   | 11,159.                                  |                               | •0                        | 11,159.                               |
|              | 2 VIDEO EQUIPMENT              | 02/25/05         | SI         | 5.00   | <b>EY1</b> 6                                                  | 806.                              |               |                       | 806.                      | 778.                                     |                               | 28.                       | 806.                                  |
|              | 3 COMPUTERS (COMPUTER MEDIC)   | 03/14/05         | SL         | 5.00   | 9 77 9                                                        | 3,280.                            |               |                       | 3,280.                    | 3,171.                                   |                               | 109.                      | 3,280.                                |
|              | 4 DELL LATITUDE D800 (PETER'S) | 04/05/05         | <br>ST     | 5.00   | <b>НУ16</b>                                                   | 1,937.                            |               |                       | 1,937.                    | 1,839.                                   |                               | *<br>8<br>6               | 1,937.                                |
|              | 5 PRINTER (PAUL'S)             | 04/13/05         | SL SL      | 5.00   | 9 TXH                                                         | 550.                              |               |                       | 550.                      | 523.                                     |                               | 27.                       | 550.                                  |
|              | 6 POWER POINT PROJECTOR        | 04/13/05         | SL         | 5,00   | HX1 6                                                         | 1,132.                            | <del>.</del>  |                       | 1,132.                    | 1,074.                                   |                               | 5.28                      | 1,132.                                |
|              | 7 COMPUTER (JEN)               | 09/20/05         | SL         | 5.00   | HY16                                                          | 1,621.                            |               |                       | 1,621.                    | 1,377.                                   |                               | 244.                      | 1,621.                                |
|              | 8 BLACKBERRY                   | 12/31/05         | SL         | 5.00   | 9TZH                                                          | 595.                              |               |                       | 595.                      | 555.                                     | _                             | 40.                       | 595.                                  |
|              | 9 COMPUTER                     | 12/31/05         | SL.        | 5.00   | HY16                                                          | з,776.                            |               |                       | 3,776.                    | 3,525.                                   |                               | 251.                      | 3,776.                                |
|              | 10 3 COMPUTERS                 | 05/02/06         | SIL<br>SIL | 5.00   | HY16                                                          | 4,050.                            |               |                       | 4,050.                    | 2,970.                                   |                               | 810.                      | 3,780.                                |
| +            | 11 COMPUTER                    | 12/04/06         | <br>ST     | 5.00   | HY16                                                          | 1,147.                            |               |                       | 1,147.                    | 706.                                     |                               | 229.                      | 935.                                  |
| н            | 13 COMPUTER EQUIPMENT          | L0/T0/70         | e is       | 00 ° E | 9 TAH                                                         | 5,178.                            |               |                       | 5,178.                    | 4,315.                                   |                               | 863.                      | 5,178.                                |
|              | 14 FURNITURE & FIXTURES        | L0/T0/L0         | SL 7       | 7.00   | HY16                                                          | 12,861.                           |               |                       | 12,861.                   | 3,766.                                   |                               | 1,837.                    | 5,603.                                |
|              | 15 COMPUTERS                   | 07/01/08         | SL .       | 3.00   | н <b>у</b> 16                                                 | 4,197.                            |               |                       | 4,197.                    | 2,099.                                   |                               | 1,399.                    | 3,498.                                |
|              | 16 FURNITURE & FIXTURES        | 07/01/08         | sr 1       | 7.00   | 9 TAH                                                         | 2,757.                            | <b></b>       |                       | 2,757.                    | 532.                                     |                               | 394.                      | 926.                                  |
| H            | 17 BUILDING                    | 01/01/10         | SL<br>4    | 40.00  | ну16                                                          | 682,000.                          |               |                       | 682,000.                  |                                          |                               | 8,525.                    | 8,525.                                |
|              | 18 LAND                        | 01/10/20         |            |        | HX                                                            | 260,000.                          |               |                       | 260,000.                  |                                          |                               | .0                        |                                       |
|              | * TOTAL 990 PAGE 10 DEPR       |                  |            |        |                                                               | 997,046.                          |               |                       | 997,046.                  | 38,389.                                  |                               | 14,912.                   | 53,301.                               |
| 028111       |                                |                  |            |        |                                                               |                                   |               |                       |                           |                                          |                               |                           |                                       |

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2010 DEPRECIATION AND AMORTIZATION REPORT

. . . . . . . . . . .

(D) - Asset disposed

\* ITC, Saivage, Bonus, Commercial Revitalization Deduction, GO Zone

32.1

028111 05-01-10

| Form                           |                                      | 90                                          | Return of Organization Exempt From<br>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C<br>benefit trust or private foundation)                                                                 |                                                 | OMB No. 1545-0047                       |
|--------------------------------|--------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|
|                                |                                      | f the Treasury<br>nue Service               | The organization may have to use a copy of this return to satisfy sta                                                                                                                                            | te renadina Alahir menas                        | Open to Public<br>Inspection            |
| AF                             | or the                               | e 2009 calend                               | dar year, or tax year beginning and ending                                                                                                                                                                       |                                                 |                                         |
|                                | Addre                                | a: use IRS CZ<br>sa label or<br>print or AS | Name of organization<br>APE COD COMMERCIAL HOOK FISHERMEN'S<br>SOCIATION, INC                                                                                                                                    | D'Employer identifi                             |                                         |
|                                | johang                               |                                             | Doing Business As                                                                                                                                                                                                |                                                 | 138784                                  |
|                                | ]Initial<br>return<br>Termir<br>ated | - Specific 21                               | Number and street (or P.O. box if mall is not delivered to street address) Room/su<br>O ORLEANS ROAD                                                                                                             | (508                                            | ) 945-2432                              |
|                                | Ameno<br>return<br>Applic<br>tion    | a- NIC                                      | City or town, state or country, and ZIP + 4<br>ORTH CHATHAM, MA 02650                                                                                                                                            | G Gross receipts \$                             | 2,443,569.                              |
| L                              | pendir                               |                                             | ORTH CHATHAM, MA 02650<br>and address of principal officer:MICHAEL WESTGATE                                                                                                                                      | H(a) Is this a group reforming for affiliates?  | eturn<br>Yes X No                       |
|                                |                                      |                                             | AS C ABOVE                                                                                                                                                                                                       | H(b) Are all affiliates inc                     |                                         |
| I T                            | ax-ex                                |                                             | X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527                                                                                                                                                                  |                                                 | list. (see instructions)                |
|                                |                                      |                                             | CCCHFA.ORG                                                                                                                                                                                                       | H(c) Group exemptio                             |                                         |
| K Fo                           | orm of                               | organization:                               | X Corporation Trust Association Other ▶ L Y                                                                                                                                                                      |                                                 | VI State of legal domicile: MA          |
| Pa                             | rt I                                 | Summary                                     |                                                                                                                                                                                                                  |                                                 |                                         |
| ø                              |                                      |                                             | be the organization's mission or most significant activities: $\underline{\mathrm{TO}}$ $\underline{\mathrm{PROTE}}$                                                                                             |                                                 |                                         |
| & Governance                   |                                      |                                             | OCEAN ENVIRONMENT AND ITS NATURAL RES                                                                                                                                                                            |                                                 |                                         |
| er l                           | _                                    | Check this bo                               |                                                                                                                                                                                                                  | ore than 25% of its net as                      |                                         |
| 200                            |                                      |                                             | ting members of the governing body (Part VI, line 1a)                                                                                                                                                            |                                                 | 11                                      |
| 8                              |                                      |                                             | dependent voting members of the governing body (Part VI, line 1b)                                                                                                                                                |                                                 | 11                                      |
| ties                           |                                      |                                             | of employees (Part V, line 2a)                                                                                                                                                                                   |                                                 | 17                                      |
| Activities                     |                                      |                                             | of volunteers (estimate if necessary)                                                                                                                                                                            |                                                 | 40                                      |
| Ac                             |                                      |                                             | nrelated business revenue from Part VIII, column (C), line 12                                                                                                                                                    |                                                 | 0.                                      |
|                                | <u>b</u>                             | Net unrelated                               | business taxable income from Form 990-T, line 34                                                                                                                                                                 |                                                 | 0.                                      |
|                                | •                                    | <b>0</b>                                    |                                                                                                                                                                                                                  | Prior Year<br>822,986.                          | Current Year                            |
| ne                             |                                      |                                             | and grants (Part VIII, line 1h)                                                                                                                                                                                  | 1,235,216.                                      |                                         |
| Revenue                        |                                      |                                             | ice revenue (Part VIII, line 2g)                                                                                                                                                                                 | 447.                                            | 1,225,389.                              |
| Вe                             |                                      |                                             | come (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                                                 | 95,624.                                         | 1,097.                                  |
|                                |                                      |                                             | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                     | 2,154,273.                                      | 14,663.                                 |
|                                |                                      |                                             | e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                           | 2,134,273.                                      | 2,367,283.                              |
|                                |                                      |                                             | milar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                                                              |                                                 |                                         |
| _                              |                                      |                                             | to or for members (Part IX, column (A), line 4)                                                                                                                                                                  | 634,679.                                        | 936,293.                                |
| Expenses                       | 10                                   | Salaries, otre                              | er compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                                                             | 86,596.                                         | 330,293.                                |
| Sen                            | 108                                  | Protessional<br>Tatal funduais              | fundraising fees (Part IX, column (A), line 11e)                                                                                                                                                                 | 00,000                                          |                                         |
| Ш                              |                                      |                                             | es (Part IX, column (A), lines 11a-11d, 11f-24f)                                                                                                                                                                 | 829,531.                                        | 678,276.                                |
|                                |                                      |                                             | es. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                                                                    | 1,550,806.                                      | 1,614,569.                              |
|                                |                                      |                                             | expenses. Subtract line 18 from line 12                                                                                                                                                                          | 603,467.                                        | 752,714.                                |
| л<br>Se                        | 10                                   | 110701100 1000                              |                                                                                                                                                                                                                  | Beginning of Current Year                       | End of Year                             |
| Net Assets or<br>Fund Balances | 20                                   | Total assets <i>l</i>                       | Part X, líne 16)                                                                                                                                                                                                 | 1,792,423.                                      | 3,596,636.                              |
| Ass                            |                                      |                                             | s (Part X, line 26)                                                                                                                                                                                              | 764,841.                                        | 1,816,340.                              |
| Lug                            |                                      |                                             | fund balances. Subtract line 21 from line 20                                                                                                                                                                     | 1,027,582.                                      | 1,780,296.                              |
|                                | rt II                                | Signatur                                    |                                                                                                                                                                                                                  | · · · · · · · · · · · · · · · · · · ·           |                                         |
|                                |                                      | Under penaitles<br>and complete. D          | of perjury, I declare that I have examined this return, including accompanying schedules and stateme<br>eclaration of preparer (other than officer) is based on all information of which preparer has any knowle | nts, and to the best of my knowled<br>dge.<br>I | lge and bellef, it is true, correct,    |
| Sign                           |                                      | Signatur                                    | re of officer                                                                                                                                                                                                    | Date                                            |                                         |
| Here                           | e                                    |                                             |                                                                                                                                                                                                                  | Dalt                                            |                                         |
|                                |                                      |                                             | IAEL WESTGATE, TREASURER                                                                                                                                                                                         |                                                 |                                         |
|                                |                                      |                                             | Date Date                                                                                                                                                                                                        | Check if Prepar                                 | rer's identifying number                |
| Paid                           |                                      | Preparer's signature                        | RICHARD E. BULGER 7/12/10                                                                                                                                                                                        | self-<br>employed ►                             | rer's identifying number<br>structions) |
|                                | arer's                               | Firm's name (or                             | LAMB, MASON, BULGER & CO., PC                                                                                                                                                                                    |                                                 |                                         |
| Use (                          | Only                                 | yours if<br>self-employed),                 | P.O. BOX 1233                                                                                                                                                                                                    |                                                 |                                         |
|                                |                                      | address, and<br>ZIP + 4                     | WEST CHATHAM, MA 02669-1233                                                                                                                                                                                      | Phone no b /                                    | 508)945-3575                            |
| <br>Mav                        | the li                               |                                             |                                                                                                                                                                                                                  |                                                 |                                         |
|                                | 01 02-0                              |                                             | For Privacy Act and Paperwork Reduction Act Notice, see the separate                                                                                                                                             |                                                 | Form <b>990</b> (2009)                  |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

⊦orm **990** (2009)

|    | CAPE COD COMMERCIAL HOOK FISHERMEN'S<br>ASSOCIATION, INC 04-3138'                                                                                                                                                                                                                                                                                        | 701 -         |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
|    | ASSOCIATION, INC 04-3138'                                                                                                                                                                                                                                                                                                                                | <u>784 Pa</u> |
| 1  | Briefly describe the organization's mission:<br>SUPPORTS STEWARDSHIP OF COASTAL ECOSYSTEMS THROUGH EDUCATION,<br>RESEARCH, AND POLICY PROGRAMS                                                                                                                                                                                                           |               |
|    | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?                                                                                                                                                                                                                   | Yes X         |
| 3  | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                                                                                                                                                                                                                                             | Yes X         |
|    | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.<br>Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and<br>allocations to others, the total expenses, and revenue, if any, for each program service reported. |               |
|    | (Code: )(Expenses \$ 688,793. including grants of \$ )(Revenue \$<br>CAMPAIGN BY COMMERCIAL FISHERMEN AND OTHER CONCERNED COASTAL RES<br>FOR REFORM OF NEW ENGLAND GROUND FISHERIES MANAGEMENT TO MAKE IT<br>ENVIRONMENTALLY SUSTAINABLE.                                                                                                                |               |
|    |                                                                                                                                                                                                                                                                                                                                                          |               |
|    |                                                                                                                                                                                                                                                                                                                                                          |               |
|    |                                                                                                                                                                                                                                                                                                                                                          |               |
|    | (Code: ) (Expenses \$ 315,245. including grants of \$ ) (Revenue \$ PROTECTING THE HERRING RESOURCE.                                                                                                                                                                                                                                                     |               |
|    |                                                                                                                                                                                                                                                                                                                                                          |               |
|    |                                                                                                                                                                                                                                                                                                                                                          |               |
|    |                                                                                                                                                                                                                                                                                                                                                          |               |
|    |                                                                                                                                                                                                                                                                                                                                                          |               |
|    | (Code: )(Expenses \$ 190,355. including grants of \$ )(Revenue \$<br>CAPE COD FISHERIES TRUST-A PROGRAM TO PROTECT DEPLETED FISH POPU<br>IN A MANNER THAT RENVIGORATES FISHING BUSINESSES AND COASTAL<br>COMMUNITIES BY PURCHASING AND FINANCING FISHING                                                                                                 |               |
|    | CAPE COD FISHERIES TRUST-A PROGRAM TO PROTECT DEPLETED FISH POPU<br>IN A MANNER THAT RENVIGORATES FISHING BUSINESSES AND COASTAL                                                                                                                                                                                                                         |               |
|    | CAPE COD FISHERIES TRUST-A PROGRAM TO PROTECT DEPLETED FISH POPU<br>IN A MANNER THAT RENVIGORATES FISHING BUSINESSES AND COASTAL<br>COMMUNITIES BY PURCHASING AND FINANCING FISHING<br>PERMITS TO MAINTAIN LOCAL OWNERSHIP IN EXCHANGE FOR SIGNING LEAS<br>COVENANTS THAT PROTECT                                                                        |               |
|    | CAPE COD FISHERIES TRUST-A PROGRAM TO PROTECT DEPLETED FISH POPU<br>IN A MANNER THAT RENVIGORATES FISHING BUSINESSES AND COASTAL<br>COMMUNITIES BY PURCHASING AND FINANCING FISHING<br>PERMITS TO MAINTAIN LOCAL OWNERSHIP IN EXCHANGE FOR SIGNING LEAS<br>COVENANTS THAT PROTECT                                                                        |               |
| 4d | CAPE COD FISHERIES TRUST-A PROGRAM TO PROTECT DEPLETED FISH POPU<br>IN A MANNER THAT RENVIGORATES FISHING BUSINESSES AND COASTAL<br>COMMUNITIES BY PURCHASING AND FINANCING FISHING<br>PERMITS TO MAINTAIN LOCAL OWNERSHIP IN EXCHANGE FOR SIGNING LEAS<br>COVENANTS THAT PROTECT<br>FISH, FISHERMEN AND FISHING CULTURE.                                |               |

| CAPE COD COMMERCIAL HOOK FISHERMEN' |
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Form 990 (2009) ASSOCIATION, Part IV Checklist of Required Schedules ASSOCIATION, INC

|     |                                                                                                                                                                                                           |      | N   |          |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                                                                                                       | [    | Yes | No       |
|     | If "Yes," complete Schedule A                                                                                                                                                                             | 1    | x   |          |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                            | 2    | X   |          |
| 3   | d the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for                                                                             |      |     |          |
|     | public office? If "Yes," complete Schedule C, Part I                                                                                                                                                      | 3    |     | Х        |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                                                                               | 4    | Х   |          |
| 5   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and                                                                                  |      |     |          |
|     | reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III                                                                                                                              | 5    |     |          |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to                                                                                     |      |     |          |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                                              | 6    |     | Х        |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                                                                                 |      |     |          |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                                      | 7    |     | Х        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete                                                                              |      |     |          |
|     | Schedule D, Part III                                                                                                                                                                                      | 8    |     | х        |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide                                                                               | -    |     |          |
|     | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV                                                                                   | 9    |     | х        |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?                                                                                    |      |     |          |
|     | If "Yes," complete Schedule D, Part V                                                                                                                                                                     | 4.0  | x   |          |
| 11  | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X                                                                           | 10   |     |          |
| ••  |                                                                                                                                                                                                           |      | х   |          |
|     | as applicable<br>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                                                              | 11   |     |          |
|     | Part VI.                                                                                                                                                                                                  |      |     |          |
| •   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total                                                                               |      |     |          |
| -   | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.                                                                                                                              |      |     |          |
|     | Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total                                                                                |      |     |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.                                                                                                                             |      |     |          |
| •   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in                                                                              |      |     |          |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX.                                                                                                                                                  |      |     |          |
| •   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.                                                                                    |      |     |          |
|     | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                                                                                   |      |     |          |
| _   | the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.                                                                                             |      |     |          |
| 12  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                                                                       |      |     |          |
| 12  | Schedule D, Parts XI, XII, and XIII.                                                                                                                                                                      |      | X   |          |
| 124 |                                                                                                                                                                                                           | 12   |     |          |
|     | If "Yes," completing Schedulo D. Porto VI. VII. and VIII is antional                                                                                                                                      |      |     |          |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                         |      |     | X        |
|     | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                               | 13   |     | X        |
| h   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,                                                                                   | 14a  |     | <u> </u> |
| ~   | and program service activities outside the United States? If "Yes," complete Schedule F, Part I                                                                                                           | 1.4% |     | х        |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization                                                                                 | 14b  |     | <u>_</u> |
|     | or entity located outside the United States? If "Yes," complete Schedule F, Part II                                                                                                                       | 415  |     | v        |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals                                                                            | 15   |     | X        |
|     | located outside the United States? If "Yes," complete Schedule F, Part III                                                                                                                                | 10   |     | v        |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                                                                                   | 16   |     | Х        |
| ••  |                                                                                                                                                                                                           |      |     | v        |
| 18  | column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I<br>Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 17   |     | X        |
|     |                                                                                                                                                                                                           |      | v   |          |
| 19  | 1c and 8a? If "Yes," complete Schedule G, Part II<br>Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes."                               | 18   | X   |          |
|     |                                                                                                                                                                                                           |      |     | v        |
| 20  | complete Schedule G, Part III                                                                                                                                                                             | 19   |     | X        |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H                                                                                                                         | 20   |     |          |

I-orm **990** (2009)

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CAPE COD COMMERCIAL HOOK FISHERMEN'S

|     | <u>1990 (2009) ASSOCIATION, INC 04-3138</u>                                                                                                                                                                                           | 3784 | F        | age <b>4</b> |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------|--------------|
| Pa  | Checklist of Required Schedules (continued)                                                                                                                                                                                           |      |          |              |
|     |                                                                                                                                                                                                                                       |      | Yes      | No           |
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the                                                                                                                  |      |          |              |
|     | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                                                                                           | 21   |          | Х            |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,                                                                                                          |      |          |              |
|     | column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                                                                                                                                    | 22   |          | X            |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current                                                                                                            |      |          |              |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                                                                                                                        |      |          |              |
|     | Schedule J                                                                                                                                                                                                                            | 23   |          | Х            |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the                                                                                                               |      |          |              |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete                                                                                                                    |      |          |              |
|     | Schedule K. If "No", go to line 25                                                                                                                                                                                                    | 24a  |          | х            |
| b   |                                                                                                                                                                                                                                       | 24b  |          |              |
| с   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                                                                                                                  |      |          |              |
|     | any tax-exempt bonds?                                                                                                                                                                                                                 | 24c  |          |              |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                               | 24d  |          |              |
|     | Section 501(c)(3) and 501(c)(4) organizations. Dld the organization engage in an excess benefit transaction with a                                                                                                                    |      |          |              |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I                                                                                                                                                            | 25a  |          | x            |
| þ   |                                                                                                                                                                                                                                       | 200  |          |              |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990.EZ? If "Yes, " complete                                                                                                                |      |          |              |
|     | Schedule L, Part I                                                                                                                                                                                                                    | 25b  |          | x            |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified                                                                                                        | 200  |          |              |
| -   | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                                                                                                                               | 26   |          | x            |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial                                                                                                                  | 20   |          | <u> </u>     |
| -   | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete                                                                                                                  |      |          |              |
|     | Schedule L, Part III                                                                                                                                                                                                                  | 27   |          | x            |
| 28  | Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV                                                                                                                    | 21   |          |              |
|     | instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                                                           |      |          |              |
| а   | A current or former officer director trucks and the Old NC                                                                                                                                                                            | 00-  | X        |              |
|     | A current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV<br>A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a  | <u></u>  | X            |
|     | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was                                                                                                       | 28b  |          |              |
| -   | an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV                                                                                                                                    | 00-  |          | x            |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                                                                                                              | 28c  |          | X            |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                                                                                                           | 29   | -        | <u>^</u>     |
|     | contributions? If "Yes," complete Schedule M                                                                                                                                                                                          |      |          | v            |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?                                                                                                                                                          | 30   |          | X            |
| ••• | If "Yes," complete Schedule N, Part I                                                                                                                                                                                                 |      |          | v            |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                                                                                                                      | 31   |          | <u> </u>     |
|     |                                                                                                                                                                                                                                       |      |          | v            |
| 33  | Schedule N, Part II                                                                                                                                                                                                                   | 32   |          | <u>x</u>     |
| 00  | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                                                                                                                                             |      |          | v            |
| 34  | Was the organization related to any tax-exempt or taxable entity?                                                                                                                                                                     | 33   |          | X            |
|     |                                                                                                                                                                                                                                       |      | i        |              |
| 25  | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1                                                                                                                                                                       | 34   |          | <u>X</u>     |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                             |      |          | **           |
| 20  | If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                                                         | 35   |          | <u> </u>     |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                                                                                                            |      |          |              |
| 27  | If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                                                         | 36   |          | X            |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                                                                                                      |      |          |              |
| 20  | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                                                                                                                          | 37   |          | <u>X</u>     |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?                                                                                                                         |      | <u>,</u> |              |
|     | Note. All Form 990 filers are required to complete Schedule O.                                                                                                                                                                        | 38   | X        |              |

Form 990 (2009)

932004 02-04-10

| CAPE  | COD   | COM  | IERCIAL | HOOK | FISHERMEN'S |
|-------|-------|------|---------|------|-------------|
| ASSOC | CIAT] | EON, | INC     |      |             |

|         | Statements Regarding Other IRS Filings and Tax Compliance                                                   |         |                   |              |            |           |  |
|---------|-------------------------------------------------------------------------------------------------------------|---------|-------------------|--------------|------------|-----------|--|
|         |                                                                                                             |         | ······            |              | Yes        | No        |  |
| 1a      | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of                          |         |                   |              |            |           |  |
|         | U.S. Information Returns. Enter -0- if not applicable                                                       | 1a      |                   | 0            |            |           |  |
| b       | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                             | 1b      |                   | 0            |            |           |  |
| с       | Did the organization comply with backup withholding rules for reportable payments to vendors and r          | eporta  | ble gaming        |              |            |           |  |
|         | (gambling) winnings to prize winners?                                                                       |         |                   | . 1c         | ********** | ********* |  |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                 |         |                   |              |            |           |  |
|         |                                                                                                             | 2a      | 1                 | 7            |            |           |  |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax retur |         |                   |              | X          |           |  |
|         | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see    |         |                   |              |            |           |  |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year covere         |         |                   | . 3a         | 000000000  | X         |  |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O            |         |                   |              |            |           |  |
| 4a      | At any time during the calendar year, did the organization have an interest in, or a signature or other     |         |                   |              |            |           |  |
|         | financial account in a foreign country (such as a bank account, securities account, or other financial      |         |                   | 4a           |            | x         |  |
| b       | If "Yes," enter the name of the foreign country:                                                            |         |                   |              |            |           |  |
|         | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign        | Bank a  | and               | -            |            |           |  |
|         | Financial Accounts.                                                                                         |         |                   |              |            |           |  |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       |         |                   | . 5a         |            | X         |  |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa  |         |                   |              |            | Х         |  |
| c       | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega     |         |                   |              |            |           |  |
|         | Tax Shelter Transaction?                                                                                    |         |                   | . 5c         |            |           |  |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did th       | ne orga | anization solicit |              |            |           |  |
|         | any contributions that were not tax deductible?                                                             |         |                   | . 6a         |            | Х         |  |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contribut     |         |                   |              |            |           |  |
|         | were not tax deductible?                                                                                    |         |                   | 6b           |            |           |  |
| 7       | Organizations that may receive deductible contributions under section 170(c).                               |         |                   |              |            |           |  |
| а       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for       |         |                   |              |            |           |  |
|         | provided to the payor?                                                                                      |         |                   | 7a           |            | Х         |  |
|         | b If 'Yes," did the organization notify the donor of the value of the goods or services provided?           |         |                   |              |            |           |  |
| c       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w      |         |                   |              |            |           |  |
|         | to file Form 8282?                                                                                          |         |                   | 7c           |            | X         |  |
|         | If "Yes," indicate the number of Forms 8282 filed during the year                                           |         |                   |              |            |           |  |
| e       | to the the type of the set of the set of the set of the set of the pay promitting of a polyonal             |         |                   |              |            |           |  |
|         | benefit contract?                                                                                           |         |                   |              |            |           |  |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri   |         |                   |              |            | <u>X</u>  |  |
| 9       | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  | ·       |                   | . 7 <u>g</u> |            |           |  |
|         | For contributions of cars, boats, alrplanes, and other vehicles, did the organization file a Form 1098-C    |         |                   | . 7h         |            |           |  |
| 8       | b b b b b b b b b b b b b b b b b b b                                                                       |         |                   |              |            |           |  |
|         | supporting organization, or a donor advised fund maintained by a sponsoring organization, have exce         |         | -                 |              |            |           |  |
| •       | at any time during the year?                                                                                |         |                   |              |            |           |  |
| 9       |                                                                                                             |         |                   |              |            |           |  |
| a       |                                                                                                             |         |                   |              |            |           |  |
|         | b Did the organization make a distribution to a donor, donor advisor, or related person?                    |         |                   |              |            |           |  |
| 10      | Section 501(c)(7) organizations. Enter:                                                                     |         |                   |              |            |           |  |
| a       | Initiation fees and capital contributions included on Part VIII, line 12                                    | 10a     |                   | _            |            |           |  |
| b<br>11 |                                                                                                             | 10b     |                   |              |            |           |  |
| 11      | Section 501(c)(12) organizations. Enter:                                                                    |         |                   |              |            |           |  |
| a<br>h  | Gross income from members or shareholders                                                                   | 11a     |                   |              |            |           |  |
| b       | Gross income from other sources (Do not net amounts due or paid to other sources against                    |         |                   |              |            |           |  |
| 12-     | amounts due or received from them.)                                                                         | 11b     |                   |              |            |           |  |
|         | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form        | 1       |                   | 12a          |            | ****      |  |
| D       | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                       | 12b     |                   |              |            |           |  |

Form **990** (2009)

932005 02-04-10

 $\sum_{i=1}^{\infty} \sum_{j=1}^{n-1} \sum_{i=1}^{n-1} \sum_$ 

Form 990 (2009)

## CAPE COD COMMERCIAL HOOK FISHERMEN'S ASSOCIATION, INC

04-3138784 Page 6

| Part VI Gov | vernance,       | Management,        | and Disclosure F     | or each "Υ  | es" response to línes 2 | through 7b below,  | and for a "No" | response |
|-------------|-----------------|--------------------|----------------------|-------------|-------------------------|--------------------|----------------|----------|
| to lir      | ne 8a, 8b, or 1 | 0b below, describe | the circumstances, p | rocesses, a | or changes in Schedule  | O. See instruction | s.             |          |

| <u>Sec</u> | tion A. Governing Body and Management                                                                                            |       |       |    |
|------------|----------------------------------------------------------------------------------------------------------------------------------|-------|-------|----|
|            |                                                                                                                                  | ,     | Yes   | No |
| 1a         | Enter the number of voting members of the governing body 1a1                                                                     | 1     |       |    |
| b          | Enter the number of voting members that are independent 1b1                                                                      | 1     |       |    |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other         |       |       |    |
|            | officer, director, trustee, or key employee?                                                                                     | 2     |       | Х  |
| 3          | Did the organization delegate control over management duties customarily performed by or under the direct supervision            |       |       |    |
|            | of officers, directors or trustees, or key employees to a management company or other person?                                    | 3     |       | Х  |
| 4          | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?            | 4     |       | X  |
| 5          | Did the organization become aware during the year of a material diversion of the organization's assets?                          | 5     |       | Х  |
| 6          | Does the organization have members or stockholders?                                                                              | 6     | Х     | _  |
| 7a         | Does the organization have members, stockholders, or other persons who may elect one or more members of the                      |       |       |    |
|            | governing body?                                                                                                                  | 7a    | X     |    |
| b          | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?                          | 7b    |       | X  |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year                  |       |       |    |
|            | by the following:                                                                                                                |       |       |    |
| a          | The governing body?                                                                                                              | 8a    | Х     |    |
| b          | Each committee with authority to act on behalf of the governing body?                                                            | 8b    | Х     |    |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the             |       |       |    |
|            | organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                          | 9     |       | Х  |
| Sec        | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                 |       |       |    |
|            |                                                                                                                                  |       | Yes   | No |
| 10a        | Does the organization have local chapters, branches, or affiliates?                                                              | 10a   |       | Х  |
| b          | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,      |       |       |    |
|            | and branches to ensure their operations are consistent with those of the organization?                                           | 10b   |       |    |
| 11         | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?               | 11    | Х     |    |
| 11A        | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                    |       |       |    |
| 12a        | Does the organization have a written conflict of interest policy? If "No," go to line 13                                         | 12a   | Х     |    |
| b          | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise              |       |       |    |
|            | to conflicts?                                                                                                                    | 12b   | Х     |    |
| c          | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe              |       |       |    |
|            | in Schedule O how this is done                                                                                                   | 12c   | X     |    |
| 13         | Does the organization have a written whistleblower policy?                                                                       | 13    | Х     |    |
| 14         | Does the organization have a written document retention and destruction policy?                                                  | 14    | Х     |    |
| 15         | Did the process for determining compensation of the following persons include a review and approval by independent               |       |       |    |
|            | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                |       |       |    |
| а          | The organization's CEO, Executive Director, or top management official                                                           | 15a   | Х     |    |
| b          | Other officers or key employees of the organization                                                                              | 15b   | X     |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)                                             |       |       |    |
| 16a        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a            |       |       |    |
|            | taxable entity during the year?                                                                                                  | 16a   | ~~~~~ | X  |
| b          | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation    |       |       |    |
|            | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's                  |       |       |    |
|            | exempt status with respect to such arrangements?                                                                                 | 16b   |       |    |
| Sec        | tion C. Disclosure                                                                                                               |       |       |    |
| 17         | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MA                              |       |       |    |
| 18         | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available | ə for |       |    |
|            | public inspection. Indicate how you make these available. Check all that apply.                                                  |       |       |    |

Own website Another's website X Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

 20
 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►

 NATHANIEL T MASON - (508) 945-2432

 210 ORLEANS ROAD, NORTH CHATHAM, MA 02650

Form 990 (2009)

932008 02-04-10

Form 990 (2009)

#### CAPE COD COMMERCIAL HOOK FISHERMEN'S ASSOCIATION, INC

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees. See instructions for definition of "key employee."

• List the organization's five surrent highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

| (A)                      | (B)          |                                |                       |         |              |                                 |      | (D)                             | (F)                          |                             |  |
|--------------------------|--------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|------|---------------------------------|------------------------------|-----------------------------|--|
| Name and Title           | Average      | Ì                              |                       |         | ition        |                                 |      | Reportable                      | Reportable                   | Estimated                   |  |
|                          | hours<br>per |                                | heck<br>              | call ·  | that         | app<br>                         | ly)  | compensation<br>from            | compensation<br>from related | amount of<br>other          |  |
|                          | week         | individual trustee or director |                       |         |              | Ð                               |      | the                             | organizations                | compensation                |  |
|                          |              | ttere or                       | 12 Interest           |         |              | ensate                          |      | organization<br>(W-2/1099-MISC) | (W-2/1099-MISC)              | from the                    |  |
|                          |              | al trus                        | onal tr               |         | loyee        | dino 8                          |      | (1099-1416C)                    |                              | organization<br>and related |  |
|                          |              | đvidu                          | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | umer |                                 |                              | organizations               |  |
|                          |              | 5                              |                       | ð       | ×            | ±8                              | ß    |                                 |                              |                             |  |
| ANDREW BALER             | 2 00         | v                              |                       |         |              |                                 |      | 0                               | 0                            | <u>^</u>                    |  |
| DIRECTOR<br>PETER TAYLOR | 2.00         | Х                              |                       |         |              |                                 |      | 0.                              | 0.                           | 0.                          |  |
|                          | F 00         | v                              |                       |         |              |                                 |      |                                 | <u> </u>                     | <u>^</u>                    |  |
| PRESIDENT                | 5.00         | X                              |                       | X       |              |                                 |      | 0.                              | 0.                           | 0.                          |  |
| KURT MARTIN              | 2 00         |                                |                       |         |              |                                 |      |                                 | <u> </u>                     |                             |  |
| VICE PRESIDENT           | 2.00         | X                              |                       |         |              |                                 |      | 0.                              | 0.                           | 0.                          |  |
| BOB ST. PIERRE           |              |                                |                       |         |              |                                 |      |                                 |                              | _                           |  |
| DIRECTOR                 | 2.00         | X                              |                       | X       |              | <u> </u>                        |      | 0.                              | 0.                           | 0.                          |  |
| ANNE O'BRIEN             |              |                                | 1                     |         |              |                                 |      |                                 |                              | _                           |  |
| CLERK                    | 2.00         | X                              |                       | X       |              | <u> </u>                        |      | 0.                              | 0.                           | <u> </u>                    |  |
| ERIC HESSE               |              |                                |                       |         |              |                                 |      |                                 |                              |                             |  |
| DIRECTOR                 | 2.00         | Х                              |                       |         |              |                                 | -    | 0.                              | 0.                           | 0.                          |  |
| JEFF NORGEOT             |              |                                | -                     |         |              |                                 |      |                                 | _                            |                             |  |
| DIRECTOR                 | 2.00         | Х                              |                       |         |              |                                 |      | 0.                              | 0.                           | 0.                          |  |
| MICHAEL WESTGATE         | 1            |                                |                       |         |              |                                 |      | _                               |                              |                             |  |
| TREASURER                | 15.00        | X                              | <u> </u>              | X       |              |                                 |      | 0.                              | 0.                           | 0.                          |  |
| GREG WALINSKI            |              |                                |                       |         |              |                                 |      |                                 |                              |                             |  |
| DIRECTOR                 | 2.00         | X                              |                       |         |              |                                 |      | 0.                              | 0.                           | 0.                          |  |
| WILLIAM MARTIN           |              |                                |                       |         |              |                                 |      |                                 | _                            |                             |  |
| DIRECTOR                 | 2.00         | X                              |                       |         |              |                                 |      | 0.                              | 0.                           | 0.                          |  |
| PHIL MARSHAL             | 0.00         |                                |                       |         |              |                                 |      |                                 |                              |                             |  |
| DIRECTOR                 | 2.00         | Х                              |                       |         | <u> </u>     |                                 |      | 0.                              | 0.                           | 0.                          |  |
| ELLIOTT CARR             | 2 00         |                                |                       |         |              |                                 |      |                                 | <u>^</u>                     |                             |  |
| DIRECTOR                 | 2.00         | X                              |                       |         |              | -                               |      | 0.                              | 0.                           | 0.                          |  |
| SUSAN NICKERSON          | cooo         |                                |                       |         |              |                                 |      | 105 040                         | <u> </u>                     | ·                           |  |
| EXECUTIVE DIRECTOR       | 60.00        |                                | <u> </u>              |         | X            | X                               |      | 105,942.                        | 0.                           | 0.                          |  |
|                          |              |                                |                       |         |              |                                 |      |                                 |                              |                             |  |
|                          |              |                                |                       |         | <u> </u>     |                                 |      |                                 |                              |                             |  |
|                          |              |                                |                       | ľ       | [            |                                 |      |                                 |                              |                             |  |
|                          |              |                                | <u> </u>              |         | <u> </u>     |                                 |      |                                 |                              |                             |  |
|                          |              |                                |                       |         |              |                                 |      |                                 |                              |                             |  |
|                          |              |                                |                       |         | <u> </u>     |                                 |      |                                 |                              |                             |  |
|                          |              |                                |                       |         |              |                                 |      |                                 |                              |                             |  |
|                          | I            |                                |                       |         |              | 1                               |      |                                 |                              | - 000 (0-05)                |  |
| 932007 02-04-10          |              |                                |                       |         |              |                                 |      |                                 |                              | Form 990 (2009)             |  |

932007 02-04-10

I.

'Form 990'(2009)

1.61

Form 990 (2009)

12590712 729245 CCCOMMLHOOK

|          | VII Section A. Officers, Directors, Ti                                                             | rustees, Key E              | Emple                          | oyee                  | s, a          | na F         | ligh                            | est        | Compensated Employ             | ees (continued)                |       |                     |         |
|----------|----------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------|-----------------------|---------------|--------------|---------------------------------|------------|--------------------------------|--------------------------------|-------|---------------------|---------|
|          | (A)                                                                                                | (B)                         |                                |                       |               | C)           |                                 |            | (D)                            | (E)                            |       | (F)                 |         |
|          | Name and title                                                                                     | Average<br>hours            | íc                             |                       | Pos<br>call f |              | арр                             | V)         | Reportable<br>compensation     | Reportable<br>compensatior     | ۰ I   | Estima<br>amour     |         |
|          |                                                                                                    | per                         | · ·                            |                       | <u> </u>      |              |                                 |            | from                           | from related                   |       | othe                | ər      |
|          |                                                                                                    | week                        | individual trustee or director |                       |               |              | ated                            |            | the<br>organ <b>iz</b> ation   | organizations<br>(W-2/1099-MIS |       | compen<br>from      |         |
|          |                                                                                                    |                             | trustee                        | al trust              |               | <b>3</b> 8   | mpens                           |            | (W-2/1099-MISC)                | •                              | - /   | organiz             | ation   |
|          |                                                                                                    |                             | ividual                        | Institutional trustee | Officer       | Key employee | Highest compensated<br>employee | Former     |                                |                                |       | and rel<br>organiza |         |
|          |                                                                                                    |                             | pul                            | <u>s</u>              | 5             | হ            | em Hig                          | <u>.</u> ፻ |                                |                                |       | or guinz            |         |
|          |                                                                                                    |                             |                                |                       |               |              |                                 |            |                                |                                |       |                     |         |
|          | ,                                                                                                  |                             | +                              | $\vdash$              |               |              |                                 |            |                                |                                |       |                     |         |
|          |                                                                                                    |                             |                                |                       |               |              |                                 |            |                                |                                |       |                     |         |
|          |                                                                                                    |                             |                                |                       |               |              |                                 |            |                                |                                |       |                     |         |
|          |                                                                                                    |                             |                                |                       |               |              |                                 |            |                                |                                |       |                     |         |
|          |                                                                                                    |                             |                                |                       |               |              |                                 |            |                                |                                |       |                     |         |
|          |                                                                                                    |                             |                                |                       |               |              |                                 |            |                                |                                |       |                     | ·       |
|          |                                                                                                    | _                           | _                              |                       |               |              |                                 |            |                                |                                |       |                     |         |
|          |                                                                                                    |                             |                                |                       |               |              |                                 |            |                                |                                |       |                     |         |
|          |                                                                                                    |                             |                                |                       |               |              |                                 |            |                                |                                |       |                     |         |
|          |                                                                                                    |                             | _                              |                       |               |              |                                 |            |                                |                                |       |                     |         |
|          |                                                                                                    |                             |                                |                       |               |              |                                 |            |                                |                                |       |                     |         |
|          |                                                                                                    |                             |                                |                       |               |              |                                 |            |                                |                                |       |                     |         |
|          |                                                                                                    |                             |                                |                       |               |              |                                 |            |                                |                                |       |                     |         |
|          |                                                                                                    |                             |                                |                       |               |              |                                 |            |                                |                                |       |                     |         |
| 1b       | Total                                                                                              |                             |                                |                       | L             |              |                                 |            | 105,942.                       |                                | 0.    |                     | 0       |
| 2        | Total number of individuals (including but                                                         |                             |                                |                       | ed al         | bove         | ) wł                            | o re       | in a                           | ,000 in reportable             |       |                     |         |
|          | compensation from the organization 🕨                                                               |                             |                                |                       |               |              |                                 |            |                                |                                |       |                     |         |
| 3        | Did the organization list any former office                                                        | r director or tr            | uster                          | . koj                 | v om          | nlov         |                                 | or h       | inhest companyated an          |                                |       | Ye                  |         |
| Ū        | line 1a? If "Yes," complete Schedule J for                                                         |                             |                                |                       |               |              |                                 |            |                                |                                |       | 3                   | ×***    |
| 4        | For any individual listed on line 1a, is the s                                                     | um of reportal              | ole co                         | omp                   | ensa          | ation        | anc                             | l oth      | er compensation from           | he organization                |       |                     |         |
|          | and related organizations greater than \$15<br>Did any person listed on line to reacive or         |                             |                                |                       |               |              |                                 |            |                                |                                | 8     | 4                   | X       |
| Б        | Did any person listed on line 1a receive or the organization? If "Yes," complete Scher             |                             |                                |                       |               |              |                                 |            |                                |                                | 8     | 5                   | X       |
| 5        | tion B. Independent Contractors                                                                    |                             |                                |                       |               |              |                                 |            |                                |                                |       |                     |         |
| 5<br>Sec |                                                                                                    |                             | . ما م ام .                    | anda                  | nt c          | ontr         | acte                            | rs tl      | nat received more than         | \$100,000 of com               | oensa | tion from           |         |
| _        | Complete this table for your five highest c                                                        | ompensated in               | iaepe                          |                       |               | onti         |                                 |            |                                |                                |       | (C)                 |         |
| Sec      | Complete this table for your five highest contraction.                                             | ompensated ir               | idepe                          |                       |               |              |                                 |            | (B)                            |                                |       | (0)                 | 1       |
| Sec      | Complete this table for your five highest c                                                        |                             |                                |                       |               |              |                                 |            | <b>(B)</b><br>Description of s | ervices                        | C     | ompensat            | юп      |
| Sec      | Complete this table for your five highest contraction the organization. NONE (A)                   |                             |                                |                       |               |              |                                 |            |                                | ervices                        | C     | ompensat            | юп<br>  |
| Sec      | Complete this table for your five highest contraction the organization. NONE (A)                   |                             |                                |                       |               |              |                                 |            |                                | ervices                        | C     | ompensat            | юп<br>  |
| Sec      | Complete this table for your five highest contraction the organization. NONE (A)                   |                             |                                |                       |               |              |                                 |            |                                | ervices                        | C     | ompensat            | ion<br> |
| Sec      | Complete this table for your five highest contraction the organization. NONE (A)                   |                             |                                |                       |               |              |                                 |            |                                | ervices                        | C.    | ompensat            |         |
| Sec      | Complete this table for your five highest contraction the organization. NONE (A)                   |                             |                                |                       |               |              |                                 |            |                                | ervices                        | C     | ompensat            |         |
| Sec      | Complete this table for your five highest contraction the organization. NONE (A)                   |                             |                                |                       |               |              |                                 |            |                                | ervices                        | C     | ompensat            |         |
| Sec      | Complete this table for your five highest contraction the organization. NONE (A)                   |                             |                                |                       |               |              |                                 |            |                                | ervices                        | Ca    | ompensat            |         |
| Sec<br>1 | Complete this table for your five highest of<br>the organization. NONE<br>(A)<br>Name and business | s address                   |                                |                       |               |              |                                 |            | Description of s               |                                | C     | ompensat            |         |
| Sec      | Complete this table for your five highest contraction the organization. NONE (A)                   | s address<br>(including but |                                |                       |               |              | se lis                          | ted        | Description of s               |                                |       | ompensat            |         |

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| CAPE  | COD     | COMM  | IERCIAL | HOOK | FISHERMEN'S |
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04-3138784 Page 9

|                                                           |     |                  |                                                                                                                                                               | IATION,                               | INC                               |                             |                                                        | 04-3138                                        | 784 Page 9                                                                          |
|-----------------------------------------------------------|-----|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------|-----------------------------|--------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------|
| 10                                                        | r V | Ш                | Statement of Rever                                                                                                                                            | านอ                                   |                                   |                             |                                                        |                                                |                                                                                     |
|                                                           |     |                  |                                                                                                                                                               |                                       |                                   | <b>(A)</b><br>Total revenue | <b>(B)</b><br>Related or<br>exempt function<br>revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | <b>(D)</b><br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |
| Contributions, gifts, grants<br>and other similar amounts |     | b<br>c<br>d<br>e | Federated campaigns<br>Membership dues<br>Fundraising events<br>Related organizations<br>Government grants (contribut<br>All other contributions, gifts, gran |                                       | 36,597.                           |                             |                                                        |                                                |                                                                                     |
| Contribution                                              |     |                  | similar amounts not included abor<br>Noncash contributions included in lines                                                                                  | 1a-1f: \$                             | 1,089,537.<br>1,023.              | 11261.34.                   |                                                        |                                                |                                                                                     |
| Program Service (                                         | 2   | a                | Total Add lines 1a-1f                                                                                                                                         | RACTS O                               | Business Code<br>541900<br>110000 | *****                       |                                                        |                                                |                                                                                     |
| Proć                                                      |     |                  | All other program service reve<br>Total. Add lines 2a:2f                                                                                                      |                                       |                                   | 1225389.                    |                                                        |                                                |                                                                                     |
|                                                           | 3 4 |                  | Investment income (including<br>other similar amounts)<br>Income from investment of tax                                                                       | k-exempt bond p                       | proceeds                          | 1,097.                      |                                                        |                                                | 1,097.                                                                              |
|                                                           |     | þ                | Royalties         Gross Rents         Less: rental expenses         Data lineare or (local)                                                                   | (i) Real                              | (ii) Personal                     |                             |                                                        |                                                |                                                                                     |
|                                                           |     | d                | Rental income or (loss)<br>Net rental income or (loss)<br>Gross amount from sales of<br>assets other than inventory                                           |                                       | (ii) Other                        |                             |                                                        |                                                |                                                                                     |
|                                                           |     | с                | Less: cost or other basis<br>and sales expenses<br>Gain or (loss)<br>Net gain or (loss)                                                                       |                                       | ▶                                 |                             |                                                        |                                                |                                                                                     |
| Other Revenue                                             |     |                  | Gross income from fundraising<br>including \$<br>contributions reported on line<br>Part IV, line 18                                                           | of<br>1c). See<br>a                   | 89,083.                           |                             |                                                        |                                                |                                                                                     |
| đ                                                         | 9   | c<br>a           | Less: direct expenses<br>Net income or (loss) from func<br>Gross income from gaming ac<br>Part IV, line 19                                                    | Iraising events<br>tivities. See<br>a | ····· •                           | 13,897.                     |                                                        |                                                | 13,897.                                                                             |
|                                                           |     | c                | Less: direct expenses<br>Net income or (loss) from gam<br>Gross sales of inventory, less                                                                      | ing activities<br>returns             | <b>&gt;</b>                       |                             |                                                        |                                                |                                                                                     |
|                                                           |     |                  | and allowances<br>Less: cost of goods sold<br>Net income or (loss) from sale<br>Miscellaneous Revenue                                                         | s of inventory                        | 1,100.                            | 766.                        |                                                        |                                                | 766.                                                                                |
|                                                           |     | b<br>c           |                                                                                                                                                               |                                       |                                   |                             |                                                        |                                                |                                                                                     |
| 93200<br>02-04                                            | 12  |                  | All other revenue<br>Total. Add lines 11a-11d<br>Total revenue. See instructions.                                                                             |                                       | <b>&gt;</b>                       | 2367283.                    | 1225389.                                               | 0.                                             | 15,760.<br>Form <b>990</b> (2009)                                                   |

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## CAPE COD COMMERCIAL HOOK FISHERMEN'S ASSOCIATION, INC

|       | 1 990 (2009) ASSOCIATION                                                                  |                            |                                           | 04-31                                            | 38784 Page                             |
|-------|-------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------|--------------------------------------------------|----------------------------------------|
| 8.46. | nt IX Statement of Functional Expen                                                       |                            | _                                         |                                                  |                                        |
|       |                                                                                           | 3) and 501(c)(4) organizat |                                           |                                                  |                                        |
|       | All other organizations must com                                                          |                            |                                           |                                                  |                                        |
|       | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                | (A)<br>Total expenses      | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | (D)<br>Fundralsing<br>expenses         |
| 1     | Grants and other assistance to governments and                                            |                            |                                           |                                                  |                                        |
|       | organizations in the U.S. See Part IV, line 21                                            |                            |                                           |                                                  |                                        |
| 2     | Grants and other assistance to individuals in                                             |                            |                                           |                                                  |                                        |
|       | the U.S. See Part IV, line 22                                                             |                            |                                           |                                                  |                                        |
| Э     | Grants and other assistance to governments,                                               |                            |                                           |                                                  |                                        |
| Ŭ     | organizations, and individuals outside the U.S.                                           |                            |                                           |                                                  |                                        |
|       |                                                                                           |                            |                                           |                                                  |                                        |
|       | See Part IV, Ilnes 15 and 16                                                              |                            |                                           |                                                  |                                        |
| 4     | Benefits paid to or for members                                                           |                            |                                           |                                                  |                                        |
| 5     | Compensation of current officers, directors,                                              | 105 040                    | 45 101                                    |                                                  |                                        |
|       | trustees, and key employees                                                               | 105,942.                   | 47,181.                                   | 34,934.                                          | 23,82                                  |
| 6     | Compensation not included above, to disqualified                                          | 758, 5                     |                                           |                                                  |                                        |
|       | persons (as defined under section 4958(f)(1)) and                                         | (SV)<br>100                |                                           |                                                  |                                        |
|       | persons described in section 4958(c)(3)(B)                                                |                            |                                           |                                                  |                                        |
| 7     | Other salaries and wages                                                                  | 652,469.                   | 564,070.                                  | 48,773.                                          | 39,62                                  |
| 8     | Pension plan contributions (include section 401(k)                                        |                            |                                           |                                                  |                                        |
|       | and section 403(b) employer contributions)                                                | 107, 27,587.               | 22,462.                                   | 3,505.                                           | 1 60                                   |
| -     |                                                                                           | 8:4 80,239.                | 61,778.                                   | 13,580.                                          | <u> </u>                               |
| 9     | Other employee benefits                                                                   |                            |                                           |                                                  | 4,00                                   |
| ્ર 10 | Payroll taxes                                                                             | 70,056.                    | 54,257.                                   | 10,299.                                          | 5,50                                   |
| 11    | Fees for services (non-employees):                                                        |                            |                                           |                                                  |                                        |
| а     | Management                                                                                |                            |                                           |                                                  |                                        |
| b     | Legal                                                                                     | 13,013.                    | 11,010.                                   | 2,003.                                           |                                        |
| c     | Accounting                                                                                | 4,450.                     |                                           | 4,450.                                           |                                        |
| d     |                                                                                           |                            |                                           |                                                  |                                        |
| e     |                                                                                           |                            |                                           |                                                  |                                        |
| f     | Investment management fees                                                                | ·                          |                                           |                                                  |                                        |
|       | -                                                                                         | 334,754.                   | 314,995.                                  | 19,316.                                          | 44                                     |
| 9     |                                                                                           | 2,667.                     | 1,010.                                    | 1,657.                                           |                                        |
| 12    | Advertising and promotion                                                                 |                            |                                           |                                                  | 1 6                                    |
| 13    | Office expenses                                                                           | 20,679.                    | 3,129.                                    | 17,397.                                          | 15                                     |
| 14    | Information technology                                                                    | 1,944.                     | 587.                                      | 1,357.                                           |                                        |
| 15    | Royalties                                                                                 |                            |                                           |                                                  |                                        |
| 16    | Occupancy                                                                                 | 50,343.                    | 39,268.                                   | 7,203.                                           | 3,87                                   |
| 17    | Travel                                                                                    | 88,893.                    | 79,990.                                   | 5,896.                                           | 3,00                                   |
| 18    | Payments of travel or entertainment expenses                                              |                            |                                           |                                                  |                                        |
|       | for any federal, state, or local public officials                                         |                            |                                           |                                                  |                                        |
| 19    | Conferences, conventions, and meetings                                                    | 2,932.                     | 2,720.                                    | 152.                                             | 6                                      |
| 20    | interest                                                                                  | 25,462.                    | 25,462.                                   |                                                  |                                        |
|       |                                                                                           | 2011021                    | 23/102.                                   |                                                  |                                        |
| 21    | Payments to affiliates                                                                    | 11,009.                    | 8,873.                                    | 1 11                                             | 0.0                                    |
| 22    | Depreciation, depletion, and amortization                                                 |                            |                                           | 1,215.                                           | 92                                     |
| 23    | Insurance                                                                                 | 17,211.                    | 11,980.                                   | 5,025.                                           | 20                                     |
| 24    | Other expenses, Itemize expenses not covered                                              |                            |                                           |                                                  |                                        |
|       | above. (Expenses grouped together and labeled<br>miscellaneous may not exceed 5% of total |                            |                                           |                                                  |                                        |
|       | expenses shown on line 25 below.)                                                         |                            |                                           |                                                  |                                        |
| а     |                                                                                           | 30,477.                    | 12,425.                                   | 18,052.                                          |                                        |
| b     | FISH PIER INTERPERTERS                                                                    | 16,788.                    | 16,788.                                   |                                                  | ······································ |
| с     | TELEPHONE                                                                                 | 13,217.                    | 10,653.                                   | 1,459.                                           | 1,10                                   |
| đ     | POSTAGE AND DELIVERY                                                                      | 9,936.                     | 1,901.                                    | 7,974.                                           | 6                                      |
| 9     |                                                                                           | 9,907.                     | 6,799.                                    | 3,108.                                           |                                        |
|       |                                                                                           | 24,594.                    | 12,869.                                   | 8,698.                                           | 3,02                                   |
| f     |                                                                                           |                            |                                           |                                                  |                                        |
| 25    | Total functional expenses. Add lines 1 through 24f                                        | 1,614,569.                 | 1,310,207.                                | 216,053.                                         | 88,30                                  |
| 26    | Joint costs. Check here 🕨 🛄 if following                                                  |                            |                                           |                                                  |                                        |
|       | SOP 98-2. Complete this line only if the organization                                     |                            |                                           |                                                  |                                        |
|       | reported in column (B) joint costs from a combined                                        |                            |                                           |                                                  |                                        |
|       | educational campaign and fundraising solicitation                                         |                            |                                           |                                                  |                                        |

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Form 990 (2009)

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## CAPE COD COMMERCIAL HOOK FISHERMEN'S ASSOCIATION, INC

| Form                        | n <b>990</b> '( | 2009) ASSOCIATION, 1                                                     | NC        |                                                                                                                 |                                 | 04- | 3138784 Page 11                       |
|-----------------------------|-----------------|--------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------|---------------------------------|-----|---------------------------------------|
| Pa                          | нX              | Balance Sheet                                                            |           |                                                                                                                 |                                 |     |                                       |
|                             |                 |                                                                          |           |                                                                                                                 | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year             |
|                             | 1               | Cash - non-interest-bearing                                              |           |                                                                                                                 |                                 | 1   |                                       |
|                             | 2               | Savings and temporary cash investments                                   |           |                                                                                                                 | 437,969.                        | 2   | 1,327,707.                            |
|                             | 3               | Pledges and grants receivable, net                                       |           |                                                                                                                 |                                 | 3   | 200,333.                              |
|                             | 4               | Accounts receivable, net                                                 |           |                                                                                                                 | 139,347.                        | 4   | 56,194.                               |
|                             | 5               | Receivables from current and former officers, di                         | rectors,  | , trustees, key                                                                                                 |                                 |     |                                       |
|                             |                 | employees, and highest compensated employe of Schedule L                 |           |                                                                                                                 |                                 | 5   |                                       |
|                             | 6               | Receivables from other disqualified persons (as                          |           |                                                                                                                 |                                 |     |                                       |
|                             |                 | 4958(f)(1)) and persons described in section 49<br>Part II of Schedule L |           |                                                                                                                 |                                 | 6   |                                       |
| 2                           | 7               | Notes and loans receivable, net                                          |           |                                                                                                                 | 37,832.                         | 7   | 14,524.                               |
| Assets                      | 8               | Inventories for sale or use                                              |           |                                                                                                                 |                                 | 8   |                                       |
| ¥.                          | 9               | Prepaid expenses and deferred charges                                    |           |                                                                                                                 | 17,813.                         | 9   | 19,635.                               |
|                             | 10a             |                                                                          |           |                                                                                                                 |                                 |     |                                       |
|                             |                 | basis. Complete Part VI of Schedule D                                    | 10a       | 109,231.                                                                                                        |                                 |     |                                       |
|                             | b               |                                                                          |           | 37,888.                                                                                                         | 27,462.                         | 10c | _ 71,343.                             |
|                             | 11              | Investments - publicly traded securities                                 |           |                                                                                                                 | *                               | 11  |                                       |
|                             | 12              | Investments - other securities. See Part IV, line                        |           |                                                                                                                 |                                 | 12  | 1,023.                                |
|                             | 13              | Investments - program-related. See Part IV, line                         |           |                                                                                                                 |                                 | 13  |                                       |
|                             | 14              | Intangible assets                                                        |           |                                                                                                                 |                                 | 14  |                                       |
|                             | 15              | Other assets. See Part IV, line 11                                       |           |                                                                                                                 | 1,132,000.                      | 15  | 1,905,877.                            |
|                             | 16              | Total assets. Add lines 1 through 15 (must equ                           |           |                                                                                                                 | 1,792,423.                      | 16  | 3,596,636.                            |
|                             | 17              | Accounts payable and accrued expenses                                    |           |                                                                                                                 | 42,776.                         | 17  | 79,631.                               |
|                             | 18              | Grants payable                                                           |           |                                                                                                                 |                                 | 18  |                                       |
|                             | 19              | Deferred revenue                                                         |           |                                                                                                                 | 1,500.                          | 19  |                                       |
|                             | 20              | Tax-exempt bond liabilities                                              |           |                                                                                                                 |                                 | 20  |                                       |
| ន                           | 21              | Escrow or custodial account liability. Complete                          | Part IV   | of Schedule D                                                                                                   |                                 | 21  |                                       |
|                             | 22              | Payables to current and former officers, directo                         | rs, trust | ees, key employees,                                                                                             |                                 |     |                                       |
| Liabilities                 |                 | highest compensated employees, and disqualif<br>of Schedule L            |           | r i i                                                                                                           |                                 | 22  |                                       |
|                             | 23              | Secured mortgages and notes payable to unrela                            | ated thi  | rd parties                                                                                                      | 250,000.                        | 23  | 100,000.                              |
|                             | 24              | Unsecured notes and loans payable to unrelate                            |           |                                                                                                                 |                                 | 24  | 1,100,000.                            |
|                             | 25              | Other liabilities. Complete Part X of Schedule D                         | ·····     |                                                                                                                 | 470,565.                        |     | 536,709.                              |
| <u></u>                     | 26              | Total liabilities. Add lines 17 through 25                               | <u></u>   |                                                                                                                 | 764,841.                        | 26  | 1,816,340.                            |
|                             |                 | Organizations that follow SFAS 117, check here                           | ere 🕨     | X and complete                                                                                                  |                                 |     |                                       |
| ŝ                           |                 | lines 27 through 29, and lines 33 and 34.                                |           | ŝ                                                                                                               | 155 005                         |     |                                       |
| anc                         | 27              | Unrestricted net assets                                                  |           |                                                                                                                 | 455,927.                        | 27  | 596,797.                              |
| Bal                         | 28              | Temporarily restricted net assets                                        |           | E Contraction of the second | 75,000.                         |     | 483,997.                              |
| pu                          | 29              |                                                                          |           |                                                                                                                 | 496,655.                        | 29  | 699,502.                              |
| Ę                           |                 | Organizations that do not follow SFAS 117, c                             | heck he   | ere 🕨 🛄 and                                                                                                     |                                 |     |                                       |
| S<br>S                      |                 | complete lines 30 through 34.                                            |           |                                                                                                                 |                                 |     |                                       |
| Net Assets or Fund Balances | 30              | Capital stock or trust principal, or current funds                       |           |                                                                                                                 |                                 | 30  |                                       |
| t As                        | 31              | Paid-in or capital surplus, or land, building, or ed                     | • •       |                                                                                                                 |                                 | 31  | · · · · · · · · · · · · · · · · · · · |
| Net                         | 32              | Retained earnings, endowment, accumulated in                             |           |                                                                                                                 | 1,027,582.                      | 32  | 1 780 206                             |
|                             | 33              | Total net assets or fund balances                                        |           |                                                                                                                 | 1,792,423.                      |     | 1,780,296.<br>3,596,636.              |
|                             | 34              | Tota nabilities and het assets/fund balances                             |           |                                                                                                                 |                                 | 34  | Form <b>990</b> (2009)                |
|                             |                 |                                                                          |           |                                                                                                                 |                                 |     | Loutu <b>320</b> (5008)               |

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|      | CAPE COD COMMERCIAL HOOK FISHERMEN'S                                                                                         |           |              |              |
|------|------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|--------------|
| Form | 990 (2009) ASSOCIATION, INC 04-313                                                                                           | 3784      | Pa           | ge <b>12</b> |
| Pa   | TXI Financial Statements and Reporting                                                                                       |           |              |              |
|      |                                                                                                                              |           | Yes          | No           |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other                                                         |           |              |              |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.            |           |              |              |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                              | 2a        |              | X            |
| b    | Were the organization's financial statements audited by an independent accountant?                                           | 2b        | Х            |              |
| c    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,    |           |              |              |
|      | review, or compilation of its financial statements and selection of an Independent accountant?                               | 2c        | X            |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.    |           |              |              |
| d    | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a      |           |              |              |
|      | consolidated basis, separate basis, or both:                                                                                 |           |              |              |
|      | X Separate basis Consolidated basis Both consolidated and separate basis                                                     |           |              |              |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit |           |              |              |
|      | Act and OMB Circular A-133?                                                                                                  | 3a        |              | X            |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit  |           |              |              |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits.                                    | <u>3b</u> |              |              |
|      |                                                                                                                              | Form      | <b>990</b> ( | 2009)        |

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| i , '                  |                     |                        |                                                 |                                       |               |             |                                         |                |                   |                       |          |                  |
|------------------------|---------------------|------------------------|-------------------------------------------------|---------------------------------------|---------------|-------------|-----------------------------------------|----------------|-------------------|-----------------------|----------|------------------|
| SCHEDU<br>(Form 990    | JLE A<br>or 990-EZ) | Put                    | olic Charity S <sup>-</sup>                     | tatus                                 | and P         | ublic       | Supp                                    | ort            |                   | омв No.<br><b>2 П</b> | 1545-00  | 47               |
| Department of th       |                     |                        | te if the organization is<br>4947(a)(1) n       | onexempt                              | charitabl     | e trust.    |                                         |                |                   | <b>LU</b><br>Opent    | o Publ   | )<br>lic         |
| Internal Revenue       |                     |                        | ttach to Form 990 or Fo                         |                                       |               |             |                                         | ons.           |                   | *****                 | ection   |                  |
| Name of the            | e organizati        |                        | D COMMERCIAI                                    | 7 HOOR                                | FISH          | IERMEN      | I'S                                     |                |                   | identificat           |          |                  |
| Part I                 | Decer               |                        | TION, INC                                       |                                       |               |             |                                         |                | 0                 | 4-3138                | 784      |                  |
|                        |                     |                        | ity Status (All organi:                         |                                       |               |             |                                         | tructions      | 3.                |                       |          |                  |
|                        |                     |                        | because it is: (For lines                       |                                       |               |             |                                         |                |                   |                       |          |                  |
|                        |                     |                        | s, or association of chur                       |                                       |               | ection 170  | )(b)(1)(A)(i                            | ).             |                   |                       |          |                  |
|                        |                     |                        | 70(b)(1)(A)(ii). (Attach So                     |                                       |               |             |                                         |                |                   |                       |          |                  |
|                        |                     |                        | ital service organization                       |                                       |               |             |                                         |                |                   |                       |          |                  |
|                        | ity, and stat       |                        | operated in conjunction                         | with a nos                            | spital desc   | ridea in se | ection 170                              | /(D)(1)(A)     | (III). Enter      | the hospital          | 's nam   | I <del>Ö</del> , |
|                        | •                   | P 1                    | benefit of a college or u                       | niversity o                           | wood or o     | acrotod by  |                                         | montolu        |                   |                       |          |                  |
|                        |                     | (b)(1)(A)(iv). (Comple |                                                 | invoisity o                           | wried of 0    | Joi ateu Dj | y a govern                              | mentalu        | nit descrip       | iea in                |          |                  |
|                        |                     |                        | ent or governmental uni                         | it describe                           | d in contic   | n 170/h)/   | 11/4164                                 |                |                   |                       |          |                  |
|                        |                     |                        | eives a substantial part                        |                                       |               |             |                                         | or from ti     | ne general        | public door           | ribod i  | -                |
|                        |                     | b)(1)(A)(vi). (Comple  |                                                 |                                       |               | govonnik    |                                         |                | le general        | public desc           | noeu i   | ri -             |
|                        |                     |                        | section 170(b)(1)(A)(vi).                       | (Complete                             | Part IL)      |             |                                         |                |                   |                       |          |                  |
|                        |                     |                        | eives: (1) more than 33                         |                                       |               | rom contr   | ibutions, n                             | nembers        | hin fees, a       | nd aross re           | cointe   | from             |
|                        |                     |                        | nctions - subject to certa                      |                                       |               |             |                                         |                |                   |                       |          |                  |
|                        |                     |                        | axable income (less sec                         |                                       |               |             |                                         |                |                   |                       |          |                  |
|                        |                     | 509(a)(2). (Complete   |                                                 |                                       | ,             | -           |                                         |                | <b>_</b>          |                       |          | 0.               |
|                        |                     |                        | perated exclusively to te                       | st for publ                           | ic safety. S  | See sectio  | on 509(a)(                              | 4).            |                   |                       |          |                  |
|                        |                     |                        | perated exclusively for the                     |                                       |               |             |                                         |                | irry out the      | purposes o            | of one   | or               |
|                        |                     |                        | ations described in secti                       |                                       |               |             |                                         |                |                   |                       |          |                  |
| d                      | lescribes the       | type of supporting     | organization and compl                          |                                       |               |             |                                         |                |                   |                       |          |                  |
|                        | L Type i            |                        |                                                 |                                       | e III - Fund  | •           | -                                       |                | d                 | ] Type III - (        |          |                  |
|                        |                     |                        | at the organization is not                      |                                       |               |             |                                         |                |                   |                       |          | In               |
|                        |                     |                        | han one or more publicly                        |                                       |               |             |                                         |                | 09(a)(1) or       | section 509           | )(a)(2). |                  |
| f lf                   | f the organiz       | ation received a writ  | ten determination from                          | the IRS the                           | at it is a Ty | ре I, Туре  | ell, or Type                            | e III          |                   |                       |          | _                |
|                        |                     | ganization, check th   |                                                 |                                       |               |             |                                         |                | ••••••••••••••••• |                       | •••••••• | , [              |
|                        |                     |                        | organization accepted a                         |                                       |               | -           |                                         |                |                   |                       | ·        | ı <del></del>    |
| (i                     |                     |                        | irectly controls, either a                      | lone or tog                           | ether with    | persons o   | described                               | in (ii) and    | i (iii) below     |                       | Yes      | No               |
|                        |                     |                        | upported organization?                          |                                       |               | ••••••••••• | • • • • • • • • • • • • • • • • • • • • |                |                   | <b>11g(i)</b>         |          | ļ                |
|                        | ii) A famlly        | member of a persor     | 1 described in (i) above?                       | · · · · · · · · · · · · · · · · · · · |               | •••••       | ••••••                                  |                | ••••••••••••••    | <u>11g(ii)</u>        |          | ļ                |
|                        |                     |                        | person described in (i) (                       |                                       |               | ••••••      |                                         |                | ••••••            | <b>11g(iii)</b>       |          | L                |
| h P                    | rovide the to       | niowing information    | about the supported or                          | ganization                            | (S).          |             |                                         |                |                   |                       |          |                  |
| 291.81 6               |                     |                        | (iii) Type of                                   | Kind to the e                         |               |             |                                         | (ui)           | Is the            |                       |          |                  |
| (i) Name of<br>organi: |                     | (II) EIN               | organization                                    |                                       | sted in your  |             | u notify the<br>tion in col.            | organiza       | tion in col.      | (vii) An              |          | f                |
| vryani.                | Zauon               |                        | (described on lines 1-9<br>above or IRC section | governing                             |               |             | r support?                              | (I) orgar<br>U | S.?               | sup                   | port     |                  |
|                        |                     |                        | (see instructions))                             | Yes                                   | No            | Yes         | No                                      | Yes            | No                |                       |          |                  |
|                        |                     |                        | ,                                               |                                       |               |             |                                         | 100            |                   |                       |          |                  |
|                        |                     |                        |                                                 |                                       |               |             |                                         |                |                   |                       |          |                  |
|                        |                     |                        |                                                 |                                       |               |             | -                                       |                |                   |                       |          |                  |
|                        |                     |                        |                                                 |                                       |               |             |                                         |                |                   |                       |          |                  |
| ,                      |                     |                        |                                                 |                                       |               |             |                                         |                |                   |                       |          |                  |
|                        |                     |                        |                                                 |                                       |               |             | 1                                       |                |                   |                       |          |                  |

| Total |  |
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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|      | edule A (Form 990 or 990 EZ) 2009                                         | Organizations        | Described in           | Sections 170 |                                         | d 170(b)/1)/A)/u | Page 2    |
|------|---------------------------------------------------------------------------|----------------------|------------------------|--------------|-----------------------------------------|------------------|-----------|
| 8    | <b>IT II</b> Support Schedule for<br>(Complete only if you checke         |                      |                        |              | (b)(1)(A)(iv) an                        | a 170(b)(1)(A)(v | 1)        |
| Ser  | ction A. Public Support                                                   |                      | , , , or o o, , art i, |              |                                         |                  |           |
|      | endar year (or fiscal year beginning in)                                  | (a) 2005             | (b) 2006               | (c) 2007     | (d) 2008                                | (e) 2009         | (f) Total |
|      | Gifts, grants, contributions, and                                         |                      | (,++                   |              |                                         | (4) 2000         |           |
|      | membership fees received. (Do not                                         |                      |                        |              |                                         |                  |           |
|      | include any "unusual grants.")                                            |                      |                        |              |                                         |                  |           |
| 2    | Tax revenues levied for the organ-                                        |                      |                        |              |                                         |                  |           |
|      | ization's benefit and either paid to                                      |                      |                        |              |                                         |                  |           |
|      | or expended on its behalf                                                 |                      |                        |              |                                         |                  |           |
| 3    | The value of services or facilities                                       |                      |                        |              | -                                       |                  |           |
|      | furnished by a governmental unit to                                       |                      |                        |              |                                         |                  |           |
|      | the organization without charge                                           |                      |                        |              | ·  ···· · · · · · · · · ·               |                  |           |
| 4    | Total. Add lines 1 through 3                                              |                      |                        |              |                                         |                  |           |
| 5    | The portion of total contributions                                        |                      |                        |              |                                         |                  |           |
|      | by each person (other than a                                              |                      |                        |              |                                         |                  |           |
|      | governmental unit or publicly<br>supported organization) included         |                      |                        |              |                                         |                  |           |
|      | on line 1 that exceeds 2% of the                                          |                      |                        |              |                                         |                  |           |
|      | amount shown on line 11,                                                  |                      |                        |              |                                         |                  |           |
|      | column (f)                                                                |                      |                        |              |                                         |                  |           |
| 6    | Public support. Subtract line 5 from tine 4.                              |                      |                        |              |                                         |                  |           |
|      | ction B. Total Support                                                    |                      |                        |              |                                         |                  | ······    |
| Cale | endar year (or fiscal year beginning in)                                  | (a) 2005             | (b) 2006               | (c) 2007     | (d) 2008                                | (e) 2009         | (f) Total |
| 7    | Amounts from line 4                                                       |                      |                        |              |                                         |                  |           |
| 8    | Gross income from interest,                                               |                      |                        |              |                                         |                  |           |
|      | dividends, payments received on                                           |                      |                        |              |                                         |                  |           |
|      | securities loans, rents, royalties                                        |                      |                        |              |                                         |                  |           |
|      | and income from similar sources                                           |                      |                        |              |                                         |                  |           |
| 9    | Net income from unrelated business                                        |                      |                        |              |                                         |                  |           |
|      | activities, whether or not the                                            |                      |                        |              |                                         |                  |           |
| 40   | business is regularly carried on                                          |                      |                        |              |                                         |                  |           |
| 10   | Other income. Do not include gain                                         |                      |                        |              |                                         |                  |           |
|      | or loss from the sale of capital assets (Explain in Part IV.)             |                      |                        |              |                                         |                  |           |
| 11   | Total support. Add lines 7 through 10                                     |                      |                        |              |                                         |                  |           |
|      | Gross receipts from related activities                                    |                      | leno                   |              |                                         | 12               |           |
|      | First five years. If the Form 990 is fo                                   |                      |                        |              |                                         |                  |           |
|      | organization, check this box and sto                                      | -                    |                        | •            | •                                       |                  | ►         |
| Sec  | tion C. Computation of Publ                                               |                      |                        |              |                                         |                  |           |
| 14   | Public support percentage for 2009 (                                      | line 6, column (f) d | ivided by line 11,     | column (f))  |                                         | 14               | %         |
| 15   | Public support percentage from 2008                                       | 3 Schedule A, Part   | II, line 14            |              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 15               | %         |
| 16a  | 33 1/3% support test - 2009.If the o                                      |                      |                        |              |                                         |                  |           |
|      | stop here. The organization qualifies                                     |                      |                        |              |                                         |                  |           |
| b    | 33 1/3% support test - 2008.If the c                                      |                      |                        |              |                                         |                  |           |
|      | and <b>stop here</b> . The organization qua                               |                      |                        |              |                                         |                  |           |
| 17a  | 10% -facts-and-circumstances tes                                          |                      |                        |              |                                         |                  |           |
|      | and if the organization meets the "fac                                    |                      |                        |              |                                         |                  |           |
| L    | meets the "facts-and-circumstances"                                       |                      |                        |              |                                         |                  |           |
|      | 10% -facts-and-circumstances tes<br>more, and if the organization meets t |                      |                        |              |                                         |                  |           |
|      | organization meets the "facts and cir                                     |                      |                        |              |                                         |                  |           |
| 18   | Private foundation. If the organization                                   |                      |                        |              |                                         |                  |           |
|      |                                                                           |                      |                        |              |                                         |                  |           |

Schedule A (Form 990 or 990-EZ) 2009

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## CAPE COD COMMERCIAL HOOK FISHERMEN'S

## Schedule A (Form 990 or 990-EZ) 2009 ASSOCIATION, INC

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|                                                                                 | rt III Support Schedule for C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | rganizations                                                                                                                                                                                                                                  | Described III                                                                                                                                                                                                                                     |                                                                                                                                                                        | (2) (Complete only i                                                                                                         | <u>f you checked the boy</u>                                                                                                          | <u>x on line 9 of Part</u>                                                    |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
|                                                                                 | ction A. Public Support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                              | ·····                                                                                                                                 |                                                                               |
|                                                                                 | endar year (or fiscal year beginning in) 🕨                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (a) 2005                                                                                                                                                                                                                                      | <b>(b)</b> 2006                                                                                                                                                                                                                                   | (c) 2007                                                                                                                                                               | (d) 2008                                                                                                                     | (e) 2009                                                                                                                              | (f) Total                                                                     |
| 1                                                                               | Gifts, grants, contributions, and membership fees received. (Do not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                              |                                                                                                                                       |                                                                               |
|                                                                                 | include any "unusual grants.")                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 598,862.                                                                                                                                                                                                                                      | 410,282.                                                                                                                                                                                                                                          | 722,760.                                                                                                                                                               | 862,986.                                                                                                                     | 510,747.                                                                                                                              | 3,105,637                                                                     |
| 2                                                                               | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 940,319.                                                                                                                                                                                                                                      | 767,279.                                                                                                                                                                                                                                          | 636,050.                                                                                                                                                               | 1,330,840.                                                                                                                   | 1,855,439.                                                                                                                            | 5,529,927                                                                     |
| 3                                                                               | Gross receipts from activities that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                              |                                                                                                                                       |                                                                               |
|                                                                                 | are not an unrelated trade or bus-<br>iness under section 513                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                              |                                                                                                                                       |                                                                               |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                              |                                                                                                                                       |                                                                               |
| 4                                                                               | Tax revenues levied for the organ-<br>ization's benefit and either paid to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                              |                                                                                                                                       |                                                                               |
|                                                                                 | or expended on its behalf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                              |                                                                                                                                       |                                                                               |
| _                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                              |                                                                                                                                       |                                                                               |
| 5                                                                               | The value of services or facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                              |                                                                                                                                       |                                                                               |
|                                                                                 | furnished by a governmental unit to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                              |                                                                                                                                       |                                                                               |
| •                                                                               | the organization without charge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                              |                                                                                                                                       |                                                                               |
|                                                                                 | Total. Add lines 1 through 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1,539,181.                                                                                                                                                                                                                                    | 1,177,561.                                                                                                                                                                                                                                        | 1,358,810.                                                                                                                                                             | 2,193,826.                                                                                                                   | 2,366,186.                                                                                                                            | 8,635,564                                                                     |
| 78                                                                              | Amounts included on lines 1, 2, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                              |                                                                                                                                       | 0                                                                             |
|                                                                                 | 3 received from disqualified persons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                              |                                                                                                                                       | 0                                                                             |
| Ľ                                                                               | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                              |                                                                                                                                       | 0                                                                             |
|                                                                                 | amount on line 13 for the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                              |                                                                                                                                       | 0                                                                             |
|                                                                                 | Add lines 7a and 7b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                              |                                                                                                                                       | 0                                                                             |
|                                                                                 | Public support (Subtract line 7c from line 6.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                              |                                                                                                                                       | 8,635,564                                                                     |
| Cal                                                                             | andar year (or fiscal year beginning in)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (a) 2005                                                                                                                                                                                                                                      | (b) 2006                                                                                                                                                                                                                                          | (c) 2007                                                                                                                                                               | (d) 2008                                                                                                                     | (e) 2009                                                                                                                              | (f) Total                                                                     |
|                                                                                 | Amounts from line 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1,539,181.                                                                                                                                                                                                                                    | 1,177,561.                                                                                                                                                                                                                                        | 1,358,810.                                                                                                                                                             | 2,193,826.                                                                                                                   | 2,366,186.                                                                                                                            | 8,635,564                                                                     |
|                                                                                 | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 473.                                                                                                                                                                                                                                          | 349.                                                                                                                                                                                                                                              | 356.                                                                                                                                                                   | 447.                                                                                                                         | 1,097.                                                                                                                                | 2,722                                                                         |
| Ŀ                                                                               | Unrelated business taxable income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                              | 1,057.                                                                                                                                | 21122                                                                         |
|                                                                                 | (less section 511 taxes) from businesses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                              |                                                                                                                                       |                                                                               |
|                                                                                 | acquired after June 30, 1975                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                              |                                                                                                                                       |                                                                               |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 472                                                                                                                                                                                                                                           | . 240                                                                                                                                                                                                                                             | 256                                                                                                                                                                    | 4 4 77                                                                                                                       | 1 007                                                                                                                                 |                                                                               |
| 11                                                                              | activities not included in line 10b,<br>whether or not the business is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 473.                                                                                                                                                                                                                                          | 349.                                                                                                                                                                                                                                              | 356.                                                                                                                                                                   | 447.                                                                                                                         | 1,097.                                                                                                                                | 2,722                                                                         |
| 11                                                                              | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on<br>Other income. Do not include gain<br>or loss from the sale of capital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 473.                                                                                                                                                                                                                                          | 349.                                                                                                                                                                                                                                              | 356.                                                                                                                                                                   | 447.                                                                                                                         | 1,097.                                                                                                                                | 2,722                                                                         |
| 11<br>12                                                                        | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on<br>Other income. Do not include gain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 473.                                                                                                                                                                                                                                          | <u> </u>                                                                                                                                                                                                                                          | 356.                                                                                                                                                                   | 447.<br>2,194,273.                                                                                                           | 1,097.<br>2,367,283.                                                                                                                  | 2,722<br>8,638,286                                                            |
| 11<br>12<br>13                                                                  | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part IV.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1,539,654.                                                                                                                                                                                                                                    | 1,177,910.                                                                                                                                                                                                                                        | 1,359,166.                                                                                                                                                             | 2,194,273.                                                                                                                   | 2,367,283.                                                                                                                            | 8,638,286                                                                     |
| 11<br>12<br>13                                                                  | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part IV.)<br>Total support (Add lines 9, 10c, 11, and 12.)<br>First five years. If the Form 990 is for                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 , 539 , 654 .<br>the organization's                                                                                                                                                                                                         | 1 ,177 ,910 .<br>first, second, third                                                                                                                                                                                                             | 1 , 359 , 166 ,<br>d, fourth, or fifth ta                                                                                                                              | 2 , 194 , 273 .<br>x year as a section                                                                                       | 2,367,283.<br>1 501(c)(3) organiza                                                                                                    | 8,638,286<br>ition,                                                           |
| 11<br>12<br>13<br>14                                                            | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part IV.)<br>Total support (Add lines 9, 10c, 11, and 12.)<br>First five years. If the Form 990 is for<br>check this box and stop here                                                                                                                                                                                                                                                                                                                                                                                                  | 1,539,654.<br>the organization's                                                                                                                                                                                                              | 1 ,177 ,910 .<br>first, second, third                                                                                                                                                                                                             | 1 , 359 , 166 ,<br>d, fourth, or fifth ta                                                                                                                              | 2 , 194 , 273 .<br>x year as a section                                                                                       | 2,367,283.<br>1 501(c)(3) organiza                                                                                                    | 8,638,286<br>ition,                                                           |
| 11<br>12<br>13<br>14                                                            | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part IV.)<br>Total support (Add lines 9, 10c, 11, and 12.)<br>First five years. If the Form 990 is for<br>check this box and stop here<br>ction C. Computation of Public                                                                                                                                                                                                                                                                                                                                                                | 1,539,654.<br>the organization's<br><b>c Support Pe</b>                                                                                                                                                                                       | 1 , 177 , 910 .<br>first, second, thir<br>rcentage                                                                                                                                                                                                | 1 , 359 , 166 ,<br>d, fourth, or fifth ta                                                                                                                              | 2 , 194 , 273 .<br>x year as a section                                                                                       | 2,367,283.<br>1 501(c)(3) organiza                                                                                                    | 8,638,286<br>ation,<br>►                                                      |
| 11<br>12<br>13<br>14<br>Sec                                                     | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part IV.)<br>Total support (Add lines 9, 10c, 11, and 12.)<br>First five years. If the Form 990 is for<br>check this box and stop here<br>ction C. Computation of Public<br>Public support percentage for 2009 (li                                                                                                                                                                                                                                                                                                                      | 1,539,654.<br>the organization's<br><b>c Support Pe</b><br>ne 8, column (f) di                                                                                                                                                                | 1 ,177 ,910 .<br>first, second, thir<br>r <b>centage</b><br>vided by line 13, c                                                                                                                                                                   | 1 , 359 , 166 ,<br>d, fourth, or fifth ta<br>olumn (f))                                                                                                                | 2,194,273.<br>x year as a section                                                                                            | 2 , 367 , 283 ,<br>n 501(c)(3) organiza                                                                                               | 8,638,286<br>attion,<br>►<br>99.97                                            |
| 11<br>12<br>13<br>14<br><u>Sei</u><br>15<br>16                                  | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part IV.)<br>Total support (Add lines 9, 10c, 11, and 12.)<br>First five years. If the Form 990 is for<br>check this box and stop here<br>ction C. Computation of Public<br>Public support percentage for 2009 (li<br>Public support percentage from 2008                                                                                                                                                                                                                                                                               | 1,539,654.<br>the organization's<br><b>c Support Pe</b><br>ne 8, column (f) di<br>Schedule A, Part                                                                                                                                            | <u>1,177,910.</u><br>first, second, third<br>r <b>centage</b><br>vided by line 13, c<br>III, line 15                                                                                                                                              | 1 , 359 , 166 ,<br>d, fourth, or fifth ta<br>olumn (f))                                                                                                                | 2,194,273.<br>x year as a section                                                                                            | 2,367,283,<br>n 501(c)(3) organiza<br>15                                                                                              | 8,638,286<br>attion,<br>                                                      |
| 11<br>12<br>13<br>14<br><u>Sei</u><br>15<br>16                                  | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part IV.)<br>Total support (Add lines 9, 10c, 11, and 12.)<br>First five years. If the Form 990 is for<br>check this box and stop here<br>ction C. Computation of Publi<br>Public support percentage for 2009 (li<br>Public support percentage from 2008<br>ction D. Computation of Invest                                                                                                                                                                                                                                              | 1,539,654,<br>the organization's<br><b>c Support Pe</b><br>ne 8, column (f) di<br>Schedule A, Part<br><b>tment Incom</b>                                                                                                                      | 1,177,910.<br>first, second, third<br>r <b>centage</b><br>vided by line 13, c<br>III, line 15<br><b>e Percentage</b>                                                                                                                              | 1 , 359 , 166 ,<br>d, fourth, or fifth ta<br>olumn (f))                                                                                                                | 2 , 194 , 273 .<br>x year as a section                                                                                       | 2,367,283,<br>n 501(c)(3) organiza<br>15                                                                                              | 8,638,286<br>ttion,<br>99.97<br>99.98                                         |
| 11<br>12<br>13<br>14<br><u>Sec</u><br>15<br>16<br><u>Sec</u>                    | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part IV.)<br>Total support (Add lines 9, 10c, 11, and 12.)<br>First five years. If the Form 990 is for<br>check this box and stop here<br>ction C. Computation of Public<br>Public support percentage for 2008 (ii<br>Public support percentage from 2008<br>ction D. Computation of Invess<br>Investment income percentage for 20                                                                                                                                                                                                      | 1,539,654.<br>the organization's<br><b>c Support Per</b><br>ne 8, column (f) di<br>Schedule A, Part<br><b>tment Income</b><br>09 (line 10c, colun                                                                                             | 1,177,910.<br>first, second, third<br>r <b>centage</b><br>vided by line 13, c<br>III, line 15<br><b>Percentage</b><br>an (f) divided by lin                                                                                                       | 1 , 359 , 166 ,<br>d, fourth, or fifth ta<br>olumn (f))<br>e 13, column (f))                                                                                           | 2,194,273.<br>x year as a section                                                                                            | 2,367,283.<br>n 501(c)(3) organiza<br>15<br>16                                                                                        | 8,638,286<br>ttion,<br>99.97<br>99.98<br>.03                                  |
| 11<br>12<br>13<br>14<br><u>Sec</u><br>15<br><u>16</u><br><u>Sec</u><br>17<br>18 | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part IV.)<br>Total support (Add lines 9, 10c, 11, and 12.)<br>First five years. If the Form 990 is for<br>check this box and stop here<br>ction C. Computation of Public<br>Public support percentage for 2009 (li<br>Public support percentage from 2008<br>ction D. Computation of Invest<br>Investment income percentage from 2008                                                                                                                                                                                                   | 1,539,654.<br>the organization's<br><b>c Support Pe</b><br>ne 8, column (f) di<br>Schedule A, Part<br><b>itment Income</b><br>09 (line 10c, colun<br>2008 Schedule A,                                                                         | 1,177,910.<br>first, second, third<br>rcentage<br>vided by line 13, c<br>III, line 15<br><b>Percentage</b><br>nn (f) divided by lin<br>Part III, line 17                                                                                          | 1 , 359 , 166 ,<br>d, fourth, or fifth ta<br>olumn (f))<br>e 13, column (f))                                                                                           | 2,194,273.<br>x year as a section                                                                                            | 2,367,283,<br>n 501(c)(3) organiza<br>15<br>16<br>17<br>18                                                                            | 8,638,286<br>ttion,<br>99.97<br>99.98<br>.03<br>.02                           |
| 11<br>12<br>13<br>14<br><u>Sec</u><br>15<br><u>16</u><br><u>Sec</u><br>17<br>18 | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part IV.)<br>Total support (Add lines 9, 10c, 11, and 12.)<br>First five years. If the Form 990 is for<br>check this box and stop here<br>ction C. Computation of Public<br>Public support percentage for 2009 (li<br>Public support percentage from 2008<br>ction D. Computation of Invest<br>Investment income percentage from 2<br>33 1/3% support tests - 2009. If the                                                                                                                                                              | 1,539,654.<br>the organization's<br><b>c Support Per</b><br>ne 8, column (f) di<br>Schedule A, Part<br><b>tment Income</b><br>09 (line 10c, colum<br>008 Schedule A,<br>organization did n                                                    | 1,177,910.<br>first, second, thir<br>rcentage<br>vided by line 13, c<br>III, line 15<br>a Percentage<br>nn (f) divided by lin<br>Part III, line 17<br>ot check the box c                                                                          | 1 , 359 , 166 ,<br>d, fourth, or fifth ta<br>olumn (f))<br>e 13, column (f))<br>on line 14, and line                                                                   | 2,194,273.<br>x year as a section<br>15 is more than 3                                                                       | 2,367,283,<br>1 501(c)(3) organiza<br>15<br>16<br>17<br>18<br>3 1/3%, and line 17                                                     | 8,638,286<br>attion,<br>99.97<br>99.98<br>.03<br>.02<br>7 is not              |
| 11<br>12<br>13<br>14<br><u>Sec</u><br>15<br>16<br><u>Sec</u><br>17<br>18<br>19a | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part IV.)<br>Total support (Add lines 9, 10c, 11, and 12.)<br>First five years. If the Form 990 is for<br>check this box and stop here<br>ction C. Computation of Public<br>Public support percentage for 2009 (li<br>Public support percentage for 2008<br>ction D. Computation of Invest<br>Investment income percentage for 20<br>Investment income percentage for 20<br>Investment income percentage for 20<br>as 1/3% support tests - 2009. If the<br>more than 33 1/3%, check this box ar<br>as 1/3% support tests - 2008. If the | 1,539,654.<br>the organization's<br><b>c Support Per</b><br>ne 8, column (f) di<br>Schedule A, Part<br><b>tment Income</b><br>09 (line 10c, colun<br>2008 Schedule A,<br>organization did n<br>nd <b>stop here.</b> The<br>organization did n | 1,177,910.<br>first, second, third<br>rcentage<br>vided by line 13, c<br>III, line 15<br>Percentage<br>nn (f) divided by lin<br>Part III, line 17<br>ot check the box c<br>organization qualif<br>ot check a box on                               | 1,359,166,<br>d, fourth, or fifth ta<br>olumn (f))<br>e 13, column (f))<br>on line 14, and line<br>ies as a publicly su<br>line 14 or line 19a                         | 2 , 194 , 273 .<br>x year as a section<br>15 is more than 3<br>upported organizar<br>, and line 16 is mo                     | 2 , 367 , 283 ,<br>n 501(c)(3) organiza<br>15<br>16<br>17<br>18<br>3 1/3%, and line 17<br>tion<br>re than 33 1/3%, ar                 | 8,638,286<br>attion,<br>99.97<br>99.98<br>.03<br>.02<br>7 is not<br>          |
| 11<br>12<br>13<br>14<br><u>Sec</u><br>17<br>18<br>19a<br>E                      | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on<br>Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part IV.)<br>Total support (Add lines 9, 10c, 11, and 12.)<br>First five years. If the Form 990 is for<br>check this box and stop here<br>ction C. Computation of Public<br>Public support percentage for 2009 (li<br>Public support percentage for 2008<br>ction D. Computation of Invess<br>Investment income percentage from 2<br>33 1/3% support tests - 2009. If the<br>more than 33 1/3%, check this box ar                                                                                                                       | 1,539,654.<br>the organization's<br>c Support Per<br>ne 8, column (f) di<br>Schedule A, Part<br>thent Income<br>09 (line 10c, colun<br>008 Schedule A,<br>organization did n<br>dstop here. The<br>organization did n<br>ck this box and sto  | 1,177,910,<br>first, second, third<br>rcentage<br>vided by line 13, c<br>III, line 15<br><b>Percentage</b><br>on (f) divided by lin<br>Part III, line 17<br>ot check the box of<br>organization qualif<br>ot check a box on<br>op here. The organ | 1,359,166,<br>d, fourth, or fifth ta<br>olumn (f))<br>e 13, column (f))<br>on line 14, and line<br>ies as a publicly su<br>line 14 or line 19a<br>nization qualifies a | 2 , 194 , 273.<br>x year as a section<br>15 is more than 3<br>upported organiza<br>, and line 16 is mo<br>s a publicly suppo | 2,367,283.<br>n 501(c)(3) organiza<br>15<br>16<br>17<br>18<br>3 1/3%, and line 17<br>tion<br>re than 33 1/3%, ar<br>rted organization | 8,638,286<br>attion,<br>99.97<br>99.98<br>.03<br>.02<br>7 is not<br>► X<br>nd |

Schedule A (Form 990 or 990-EZ) 2009

932023 02-08-10

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| Schedule B<br>(Form 990, 990-EZ,                                     | Schedule of Contributors                                                                                                                                                                                                                                                                | OMB No. 1545-0047                       |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| or 990-PF)<br>Department of the Treasury<br>Internal Revenue Service | Attach to Form 990, 990-EZ, or 990-PF.                                                                                                                                                                                                                                                  | 2009                                    |
|                                                                      | n<br>CAPE COD COMMERCIAL HOOK FISHERMEN'S<br>ASSOCIATION, INC                                                                                                                                                                                                                           | Employer identification number          |
| Organization type (check                                             |                                                                                                                                                                                                                                                                                         | • • • • • • • • • • • • • • • • • • • • |
| Filers of:                                                           | Section:                                                                                                                                                                                                                                                                                |                                         |
| Form 990 or 990-EZ                                                   | X 501(c)( 3 ) (enter number) organization                                                                                                                                                                                                                                               |                                         |
|                                                                      | 4947(a)(1) nonexempt charitable trust not treated as a private foundation                                                                                                                                                                                                               |                                         |
|                                                                      | 527 political organization                                                                                                                                                                                                                                                              |                                         |
| Form 990-PF                                                          | 501(c)(3) exempt private foundation                                                                                                                                                                                                                                                     |                                         |
|                                                                      | 4947(a)(1) nonexempt charitable trust treated as a private foundation                                                                                                                                                                                                                   |                                         |
|                                                                      | 501(c)(3) taxable private foundation                                                                                                                                                                                                                                                    |                                         |
| • •                                                                  | n is covered by the <b>General Rule</b> or a <b>Special Rule.</b><br>(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R                                                                                                                        | ule. See instructions.                  |
| General Rule                                                         |                                                                                                                                                                                                                                                                                         |                                         |
|                                                                      | ion filling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in r<br>nplete Parts I and II.                                                                                                                                                                 | noney or property) from any one         |
| Special Rules                                                        |                                                                                                                                                                                                                                                                                         |                                         |
| 509(a)(1) and 17                                                     | 1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re<br>0(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the<br>n (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. |                                         |

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., but the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., but the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., but the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., but the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., but the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

923451 02-01-10

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#### Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

| Page L of Z of Part I | Page | $1_{of}$ | 2 of Part I |
|-----------------------|------|----------|-------------|
|-----------------------|------|----------|-------------|

Employer identification number

04-3138784

CAPE COD COMMERCIAL HOOK FISHERMEN'S ASSOCIATION, INC

| Part I             | Contributors (see instructions)                                                  |                                |                                                                                             |
|--------------------|----------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------|
| (a)<br>No.         | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                 |
| 1                  | THE PROSPECT HILL FOUNDATION<br>99 PARK AVENUE, SUITE 2220<br>NEW YORK, NY 10016 | \$25,000.                      | Person X<br>Payroll<br>Noncash<br>(Complete Part II if there<br>is a noncash contribution.) |
| (a)<br>No.         | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                 |
| 2                  | WALKER FOUNDATION<br>1729 COVENTRY PL<br>DECATUR, GA 30030                       | \$ <u>20,000</u> .             | Person     X       Payroll                                                                  |
| (a)<br>No.         | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                 |
| 3                  | DREYFUS FOUNDATION<br>50 MAIN STREET<br>WHITE PLAINS , NY                        | \$ <u>50,000.</u>              | Person     X       Payroll                                                                  |
| (a)<br>No.         | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                 |
| 4                  | SMITH POINT REALTY TRUST<br>HYANNIS, MA 02601                                    | \$ <u>20,000.</u>              | Person X<br>Payroll<br>Noncash<br>(Complete Part II if there is a noncash contribution.)    |
| (a)<br>No.         | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                 |
| 5                  | BERNARD & JUDY CORNWELL<br>CHATHAM, MA 02633                                     | \$ <u>20,000.</u>              | Person X<br>Payroll<br>Noncash<br>(Complete Part II if there<br>is a noncash contribution.) |
| (a)<br><u>No</u> . | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                 |
| 6                  | JANES TRUST<br>60 STATE STREET<br>BOSTON, MA                                     | \$ <u>100,000</u> .            | Person X<br>Payroll<br>Noncash<br>(Complete Part II if there is a noncash contribution.)    |
| 923452 02-01       | 1-10                                                                             | Schedule B (Form               | 990, 990-F7 or 990-PF) (2009)                                                               |

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90-EZ, or 990-PF) (2009)

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#### Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

ASSOCIATION, INC

Name of organization

ļ

2 of 2 of Part I Page

Employer identification number

04-3138784

Part I Contributors (see instructions)

CAPE COD COMMERCIAL HOOK FISHERMEN'S

| (a)         | (b)                                                                  | (c)                     | (d)                                                                                         |
|-------------|----------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------|
| No.         | Name, address, and ZIP + 4                                           | Aggregate contributions | Type of contribution                                                                        |
| 7           | THE FORD FOUNDATION<br>320 E 43RD STREET<br>NEW YORK, NY 10017       | \$100,000.              | Person X<br>Payroll<br>Noncash<br>(Complete Part II if there<br>is a noncash contribution.) |
| (a)         | (b)                                                                  | (c)                     | (d)                                                                                         |
| No.         | Name, address, and ZIP + 4                                           | Aggregate contributions | Type of contribution                                                                        |
| 8           | JESSE B COX FOUNDATION<br>77 SUMMER ST<br>BOSTON, MA                 | \$50,000.               | Person     X       Payroll                                                                  |
| (a)         | (b)                                                                  | (c)                     | (d)                                                                                         |
| No.         | Name, address, and ZIP + 4                                           | Aggregate contributions | Type of contribution                                                                        |
| 9           | JM KAPLAN FUND<br>261 MADISON AVE<br>NEW YORK, NT 10016              | \$20,000.               | Person X<br>Payroli<br>Noncash<br>(Complete Part II if there<br>is a noncash contribution.) |
| (a)         | (b)                                                                  | (c)                     | (d)                                                                                         |
| No.         | Name, address, and ZIP + 4                                           | Aggregate contributions | Type of contribution                                                                        |
| 10          | MARISLA FOUNDATION<br>412 NORTH COAST HWY<br>LAGUNA BEACH , CA 92651 | \$25,000.               | Person X<br>Payroll<br>Noncash<br>(Complete Part II if there<br>is a noncash contribution.) |
| (a)         | (b)                                                                  | (c)                     | (d)                                                                                         |
| No.         | Name, address, and ZIP + 4                                           | Aggregate contributions | Type of contribution                                                                        |
| 11          | SAILORS SNUG HARBOR 77 SUMMER ST BOSTON, MA                          | \$20,000.               | Person X<br>Payroll<br>Noncash<br>(Complete Part II if there<br>is a noncash contribution.) |
| (a)         | (b)                                                                  | (c)                     | (d)                                                                                         |
| No.         | Name, address, and ZIP + 4                                           | Aggregate contributions | Type of contribution                                                                        |
| 923452 02-0 | SURDNA FOUNDATION<br>330 MADISON AVE<br>NEW YORK, NY 10017           | \$135,000.              | Person X<br>Payroll                                                                         |

| SCHEDULE C                                                               | Р                 | olitical Campaigr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | and Lobbvi               | na Activities                           |                               | OMB No. 1545-0047                                  |
|--------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------|-------------------------------|----------------------------------------------------|
| (Form 990 or <del>99</del> 0-EZ)                                         |                   | ganizations Exempt From Inco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | -                                       |                               | 2009                                               |
| Department of the Treasury                                               |                   | Complete if the organized of the orga | anization is described   | i below.                                |                               | Open to Public                                     |
| Internal Revenue Service                                                 |                   | Attach to Form 990 or Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                         |                               | Inspection                                         |
|                                                                          |                   | o Form 990, Part IV, line 3, or F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | line 46 (Political Cam                  | paign Act                     | ivities), then                                     |
|                                                                          |                   | mplete Parts I-A and B. Do not o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                         |                               |                                                    |
|                                                                          |                   | i01(c)(3)) organizations: Comple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | te Parts I-A and C belo  | w. Do not complete Pa                   | art I-B.                      |                                                    |
| <ul> <li>Section 527 organization</li> </ul>                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         |                               |                                                    |
| It the organization answ                                                 | vered "Yes," to   | Form 990, Part IV, line 4, or F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | orm 990-EZ, Part VI,     | line 47 (Lobbying Act                   | ivities), th                  | ən                                                 |
| <ul> <li>Section 501(c)(3) org</li> <li>Section 501(c)(3) are</li> </ul> | janizations that  | have filed Form 5768 (election                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | under section 501(h)): ( | Complete Part II-A. Do                  | not compl                     | ete Part II-B.                                     |
| If the organization ansy                                                 | anizations that   | have NOT filed Form 5768 (elec<br><b>5 Form 990, Part IV, line 5 (Pro</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | tion under section 501   | I(h)): Complete Part II-I               | 3. Do not c                   | omplete Part II-A.                                 |
|                                                                          |                   | ations: Complete Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | xy rax), then            |                                         |                               |                                                    |
| Name of organization                                                     |                   | D COMMERCIAL HO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NE FISHERMEN             | 1/0                                     | Employo                       | r identification number                            |
| -                                                                        |                   | TION, INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                         |                               | 4-3138784                                          |
| Part I-A Comple                                                          |                   | ganization is exempt un                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | der section 501(c        | ) or is a section 5                     | 527 orga                      | nization                                           |
|                                                                          |                   | zation's direct and indirect politi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                         |                               |                                                    |
|                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         | ► s                           |                                                    |
| <b>3</b> Volunteer hours                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | *************************************** |                               |                                                    |
| 1                                                                        |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         |                               |                                                    |
| Part I-B Comple                                                          | ete if the or     | ganization is exempt un                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | der section 501(c        | )(3).                                   |                               | <u> </u>                                           |
|                                                                          |                   | incurred by the organization un                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         |                               |                                                    |
| 2 Enter the amount of                                                    | f any excise tax  | incurred by organization manag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | gers under section 495   | 5                                       | . ► \$                        |                                                    |
| 3 If the organization in                                                 | ncurred a section | on 4955 tax, did it file Form 4720                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ) for this year?         |                                         |                               | Yes No                                             |
| 4a Was a correction m                                                    | ade?              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         |                               | Yes No                                             |
| b If "Yes," describe in                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         |                               |                                                    |
|                                                                          |                   | ganization is exempt un                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                         |                               | )                                                  |
|                                                                          |                   | d by the filing organization for <b>s</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                         | . ► \$                        |                                                    |
|                                                                          |                   | nization's funds contributed to o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                         |                               |                                                    |
|                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         | . 🏲 💲                         | <u> </u>                                           |
|                                                                          |                   | s. Add lines 1 and 2. Enter here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | •                                       | Ν.                            |                                                    |
| Ine 175                                                                  | ration file Form  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         | . 🏲 \$                        |                                                    |
| 5 Enter the names, ac                                                    |                   | <b>1120-POL</b> for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                         |                               | YesNo                                              |
| For each organization                                                    | n listed enter i  | nployer identification number (E<br>the amount paid from the filing o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | IN) of all section 527 p | olitical organizations to               | o which pa                    | yments were made.                                  |
| that were promptly a                                                     | and directly del  | ivered to a separate political org                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | anization such as a se   | iso enter the amount of                 | n political d<br>ad or a poli | contributions received                             |
| (PAC). If additional s                                                   | space is needed   | d, provide information in Part IV.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | oparate segregatod ful                  |                               | ucaración committee                                |
| (a) Name                                                                 |                   | (b) Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (c) EIN                  | (d) Amount paid f                       | rom (                         |                                                    |
|                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | filing organizatio                      | n's cor                       | e) Amount of political<br>ntributions received and |
|                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | funds. If none, ent                     | er-0 I I                      | promptly and directly                              |
|                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         | d                             | elivered to a separate political organization.     |
|                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         | '                             | If none, enter -0                                  |
|                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         |                               |                                                    |
|                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         |                               |                                                    |
|                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         |                               |                                                    |
| · · · · · · · · · · · · · · · · · · ·                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         |                               |                                                    |
|                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         |                               |                                                    |
|                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         |                               |                                                    |
|                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         |                               |                                                    |
|                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         |                               |                                                    |
|                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         |                               |                                                    |
|                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         | ·                             |                                                    |
|                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         |                               |                                                    |
| For Privacy Act and Pan                                                  | enwork Dodum      | tion Act Notice, see the Instru                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                         |                               | ••••                                               |
| · ····································                                   |                   | son not nouse, see the instru                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | COURS IOF FORM 990 0     | n san-er. Sched                         | uie G (For                    | m 990 or 990-EZ) 2009                              |

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| · · · ·                                            | CAPE          | COD C                    | OMMERCIAL                        | HOOK FISHERM                                                            | EN'S                                          |                                    |
|----------------------------------------------------|---------------|--------------------------|----------------------------------|-------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|
| Schedule C (Form 990 or 990-EZ) 2009               |               |                          | N, INC                           |                                                                         | 04-3                                          | 138784 Page 2                      |
| Part II-A Complete if the or<br>(election under se | -             |                          | npt under secti                  | on 501(c)(3) and fil                                                    | ed Form 5768                                  |                                    |
| A Check  If the filing organiz                     |               |                          | liated group.                    |                                                                         |                                               |                                    |
| B Check 🕨 🔄 if the filing organiz                  | ation check   | ked box A ar             | nd "limited control" p           | provisions apply.                                                       |                                               |                                    |
|                                                    |               | bying Expe<br>neans amou | nditures<br>Ints paid or incurre | d.)                                                                     | <b>(a)</b> Filing<br>organization's<br>totals | <b>(b)</b> Affiliated group totals |
| 1 a Total lobbying expenditures to in              | fluence pub   | lic opinion (            | arass roots lobbving             | )                                                                       |                                               |                                    |
| <b>b</b> Total lobbying expenditures to in         | -             |                          |                                  | · /                                                                     |                                               |                                    |
| c Total lobbying expenditures (add                 |               | -                        |                                  |                                                                         | · · ·                                         |                                    |
| d Other exempt purpose expenditu                   |               |                          |                                  |                                                                         |                                               |                                    |
| e Total exempt purpose expenditu                   |               |                          |                                  |                                                                         |                                               |                                    |
| f Lobbying nontaxable amount. En                   |               |                          |                                  |                                                                         |                                               |                                    |
| If the amount on line 1e, column (a)               |               |                          | bying nontaxable a               |                                                                         |                                               |                                    |
| Not over \$500,000                                 |               | 1                        | the amount on line 1             |                                                                         |                                               |                                    |
| Over \$500,000 but not over \$1,0                  | 00,000        | \$100,00                 | 0 plus 15% of the e              | xcess over \$500,000.                                                   |                                               |                                    |
| Over \$1,000,000 but not over \$1                  |               | \$175,00                 | 0 plus 10% of the e              | xcess over \$1,000,000.                                                 |                                               |                                    |
| Over \$1,500,000 but not over \$1                  | 7,000,000     |                          |                                  | cess over \$1,500,000.                                                  |                                               |                                    |
| Over \$17,000,000                                  |               | \$1,000,0                | 000.                             |                                                                         |                                               |                                    |
|                                                    |               |                          |                                  |                                                                         |                                               |                                    |
| g Grassroots nontaxable amount (e                  | enter 25% o   | of line 1f)              |                                  |                                                                         |                                               |                                    |
| h Subtract line 1g from line 1a. If ze             | ero or less,  | enter 0                  | ****                             |                                                                         |                                               |                                    |
| i Subtract line 1f from line 1c. If ze             | ro or less, e | enter-0                  |                                  |                                                                         |                                               |                                    |
| j If there is an amount other than z               |               |                          |                                  |                                                                         |                                               |                                    |
| reporting section 4911 tax for this                | s year?       |                          |                                  |                                                                         |                                               | Yes No                             |
|                                                    |               | at made a s              |                                  | er Section 501(h)<br>ion do not have to comp<br>nes 2a through 2f on pa |                                               |                                    |
|                                                    | Lob           | bying Expe               | nditures During 4-Y              | ear Averaging Period                                                    |                                               |                                    |
| Calendar year<br>(or fiscal year beginning in)     | (a)           | 2006                     | <b>(b)</b> 2007                  | (c) 2008                                                                | (d) 2009                                      | (e) Total                          |
| 2a Lobbying nontaxable amount                      |               |                          |                                  |                                                                         |                                               |                                    |
| b Lobbying ceiling amount                          |               |                          |                                  |                                                                         |                                               |                                    |
| (150% of line 2a, column(e))                       |               |                          |                                  |                                                                         |                                               |                                    |
|                                                    |               |                          |                                  |                                                                         |                                               |                                    |
| c Total lobbying expenditures                      |               | · · · ·                  |                                  |                                                                         |                                               |                                    |
| d Grassroots nontaxable amount                     |               |                          |                                  |                                                                         |                                               |                                    |
| e Grassroots celling amount                        |               |                          |                                  |                                                                         |                                               |                                    |
| (150% of line 2d, column (e))                      |               |                          |                                  |                                                                         |                                               |                                    |
|                                                    |               |                          |                                  |                                                                         |                                               |                                    |
| f Grassroots lobbying expenditure                  | s             |                          |                                  |                                                                         |                                               |                                    |

Schedule C (Form 990 or 990-EZ) 2009

932042 02-04-10

# Schedule C (Form 990 or 990 EZ) 2009 ASSOCIATION, INC

## 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)).

|           |                                                                                                                                                                                                                                           | (č            | a)            | (Ł         | )         |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|------------|-----------|
|           |                                                                                                                                                                                                                                           | Yes           | No            | Amo        | ount      |
|           | 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: Volunteers? | X             |               |            |           |
|           | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                              |               | Х             |            |           |
| с         | Media advertisements?                                                                                                                                                                                                                     |               | X             |            |           |
|           | Mailings to members, legislators, or the public?                                                                                                                                                                                          |               | Х             |            |           |
| е         | Publications, or published or broadcast statements?                                                                                                                                                                                       |               | Х             |            |           |
| f         | Grants to other organizations for lobbying purposes?                                                                                                                                                                                      |               | X             |            |           |
| g         | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                               | X             |               | 15         | 5,831.    |
| h         | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                                 |               | X             |            |           |
| i         | Other activities? If "Yes," describe in Part IV                                                                                                                                                                                           |               | X             |            |           |
| j         | Total. Add lines 1c through 1i                                                                                                                                                                                                            |               |               | 15         | 5,831.    |
| 2a        | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                             |               | X             |            |           |
| ь         | 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                                                                                                                                                |               |               |            |           |
|           | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                              |               |               |            |           |
| Par       | t III-A Complete if the organization is exempt under section 501(c)(4), section                                                                                                                                                           | on 501(c)     | (5), or se    | ction      |           |
|           | 501(c)(6).                                                                                                                                                                                                                                |               |               |            |           |
|           |                                                                                                                                                                                                                                           |               |               | Yes        | No        |
| 1         | Were substantially all (90% or more) dues received nondeductible by members?                                                                                                                                                              |               | 1             |            |           |
| 2         | Did the organization make only in house lobbying expenditures of \$2,000 or less?                                                                                                                                                         |               | 2             |            |           |
| 3         | Did the organization agree to carryover lobbying and political expenditures from the prior year?                                                                                                                                          |               |               |            |           |
| Rar       | Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part                                                                                          |               |               |            |           |
|           | "Yes."                                                                                                                                                                                                                                    |               | ···· []       |            |           |
| 1         | Dues, assessments and similar amounts from members                                                                                                                                                                                        |               | 1             |            |           |
| 2         | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political                                                                                                                                     | cal           |               |            |           |
|           | expenses for which the section 527(f) tax was paid).                                                                                                                                                                                      |               |               |            |           |
|           | Current year                                                                                                                                                                                                                              |               |               |            |           |
|           | Carryover from last year                                                                                                                                                                                                                  |               |               |            |           |
| c         | Total                                                                                                                                                                                                                                     |               |               |            |           |
| 3         | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                           |               | 3             |            |           |
| 4         | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc                                                                                                                                      |               |               |            |           |
|           | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p                                                                                                                                       |               |               |            |           |
|           | expenditure next year?                                                                                                                                                                                                                    |               |               |            |           |
| 5         | Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                  |               | 5             |            |           |
|           | <b>IV</b> Supplemental Information                                                                                                                                                                                                        |               |               |            |           |
|           | plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar                                                                                                                         | io Part II-B, | line 11. Also | , complete | this part |
|           |                                                                                                                                                                                                                                           |               |               |            |           |
| <u>FA</u> | RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:                                                                                                                                                                                            |               |               |            |           |
| PAI       | ID REPRESENTIVES TO DISCUSS ACTUAL OR POTENTIAL LEG                                                                                                                                                                                       | ISLAT         | ION, M        | EETINC     | 3         |
| WIT       | TH SENATORS & STAFF. PURPOSE WAS TO LOBBY FOR NO IT                                                                                                                                                                                       | Q'S &         | MONEY         | FOR        |           |
| THE       | E MAGNUSSON STEVENS FISHERY CONSERVATION ACT AND TO                                                                                                                                                                                       | REPRI         | ESENT         |            |           |
| INT       | TEREST OF FISHING INDUSTRY                                                                                                                                                                                                                |               |               |            |           |
|           |                                                                                                                                                                                                                                           |               |               |            |           |

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Schedule C (Form 990 or 990-EZ) 2009

| SCNE<br>(Form 99 | dule D                          | Complete if the org                          | al Financial Statements<br>anization answered "Yes," to Form 990<br>line 6, 7, 8, 9, 10, 11, or 12. |                  | 20                   | 0047               |
|------------------|---------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------|----------------------|--------------------|
|                  | of the Treasury<br>enue Service |                                              | n 990. ► See separate instructions.                                                                 |                  | Open<br>Inspe        | to Public<br>ction |
|                  | the organization                | 0355 005 001000 005                          |                                                                                                     | Emi              | ployer identificat   | <u></u>            |
|                  | -                               | ASSOCIATION, INC                             |                                                                                                     |                  | 04-3138              | 8784               |
| Part I           | Organizati                      | ons Maintaining Donor Advise                 | ed Funds or Other Similar Fund                                                                      | s or Accou       | .Ints. Complete      | if the             |
|                  | organization a                  | answered "Yes" to Form 990, Part IV, lin     |                                                                                                     |                  |                      |                    |
|                  |                                 |                                              | (a) Donor advised funds                                                                             | (b) Fun          | nds and other acc    | ounts              |
|                  |                                 | of year                                      |                                                                                                     |                  |                      |                    |
|                  |                                 | ons to (during year)                         |                                                                                                     |                  |                      |                    |
|                  |                                 | m (during year)                              |                                                                                                     |                  |                      |                    |
| +                |                                 | nd of year                                   | writing that the assets held in donor advi                                                          | iood fundo       |                      |                    |
|                  |                                 |                                              | exclusive legal control?                                                                            |                  | Yes                  |                    |
|                  |                                 |                                              | advisors in writing that grant funds can be                                                         |                  |                      |                    |
|                  |                                 |                                              | or donor advisor, or for any other purpose                                                          |                  |                      |                    |
|                  |                                 |                                              |                                                                                                     | -                |                      | . N                |
| Part II          |                                 |                                              | ganization answered "Yes" to Form 990,                                                              |                  |                      |                    |
| 1 Pu             |                                 | vation easements held by the organizat       |                                                                                                     | · · ·            |                      |                    |
|                  | Preservation of                 | f land for public use (e.g., recreation or p | oleasure) 🛛 🗌 Preservation of an hi                                                                 | istorically impe | ortant land area     |                    |
| _                | Protection of n                 | atural habitat                               | Preservation of a ce                                                                                | rtified historic | structure            |                    |
|                  | Preservation of                 |                                              |                                                                                                     |                  |                      |                    |
|                  |                                 | rough 2d if the organization held a quali    | fied conservation contribution in the form                                                          | n of a conserv   | ation easement o     | n the last         |
| day              | of the tax year.                |                                              |                                                                                                     |                  | a                    |                    |
| - ·              |                                 |                                              |                                                                                                     | _                | Held at the End of   | f the Tax Yea      |
|                  |                                 |                                              |                                                                                                     |                  |                      |                    |
|                  |                                 |                                              |                                                                                                     |                  | ·                    |                    |
|                  |                                 |                                              | ructure included in (a)<br>after 8/17/06                                                            |                  |                      |                    |
|                  |                                 |                                              | leased, extinguished, or terminated by th                                                           |                  |                      |                    |
|                  |                                 |                                              | icessed, excinguished, or terminated by th                                                          | io organizatioi  | in during the tax    |                    |
|                  | -                               | <br>ere property subject to conservation ea  | sement is located <b>&gt;</b>                                                                       |                  |                      |                    |
|                  |                                 |                                              | rlodic monitoring, inspection, handling of                                                          | f                |                      |                    |
| vio              | ations, and enford              | cement of the conservation easements i       | t holds?                                                                                            |                  | 🗌 Yes                | - N                |
|                  |                                 |                                              | and enforcing conservation easements                                                                |                  |                      |                    |
|                  |                                 |                                              | enforcing conservation easements durin                                                              |                  | \$                   |                    |
|                  |                                 |                                              | ve satisfy the requirements of section 17                                                           |                  |                      |                    |
| and              | l section 170(h)(4)             | ı(B)(ii)?                                    |                                                                                                     |                  | Yes                  | N                  |
|                  |                                 |                                              | ion easements in its revenue and expens                                                             |                  |                      |                    |
|                  |                                 |                                              | tion's financial statements that describes                                                          | s the organizat  | tion's accounting    | for                |
| Part II          | Servation easeme                |                                              | f Art, Historical Treasures, or C                                                                   | Athor Simil      | ar Assots            |                    |
| 3.33.312.33.3    |                                 | e organization answered "Yes" to Form        |                                                                                                     |                  | a Assels.            |                    |
|                  |                                 |                                              |                                                                                                     |                  |                      |                    |
| 1a lfth          | e organization ele              | ected, as permitted under SFAS 116, no       | ot to report in its revenue statement and I                                                         | halance sheet    | worke of art biet    | orical             |
|                  |                                 |                                              | ducation, or research in furtherance of p                                                           |                  |                      |                    |
|                  |                                 | ancial statements that describes these       |                                                                                                     |                  |                      |                    |
| b⊳lfth           | e organization ele              | ected, as permitted under SFAS 116, to       | report in its revenue statement and bala                                                            | nce sheet wor    | rks of art. historic | al treasure:       |
|                  |                                 |                                              | r research in furtherance of public servic                                                          |                  |                      |                    |
|                  | se items:                       |                                              |                                                                                                     |                  |                      | 5                  |
| (i)              | Revenues include                | ed in Form 990, Part VIII, line 1            |                                                                                                     |                  | \$                   |                    |
| (ii)             | Assets included i               | n Form 99 <b>0,</b> Part X                   |                                                                                                     | ►                | \$                   |                    |
|                  |                                 |                                              | asures, or other similar assets for financi                                                         | ial gain, provid | le                   | _                  |
| the              |                                 | s required to be reported under SFAS 1       | —                                                                                                   |                  |                      |                    |
|                  | ionuon included ir              | 1 Form 990, Part VIII, line 1                |                                                                                                     |                  | \$                   |                    |
| a Rev            |                                 |                                              |                                                                                                     |                  | •                    |                    |
| a Rev            |                                 |                                              |                                                                                                     |                  | \$                   |                    |

. . .

|              |                                                                         | D COMMERCI                             | AL HOO         | K FI      | SHERME              | N'S               | 04             | 21207        | 2.4      | _    |
|--------------|-------------------------------------------------------------------------|----------------------------------------|----------------|-----------|---------------------|-------------------|----------------|--------------|----------|------|
|              |                                                                         | TION, INC                              |                |           |                     |                   |                | 31387        |          |      |
|              | <b>TIII</b> Organizations Maintaining C                                 |                                        |                |           |                     |                   |                |              |          |      |
| 3            | Using the organization's acquisition, access                            | ion, and other record                  | ls, check an   | / of the  | following the       | at are a sign     | ificant use of | its collecti | ion iten | าร   |
|              | (check all that apply):                                                 |                                        |                |           |                     |                   |                |              |          |      |
| a            | Public exhibition                                                       | d                                      |                |           | hange progr         |                   |                |              |          |      |
| b            | Scholarly research                                                      | e                                      | └── Othe       | er        |                     |                   |                |              |          |      |
| c            | Preservation for future generations                                     |                                        |                |           |                     |                   |                |              |          |      |
| 4            | Provide a description of the organization's c                           |                                        |                |           |                     |                   |                | Part XIV.    |          |      |
| 5            | During the year, did the organization solicit of                        |                                        |                |           |                     |                   |                |              |          | _    |
| <b>.</b>     | to be sold to raise funds rather than to be m                           |                                        |                |           |                     |                   |                |              |          | No   |
|              | <b>Escrow and Custodial Arran</b><br>reported an amount on Form 990, Pa | rt X, line 21.                         |                |           |                     |                   |                | ne 9, or     |          |      |
| 1a           | is the organization an agent, trustee, custod                           |                                        | -              |           |                     |                   |                |              |          | _    |
|              | on Form 990, Part X?                                                    |                                        | •••••          |           |                     |                   |                | Yes          |          | No   |
| b            | If "Yes," explain the arrangement in Part XIV                           | and complete the fo                    | llowing table  | :         |                     |                   | ·····          |              |          |      |
|              |                                                                         |                                        |                |           |                     |                   |                | Amou         | nt       |      |
| c            | Beginning balance                                                       |                                        |                |           |                     |                   | 10             |              |          |      |
| d            | Additions during the year                                               |                                        |                |           |                     |                   | 1d             |              |          |      |
| е            | Distributions during the year                                           |                                        |                |           |                     |                   | 1e             |              |          |      |
| f            | Ending balance                                                          |                                        |                |           |                     | •••••             | 1f             |              |          |      |
|              | Did the organization include an amount on F                             |                                        | 21?            |           |                     |                   |                | Yes          |          | No   |
|              | If "Yes," explain the arrangement in Part XIV.                          |                                        |                |           |                     |                   |                |              |          |      |
| <b>18</b> 21 | tV Endowment Funds. Complete i                                          | f the organization an                  | swered "Yes    | to Fo     | rm 990, Part        | IV, line 10.      |                |              |          |      |
|              |                                                                         | (a) Current year                       | (b) Prior      |           | (c) Two yea         | rs back (d)       | Three years ba | ick (e) Fo   | ur years | back |
| <b>1</b> a   | Beginning of year balance                                               | 500,105.                               |                | 0.        |                     |                   |                |              |          |      |
| þ            | Contributions                                                           | 199,397.                               | 500,           | 105.      |                     |                   |                |              |          |      |
| c            | Net investment earnings, gains, and losses                              |                                        |                |           |                     |                   |                |              |          |      |
| d            | Grants or scholarships                                                  |                                        |                |           |                     |                   |                |              |          |      |
| е            | Other expenditures for facilities                                       |                                        |                |           |                     |                   |                |              |          |      |
|              | and programs                                                            |                                        |                |           |                     |                   |                |              |          |      |
| f            | Administrative expenses                                                 |                                        |                |           |                     |                   |                |              |          |      |
| 9            | End of year balance                                                     | 699,502.                               | 500,           | 105.      |                     |                   |                |              |          |      |
| 2            | Provide the estimated percentage of the year                            | r end balance held a                   | s:             |           |                     |                   |                |              |          |      |
| а            | Board designated or quasi-endowment                                     |                                        | _%             |           |                     |                   |                |              |          |      |
| b            | Permanent endowment  100.00                                             | <u>%</u>                               |                |           |                     |                   |                |              |          |      |
| C            | Term endowment                                                          | %                                      |                |           |                     |                   |                |              |          |      |
| 3a           | Are there endowment funds not in the posse                              | ssion of the organiza                  | ation that are | held a    | nd administe        | red for the       | organization   |              |          |      |
|              | by:                                                                     |                                        |                |           |                     |                   |                |              | Yes      | No   |
|              | (i) unrelated organizations                                             |                                        |                |           |                     |                   |                | 3a(i)        |          | X    |
|              | (ii) related organizations                                              |                                        |                |           |                     |                   |                | 3a(ii        |          | X    |
| b            | If "Yes" to 3a(ii), are the related organizations                       | s listed as required o                 | n Schedule     | ٦?        |                     |                   |                | 3b           |          |      |
| 4            | Describe in Part XIV the intended uses of the                           | organization's endo                    | wment fund     | s.        |                     |                   |                |              |          |      |
| Rai          | t VI Investments - Land, Building                                       | is, and Equipme                        | ent. See Fo    | rm 990    | , Part X, line      | 10.               |                |              |          |      |
|              | Description of investment                                               | <b>(a)</b> Cost or o<br>basis (investn |                |           | or other<br>(other) | (c) Accu<br>depre |                | (d) Bo       | ok valu  | e    |
| 1a           | Land                                                                    |                                        |                |           |                     |                   |                |              |          |      |
| b            | Buildings                                                               |                                        |                | 4         | 3,370.              |                   |                | 4            | 13,3     | 70.  |
| c            | Leasehold improvements                                                  |                                        |                |           |                     |                   |                |              |          |      |
| d            | Equipment                                                               |                                        |                | 6         | 5,861.              | 3                 | 7,888.         | 2            | 27,9     | 73.  |
|              | Other                                                                   |                                        |                |           |                     |                   |                |              |          |      |
| Total        | . Add lines 1a through 1e. (Column (d) must e                           | qual Form 990, Part .                  | X, column (E   | ), line 1 | 0(c).)              |                   | ►              |              | 1,3      | 43.  |
|              |                                                                         |                                        |                |           |                     |                   | 0.1.1          |              |          |      |

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| Part VII       Investments - Other Securities. See Form 990, P         (a) Description of security or category<br>(including name of security)       (b) Book         Financial derivatives                        | Part X, line 13.                      | (c) Method of value<br>Cost or end-of-year ma | rket value                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------|---------------------------------------|
| (including name of security)  Financial derivatives  Closely-held equity interests Other  Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)  Part VIII Investments - Program Related. See Form 990, F | Part X, line 13.                      | Cost or end-of-year ma                        | rket value                            |
| Financial derivatives<br>Closely-held equity interests<br>Other<br>Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►<br>Part VIII Investments - Program Related. See Form 990, F                    | Part X, line 13.                      | (c) Method of value                           | ation:                                |
| Closely-held equity interests<br>Other<br>Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►<br>Part VIII Investments - Program Related. See Form 990, F                                             | value                                 |                                               |                                       |
| Other<br>Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►<br>Part VIII Investments - Program Related. See Form 990, F                                                                              | value                                 |                                               |                                       |
| Part VIII Investments - Program Related. See Form 990, F                                                                                                                                                           | value                                 |                                               |                                       |
| Part VIII Investments - Program Related. See Form 990, F                                                                                                                                                           | value                                 |                                               |                                       |
| Part VIII Investments - Program Related. See Form 990, F                                                                                                                                                           | value                                 |                                               |                                       |
| Part VIII Investments - Program Related. See Form 990, F                                                                                                                                                           | value                                 |                                               |                                       |
| Part VIII Investments - Program Related. See Form 990, F                                                                                                                                                           | value                                 |                                               |                                       |
| Part VIII Investments - Program Related. See Form 990, F                                                                                                                                                           | value                                 |                                               |                                       |
| Part VIII Investments - Program Related. See Form 990, F                                                                                                                                                           | value                                 |                                               |                                       |
| Part VIII Investments - Program Related. See Form 990, F                                                                                                                                                           | value                                 |                                               |                                       |
| Part VIII Investments - Program Related. See Form 990, F                                                                                                                                                           | value                                 |                                               |                                       |
|                                                                                                                                                                                                                    | value                                 |                                               |                                       |
| (a) Description of investment type (b) Book                                                                                                                                                                        | (value) (                             |                                               |                                       |
|                                                                                                                                                                                                                    |                                       |                                               |                                       |
|                                                                                                                                                                                                                    |                                       |                                               |                                       |
|                                                                                                                                                                                                                    |                                       |                                               |                                       |
|                                                                                                                                                                                                                    |                                       |                                               |                                       |
|                                                                                                                                                                                                                    |                                       |                                               |                                       |
|                                                                                                                                                                                                                    |                                       |                                               |                                       |
|                                                                                                                                                                                                                    |                                       |                                               |                                       |
|                                                                                                                                                                                                                    |                                       | ı                                             | <u> </u>                              |
|                                                                                                                                                                                                                    |                                       |                                               |                                       |
|                                                                                                                                                                                                                    |                                       |                                               |                                       |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►                                                                                                                                                   |                                       |                                               |                                       |
| Part IX Other Assets. See Form 990, Part X, line 15.                                                                                                                                                               |                                       |                                               |                                       |
| (a) Description                                                                                                                                                                                                    |                                       |                                               | (b) Book value                        |
| FISHING PERMITS                                                                                                                                                                                                    |                                       |                                               | 1,905,877.                            |
|                                                                                                                                                                                                                    |                                       |                                               |                                       |
|                                                                                                                                                                                                                    |                                       |                                               |                                       |
|                                                                                                                                                                                                                    |                                       |                                               |                                       |
| ······································                                                                                                                                                                             |                                       |                                               | · · · · · · · · · · · · · · · · · · · |
|                                                                                                                                                                                                                    |                                       |                                               |                                       |
|                                                                                                                                                                                                                    |                                       |                                               |                                       |
|                                                                                                                                                                                                                    |                                       | · · · · · · · · · · · · · · · · · · ·         |                                       |
|                                                                                                                                                                                                                    |                                       | <b></b>                                       | 1 005 077                             |
| Part X         Other Liabilities.         See Form 990, Part X, line 25.                                                                                                                                           | · · · · · · · · · · · · · · · · · · · | ·····                                         | 1,905,877.                            |
| 1. (a) Description of liability                                                                                                                                                                                    | (b) Amount                            |                                               |                                       |
| Federal Income taxes                                                                                                                                                                                               |                                       | —                                             |                                       |
| REFUNDABLE ADVANCES                                                                                                                                                                                                | 536,709                               | <b>I</b> .                                    |                                       |
|                                                                                                                                                                                                                    |                                       |                                               |                                       |
|                                                                                                                                                                                                                    |                                       |                                               |                                       |
|                                                                                                                                                                                                                    |                                       | _                                             |                                       |
|                                                                                                                                                                                                                    |                                       | -                                             |                                       |
|                                                                                                                                                                                                                    | · · · · · · · · · · · · · · · · · · · |                                               |                                       |
|                                                                                                                                                                                                                    |                                       |                                               |                                       |
|                                                                                                                                                                                                                    |                                       |                                               |                                       |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)                                                                                                                                                  | > 536,709                             |                                               |                                       |
| 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the or                                                                                                                                        | ganization's financial stateme        | nts that reports the or                       | ganization's liability for            |
| Incertain tax positions under FIN 48.<br>182053<br>12-01-10                                                                                                                                                        |                                       |                                               | nedule D (Form 990) 2001              |

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| Total revenue (Form 990, Part VIII, column (A), line 12)           Total expenses (Form 990, Part IX, column (A), line 25) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. 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Combine lin<br><b>XII Reconciliation of Revenue per Audited Financial Sta</b><br>Total revenue, gains, and other support per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part VIII, line 12:<br>Net unrealized gains on investments<br>Donated services and use of facilities<br>Recoveries of prior year grants<br>Other (Describe in Part XIV.)<br>Add lines 2a through 2d<br>Subtract line 2e from line 1<br>Amounts included on Form 990, Part VIII, line 12, but not on line 1:<br>Investment expenses not included on Form 990, Part VIII, line 7b<br>Other (Describe in Part XIV.)<br>Add lines 4a and 4b<br>Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12</i><br><b>XIII Reconciliation of Expenses per Audited Financial S</b><br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other (Describe in Part XIV.)<br>Add lines 2a through 2d<br>Subtract line 2e from line 1<br>Amounts included on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIV.)<br>Add lines 2a through 2d<br>Subtract line 2e from line 1<br>Investment expenses not included on Form 990, Part VIII, line 7b<br>Other (Describe In Part XIV.)<br>Add lines 4a and 4b<br>Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line</i> 1:<br>Investment expenses not included on Form 990, Part VIII, line 7b<br>Other (Describe In Part XIV.)<br>Add lines 4a and 4b<br>Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line</i> 3, 5, and 6<br>(2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 3, 5, and 6<br>(2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 3, 5, and 6<br>(2; Part XI | Donated services and use of facilities         Investment expenses         Prior period adjustments         Other (Describe in Part XIV.)         Total adjustments (net). Add lines 4 through 8         Excess or (deficit) for the vear per audited financial statements. Combine lines 3 and 9         XIII <b>Reconciliation of Revenue per Audited Financial Statements With F</b> Total revenue, gains, and other support per audited financial statements         Amounts included on line 1 but not on Form 990, Part VIII, line 12:         Net unrealized gains on investments         Donated services and use of facilities         Recoveries of prior year grants         Other (Describe in Part XIV.)         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| SCHEDULE G<br>(Form 990 or 990-EZ)                     | 5                   | Supplemental Inform                                                               | nati           | ion                     | Regarding                            |           |                                        | OMB No. 1545-0047                       |
|--------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------|----------------|-------------------------|--------------------------------------|-----------|----------------------------------------|-----------------------------------------|
|                                                        | Complete            | Fundraising or Ga<br>if the organization answered "Ye                             | s" to F        | Form 9                  | 90, Part IV, lines 17                | ', 18, oi | 19,                                    | <b>LUUY</b>                             |
| Department of the Treasury<br>Internal Revenue Service |                     | he organization entered more tha<br>Attach to Form 990 or Form 990-E              | EZ. ► 🤅        | See se                  | parate instructions                  | 5.        |                                        | nspection                               |
| Name of the organization                               |                     | D COMMERCIAL HOOK<br>TION, INC                                                    | FIS            | HER                     | MEN'S                                |           | imployeride                            | ntification num                         |
| Part Fundraisi                                         |                     | Complete if the organization answ                                                 | ered "         | res" to                 | Form 990, Part IV, I                 |           |                                        | · · · · · · · · · · · · · · · · · · ·   |
| required to c                                          | complete this part  | ed funds through any of the followi                                               |                | uition                  |                                      |           |                                        |                                         |
| a Mail solicitatio                                     |                     |                                                                                   | -              |                         | overnment grants                     | •         |                                        |                                         |
| <b>b</b> L Internet and e                              | email solicitations |                                                                                   |                | -                       | nment grants                         |           |                                        |                                         |
| d in-person soli                                       |                     | g L Special                                                                       | Tunara         | asing                   | events                               |           |                                        |                                         |
|                                                        |                     | r oral agreement with any individua                                               |                | _                       |                                      |           |                                        | <b>—</b>                                |
|                                                        |                     | art VII) or entity in connection with p<br>viduals or entities (fundraisers) purs |                |                         | -                                    |           | L Yes                                  |                                         |
| compensated at lea                                     |                     |                                                                                   |                |                         |                                      |           |                                        |                                         |
| (i) Name of indi<br>or entity (fundr                   |                     | (ii) Activity                                                                     | have c         | Did<br>raiser<br>ustody | (iv) Gross receipts<br>from activity | to (or    | nount paid<br>retained by)<br>ndraiser | <b>(vi)</b> Amount p<br>to (or retained |
|                                                        | ,                   |                                                                                   | contrib<br>Yes | ntrol of<br>utions?     |                                      | liste     | d in col. (i)                          | organizatio                             |
|                                                        |                     | NIR-1-112-1-11-11-11-11-11-11-11-11-11-11-1                                       |                |                         |                                      |           |                                        |                                         |
|                                                        |                     |                                                                                   |                |                         |                                      |           |                                        |                                         |
|                                                        |                     |                                                                                   |                |                         |                                      |           |                                        | · · · · · ·                             |
|                                                        |                     |                                                                                   |                |                         |                                      |           |                                        |                                         |
|                                                        |                     |                                                                                   |                |                         |                                      |           |                                        |                                         |
|                                                        |                     |                                                                                   |                |                         |                                      |           |                                        |                                         |
|                                                        |                     |                                                                                   |                |                         |                                      |           |                                        |                                         |
| <u></u>                                                |                     |                                                                                   |                |                         |                                      |           |                                        |                                         |
|                                                        |                     |                                                                                   |                |                         |                                      |           |                                        |                                         |
|                                                        | ·                   |                                                                                   |                |                         |                                      |           |                                        |                                         |
|                                                        |                     |                                                                                   |                |                         | -                                    |           |                                        |                                         |
|                                                        |                     |                                                                                   | <u> </u>       |                         |                                      |           |                                        |                                         |
|                                                        |                     |                                                                                   |                |                         |                                      |           |                                        |                                         |
|                                                        |                     |                                                                                   |                |                         |                                      |           |                                        |                                         |
|                                                        |                     | n is registered or licensed to solicit                                            | funds          | or has                  | been notified it is ex               | empt fi   | rom registrati                         | on or licensing.                        |
|                                                        |                     |                                                                                   |                |                         |                                      |           |                                        |                                         |
|                                                        |                     |                                                                                   |                |                         |                                      |           |                                        |                                         |
|                                                        |                     |                                                                                   |                |                         |                                      |           |                                        |                                         |
|                                                        |                     |                                                                                   |                |                         |                                      |           |                                        |                                         |
|                                                        |                     |                                                                                   |                |                         |                                      |           |                                        |                                         |
| · · · · · · · · · · · · · · · · · · ·                  |                     |                                                                                   |                |                         |                                      |           |                                        |                                         |
|                                                        |                     |                                                                                   |                |                         |                                      |           |                                        |                                         |
|                                                        |                     |                                                                                   |                |                         |                                      |           |                                        |                                         |

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|                       | on Form 990-EZ, line 6a. List events with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | gross receipts greater th                                                                                                                   | an \$5,000.                 | t IV, line 18, or reported |                                          |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------|------------------------------------------|
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (a) Event #1<br>ANNUAL<br>HOOKERS BALL                                                                                                      | (b) Event #2                | (c) Other events<br>NONE   | (d) Total events<br>(add col. (a) throug |
| ē                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (event type)                                                                                                                                | (event type)                | (total number)             | - col. <b>(c)</b> )                      |
| Revenue               | 1 Gross receipts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 89,083.                                                                                                                                     |                             |                            | 89,08                                    |
| Ľ                     | 2 Less: Charitable contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                             |                             |                            | •                                        |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 89,083.                                                                                                                                     |                             |                            | 89,08                                    |
|                       | 3 Gross income (line 1 minus line 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0,7003.                                                                                                                                     |                             |                            | 03,00                                    |
|                       | 4 Cash prizes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                             |                             |                            |                                          |
| Ises                  | 5 Noncash prizes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                             |                             |                            |                                          |
| Expe                  | 6 Rent/facility costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                             |                             |                            |                                          |
| Direct Expenses       | 7 Food and beverages                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                             |                             |                            |                                          |
| -                     | 8 Entertainment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                             |                             |                            |                                          |
|                       | 9 Other direct expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 75,186.                                                                                                                                     |                             |                            | 75,18                                    |
|                       | 10 Direct expense summary. Add lines 4 through                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n 9 in column (d)                                                                                                                           |                             | ►                          | ( 75,18                                  |
| 8.78                  | 11 Net income summary. Combine line 3, columned to the organization of the organizatio |                                                                                                                                             |                             |                            | 13,89                                    |
| 8.46                  | <b>RATION Gaming.</b> Complete if the organization s<br>\$15,000 on Form 990-EZ, line 6a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | answered "fes" to Form                                                                                                                      | 990, Part IV, line 19, or r | eported more than          |                                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                             | (b) Pull tabs/instant       |                            | (d) Total gaming (a                      |
| /enue                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (a) Bingo                                                                                                                                   | bingo/progressive bingo     | (c) Other gaming           |                                          |
| Revenue               | 1 Gross revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (a) Bingo                                                                                                                                   |                             | (c) Other gaming           |                                          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (a) Bingo                                                                                                                                   |                             | (c) Other gaming           |                                          |
| oenses                | 2 Cash prizes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (a) Bingo                                                                                                                                   |                             | (c) Other gaming           |                                          |
| Expenses              | 2 Cash prizes     3 Noncash prizes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (a) Bingo                                                                                                                                   |                             | (c) Other gaming           |                                          |
| senses                | <ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (a) Bingo                                                                                                                                   |                             | (c) Other gaming           |                                          |
| Expenses              | 2 Cash prizes     3 Noncash prizes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (a) Bingo                                                                                                                                   |                             | (c) Other gaming           | col. (a) through col.                    |
| Expenses              | <ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                             | bingo/progressive bingo     |                            | col. (a) through col.                    |
| Expenses              | <ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | □ Yes %<br>□ No                                                                                                                             | bingo/progressive bingo     | Yes%<br>No                 | col. (a) through col.                    |
| Expenses              | <ul> <li>2 Cash prizes</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes% No                                                                                                                                     | bingo/progressive bingo     | Yes%<br>No                 | col. (a) through col.                    |
| Direct Expenses       | <ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 through</li> <li>8 Net gaming income summary. Combine line 1</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes         %           No         %           5 in column (d)                                                                              | bingo/progressive bingo     | Yes%<br>No                 | col. (a) through col.                    |
| b 6 Direct Expenses   | <ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 through</li> <li>8 Net gaming income summary. Combine line 1</li> <li>Enter the state(s) in which the organization operal is the organization licensed to operate gaming action</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes%     No                                                                                                                                 | bingo/progressive bingo     | Yes% No                    | col. (a) through col.                    |
| b 6 Direct Expenses   | <ol> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Other direct expenses</li> <li>Volunteer labor</li> <li>Volunteer labor</li> <li>Direct expense summary. Add lines 2 through</li> <li>Net gaming income summary. Combine line 1</li> <li>Enter the state(s) in which the organization operation</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes%     No                                                                                                                                 | bingo/progressive bingo     | Yes% No                    | col. (a) through col.                    |
| E B C Direct Expenses | <ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 through</li> <li>8 Net gaming income summary. Combine line 1</li> <li>Enter the state(s) in which the organization operal is the organization licensed to operate gaming action</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes%         No         5 in column (d)         , column (d), and line 7         tes gaming activities:         tivities in each of these s | bingo/progressive bingo     | Yes%     No     No     ►   | col. (a) through col.                    |
| Direct Expenses       | <ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 through</li> <li>8 Net gaming income summary. Combine line 1</li> <li>Enter the state(s) in which the organization operate labor operate gaming acoust of "No," explain:</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes%         No         5 in column (d)         , column (d), and line 7         tes gaming activities:         tivities in each of these s | bingo/progressive bingo     | Yes%     No     No     ►   | col. (a) through col.                    |
| Direct Expenses       | <ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 through</li> <li>8 Net gaming income summary. Combine line 1</li> <li>Enter the state(s) in which the organization operal is the organization licensed to operate gaming acoust is the organization licenses of the organization is gaming licenses results.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes% No  S in column (d) , column (d), and line 7 tes gaming activities:tivities in each of these s evoked, suspended or ter                | bingo/progressive bingo     | Yes% No year?              | col. (a) through col.                    |

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|                                                                                                                             |                  |   | Yes       | age<br>No |
|-----------------------------------------------------------------------------------------------------------------------------|------------------|---|-----------|-----------|
| 3 Indicate the percentage of gaming activity operated in:                                                                   |                  |   |           |           |
| a The organization's facility                                                                                               | 13a              | % |           |           |
| <b>b</b> An outside facility                                                                                                |                  | % |           |           |
| 4 Enter the name and address of the person who prepares the organization's gaming/special events b                          | ooks and records |   |           |           |
| Name ►                                                                                                                      |                  |   |           |           |
| Address 🕨                                                                                                                   |                  |   |           |           |
| 5a Does the organization have a contract with a third party from whom the organization receives gamin                       | g revenue?       |   | <u>5a</u> |           |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$                                     | and the amoun    | t |           |           |
| c If "Yes," enter name and address of the third party:                                                                      |                  |   |           |           |
| Name ►                                                                                                                      |                  |   |           |           |
| Address ►                                                                                                                   |                  |   |           |           |
| 3 Gaming manager information:                                                                                               |                  |   |           |           |
| Name ►                                                                                                                      |                  |   |           |           |
| Gaming manager compensation 🕨 💲                                                                                             |                  |   |           |           |
| Description of services provided                                                                                            |                  |   |           |           |
| Director/officer     Employee     Independent contractor                                                                    |                  |   |           |           |
| 7 Mandatory distributions:                                                                                                  |                  |   |           |           |
| <ul> <li>a is the organization required under state law to make charitable distributions from the gaming proceed</li> </ul> | eds to           |   |           |           |
| retain the state gaming license?                                                                                            |                  |   | 7a        | 1         |

Schedule G (Form 990 or 990-EZ) 2009

932083 02-03-10

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| SCHEDULE L<br>(Form 990 or 990-EZ)<br>Department of the Treasury<br>Internal Revenue Service<br>Name of the organization C | "Yes<br>► Atta     | ► C<br>on Form f<br>or l<br>och to Form |                                                   | ation answered<br>25b, 26, 27, 28a, 28i<br>ine 38a or 40b.<br>▶ See separate in | b, or 28c,<br>structions | E         | mployer<br>4-31     | 2<br>Ope<br>Inst<br>identifi |                 | 9<br>Iblic           |
|----------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------|--------------------------|-----------|---------------------|------------------------------|-----------------|----------------------|
|                                                                                                                            |                    |                                         | on 501(c)(3) and section                          | n 501(c)(4) organizat                                                           | ions only).              |           |                     |                              |                 |                      |
| Complete if the c                                                                                                          | organization answ  | vered "Yes"                             | on Form 990, Part IV,                             | ine 25a or 25b, or F                                                            | orm 990-E2               | Z, Part V | /, line 40          | b.                           | r               |                      |
| 1 (a) Name of                                                                                                              | disqualified per   | son                                     |                                                   | (b) Description                                                                 | n of transa              | ction     |                     |                              | (c) Cor         | 1                    |
|                                                                                                                            |                    |                                         |                                                   |                                                                                 |                          |           |                     |                              | Yes             | No                   |
|                                                                                                                            |                    |                                         |                                                   |                                                                                 |                          |           |                     |                              |                 |                      |
|                                                                                                                            |                    |                                         |                                                   |                                                                                 |                          |           |                     |                              |                 |                      |
|                                                                                                                            |                    |                                         |                                                   |                                                                                 |                          |           |                     |                              |                 |                      |
|                                                                                                                            |                    |                                         |                                                   |                                                                                 |                          |           |                     |                              | ļ               |                      |
| 2 Enter the amount of tax i                                                                                                | imposed on the d   | organization                            | managers or disqualifi                            | ed persons during th                                                            | ne year und              | der       |                     |                              | <b></b>         | L                    |
|                                                                                                                            |                    |                                         |                                                   |                                                                                 |                          |           |                     |                              |                 | <u> </u>             |
| 3 Enter the amount of tax,                                                                                                 | if any, on line 2, | above, reim                             | bursed by the organiza                            | tion                                                                            |                          |           | . 🕨 \$              |                              |                 |                      |
| Part I Loans to and                                                                                                        | d/or From Int      | erested                                 | Persons.                                          |                                                                                 |                          |           |                     |                              |                 |                      |
|                                                                                                                            | organization ans   | wered "Yes"                             | on Form 990, Part IV,                             | line 26, or Form 990                                                            | ·EZ, Part V              | , line 38 |                     |                              |                 |                      |
| (a) Name of interested                                                                                                     |                    | to or from                              | (c) Original principal                            | (d) Balance due                                                                 | (e)                      |           | (f) App<br>by bo    |                              | ) Written       |                      |
| person and purpose                                                                                                         | · · ·              |                                         | amount                                            |                                                                                 |                          | default?  |                     | committee?                   |                 | ment?                |
|                                                                                                                            | То                 | From                                    |                                                   |                                                                                 | Yes                      | No        | Yes                 | No                           | Yes             | No                   |
|                                                                                                                            |                    |                                         |                                                   |                                                                                 |                          |           |                     |                              |                 |                      |
|                                                                                                                            |                    |                                         |                                                   |                                                                                 |                          |           |                     |                              |                 |                      |
|                                                                                                                            |                    |                                         |                                                   |                                                                                 |                          |           |                     |                              |                 | -                    |
|                                                                                                                            |                    |                                         |                                                   |                                                                                 |                          |           |                     |                              | · · ·           |                      |
| Fotal                                                                                                                      |                    |                                         | ▶ \$                                              | <u> </u>                                                                        |                          |           |                     | 1                            |                 |                      |
|                                                                                                                            |                    |                                         | nterested Person                                  | S.                                                                              |                          |           |                     |                              |                 |                      |
|                                                                                                                            |                    | wered "Yes'                             | on Form 990, Part IV,                             |                                                                                 |                          |           |                     |                              |                 |                      |
| (a) Name of interest                                                                                                       | ted person         |                                         | (b) Relationship betweet the or                   | en interested perso<br>ganization                                               | n and                    |           | <b>(c)</b> An       | iount an<br>assistar         | d type c<br>ice | ſ                    |
|                                                                                                                            |                    |                                         |                                                   |                                                                                 |                          |           |                     |                              |                 | ·                    |
| ······································                                                                                     |                    |                                         |                                                   |                                                                                 |                          |           |                     |                              |                 |                      |
|                                                                                                                            |                    |                                         |                                                   |                                                                                 |                          |           |                     |                              |                 |                      |
|                                                                                                                            |                    |                                         |                                                   |                                                                                 |                          |           |                     |                              |                 |                      |
|                                                                                                                            |                    |                                         |                                                   |                                                                                 |                          |           |                     |                              |                 |                      |
| Part IV Business Tra                                                                                                       | ansactions Ir      | volving l                               | nterested Person                                  | s.                                                                              |                          |           |                     |                              |                 |                      |
| Complete if the o                                                                                                          | organization ans   | wered "Yes'                             | on Form 990, Part IV,                             | line 28a, 28b, or 28                                                            | o.                       |           |                     |                              |                 |                      |
| (a) Name of interes                                                                                                        | ted person         |                                         | Relationship between in<br>person and the organiz |                                                                                 | nount of<br>saction      |           | Descrip<br>transact |                              | organi          | aring of<br>zation's |
|                                                                                                                            |                    |                                         | poraon ano uro organiz                            |                                                                                 | Gaogott                  |           |                     |                              | Yes             | nues?<br>No          |
| ERIC HESSE                                                                                                                 |                    | DIF                                     | ECTOR                                             | 5                                                                               | 0,000                    | .THE      | ORG                 | ANIZ                         |                 | X                    |
|                                                                                                                            |                    |                                         |                                                   |                                                                                 |                          |           |                     |                              |                 |                      |
|                                                                                                                            |                    |                                         |                                                   |                                                                                 |                          | _         |                     |                              |                 | <b> </b>             |
|                                                                                                                            |                    | · · ·                                   |                                                   |                                                                                 |                          |           |                     |                              |                 |                      |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the

Schedule L (Form 990 or 990-EZ) 2009

Instructions for Form 990 or 990-EZ.

## SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

932131 02-01-10

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.



OMB No. 1545-0047

CAPE COD COMMERCIAL HOOK FISHERMEN'S ASSOCIATION, INC

Employer identification number 04-3138784

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NON-HARMFUL, NON-WASTEFUL COMMERCIAL FISHING PRACTICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RESEARCH OF ATLANTIC FISHERIES AND EDUCATION OF PUBLIC ON FISHERIES

ISSUES AND SUSTAINABILITY OF THE FISHERIES

EXPENSES \$ 115814. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS THAT

ASSIST IN CARRYING OUT THE MISSION OF THE ORGANIZATION

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS MAY ELECT BOARD MEMBERS

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY FINANCE

COMMITTEE AND MADE AVAILABLE TO ALL BOARD MEMBERS

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY

STATEMENTS REVIEWED ANNUALLY BY BOARD MEMBERS

FORM 990, PART VI, SECTION B, LINE 15: SALARIES OF EXECUTIVE DIRECTOR AND KEY PERSONAL ARE REVIEWED BY BOARD MEMBERS

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE AVAILABLE

ON REQUEST

FINANCE COMMITTEE REVIEWS AUDITED FINANCIAL STATEMENTS, THE BOARD OF

 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
 Schedule O (Form 990) 2009

 932211
 30

SCHEDULE O

#### (Form 990)

1.1

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.



Employer identification number 04 - 3138784

ASSOCIATION, INC

DIRECTORS SELECTS THE INDEPENDENT AUDITOR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

CAPE COD COMMERCIAL HOOK FISHERMEN'S

## (A) NAME OF PERSON: ERIC HESSE

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION PURCHASED FISHING

PERMIT FROM DIRECTOR

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10 Schedule O (Form 990) 2009

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| , , , , , , , , , , , , , , , , , , , | r           |                                          |                    |                   |                              |                                            |                    |                           |                  |              |          |              |                |                     |                        |               |                      |                          |   |  |
|---------------------------------------|-------------|------------------------------------------|--------------------|-------------------|------------------------------|--------------------------------------------|--------------------|---------------------------|------------------|--------------|----------|--------------|----------------|---------------------|------------------------|---------------|----------------------|--------------------------|---|--|
|                                       |             | Ending<br>Accumulated<br>Depreciation    | 11,159.            | .621              | 3,171.                       | 1,839.                                     | 523.               | 1.074.                    | 1,377.           | 555.         | 3,525.   | 3, 970.      | 706.           | 4,315.              | 3,766.                 | 2,099.        | 532.                 | 38,389.                  |   |  |
|                                       |             | Current Year<br>Deduction                | 1,115,             | 161.              | 656.                         | 381                                        | 110.               | 226                       | 324.             | 119.         | 755.     | 810          | 229.           | 1, 726.             | 1,837.                 | 1,399.        | 394.                 | 10, 243.                 |   |  |
|                                       |             | Current<br>Sec 179<br>Expense            |                    |                   |                              |                                            |                    |                           |                  |              |          |              |                |                     |                        |               |                      |                          |   |  |
|                                       |             | Beginning<br>Accumulated<br>Depreciation | 10,044.            | 613.              | 2,515.                       | 1,452.                                     | 413.               | .848.                     | 1,053.           | <b>436</b>   | 2,770.   | 2 160        | 477.           | 2,589               | 1,929.                 | 700.          | 138.                 | 28,141.                  |   |  |
|                                       |             | Basis For<br>Depreciation                | 11,159.            | 806.              | 3,280.                       | 1 937.                                     | 550.               | 1 132.                    | 1,621.           | 565          | 3,776.   | 4 050        | 1,147.         | 5,178.              | 12,861.                | ¢ 197.        | 2,757.               | 55.046.                  |   |  |
|                                       |             | *<br>Reduction In<br>Basis               |                    |                   |                              |                                            |                    |                           |                  |              |          |              |                |                     |                        |               |                      |                          |   |  |
|                                       |             | Section 179<br>Expense                   |                    |                   |                              |                                            |                    |                           |                  |              |          |              |                |                     |                        |               |                      |                          |   |  |
|                                       | 990         | Bus<br>Excl                              |                    |                   |                              |                                            |                    |                           |                  |              |          |              |                |                     |                        |               |                      |                          |   |  |
|                                       |             | Unadjusted<br>Cost Or Basis              | 11,159.            | 306.              | 3,280.                       | 1,937.                                     |                    | 1,132.                    | 1,621.           | 595.         | m        | 4,950,       | 1,147.         | 5,178.              | 12,861.                | 4,197.        |                      | 55,046.                  |   |  |
|                                       | F           | No.<br>No.<br>No.                        | ну17               | 8.CA              | ну1.6                        | 9143                                       | 9 <b>T</b> X H     | 5<br>17<br>18             | 9 TAH            | E216         | 9 ТАН    | 9 E.H        | 9 <b>1</b> x H | 9128                | 91XH                   | 9<br>57<br>19 | этл                  |                          |   |  |
|                                       | ſ           | Life                                     | 5_00               | 5.00              | 5.00                         | 5.00                                       | 5.00               | CC<br>SC<br>SC            | 5,00             | 5.60         | 5.00     | S.<br>S.     | 5.00           | 3.00 HAT 6          | 7.00                   | 3.00          | 7.00                 |                          |   |  |
|                                       | ſ           | Method                                   | SL                 |                   |                              |                                            |                    |                           | SL               | đ            |          |              | SI             | ti                  | SI                     |               |                      |                          |   |  |
| REPORT                                |             | Date<br>Acquired                         | 03/12/04           | 02/25/05 51       | 03/14/05                     | 04/02/02                                   | 04/13/05           | 13 507 ET 150             | 09/20/05         | 12/31/05     |          | 05/02/06 EL  | 12/04/06       | 07/01/07            | 07/01/07               | 07701/08 ED   | 07/01/08             |                          | - |  |
| RECIA.                                | 990 PAGE 10 | Description                              | 1 COMPUTER SYSTEMS | 2 VIDEO EQUIPMENT | 3 COMPUTERS (COMPUTER MEDIC) | 4 DELE LATITUDE DAUG (PETER EL CA/05/05 EL | 5 PRINTER (PAUL'S) | 6 POREA POLINE PROJECTION | 7 COMPUTER (JEN) | D HEAVENERSY | COMPUTER | 10 3 consume | L COMPUTER     | CONTURN ROOT PARATE | L FURNITURE & FIXTURES | CONFUTARE     | FURNITURE & FIXTURES | * TOTAL 990 PACE 10 DEFE |   |  |
| 2009 C                                | FORM 9      | Asset<br>No.                             | H                  |                   | rn                           |                                            | μ)<br>I            |                           | -                |              | 6        | 16           | 11             | , m<br>H            | 14                     | a)<br>A       | 16                   |                          |   |  |

I

(D) - Asset disposed

31,1

928111 04-24-09

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

| (Rev. April                                                                        | of the Treasury                                                                                                         | e To File an<br>:urn<br><sup>m.</sup>                                                                                                                                                                                                                                                                                                      | OMB No. 1545-1709                                         |                                                      |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------|
| ● If you ai<br>● If you ai                                                         | re filing for an Autor<br>re filing for an Additi                                                                       | ► File a separate application for each retunatic 3-Month Extension, complete only Part I and check this bional (Not Automatic) 3-Month Extension, complete only Part I as you have already been granted an automatic 3-month extension                                                                                                     | ox<br>I (on page 2 of this form).                         |                                                      |
| Part I<br>A corporat<br>Part I only                                                | tion required to file F                                                                                                 | <b>3-Month Extension of Time.</b> Only submit original (no copi<br>Form 990-T and requesting an automatic 6-month extension - chec                                                                                                                                                                                                         | k this box and complete                                   | ▶□                                                   |
|                                                                                    |                                                                                                                         | ng 1120-C filers), partnerships, REMICs, and trusts must use Form                                                                                                                                                                                                                                                                          |                                                           |                                                      |
| noted beid<br>(not auton<br>you must :                                             | ow (6 months for a c<br>natic) 3-month exten<br>submit the fully com                                                    | erally, you can electronically file Form 8868 if you want a 3-month<br>orporation required to file Form 990-T). However, you cannot file F<br>slon or (2) you file Forms 990-BL, 6069, or 8870, group returns, or<br>pleted and signed page 2 (Part II) of Form 8868. For more details o<br><i>e-file for Charities &amp; Nonprofits</i> . | orm 8868 electronically if (<br>a composite or consolidat | i) you want the additiona<br>ed Form 990-T, Instead. |
| Type or<br>print                                                                   | Name of Exempt (<br>CAPE COD                                                                                            |                                                                                                                                                                                                                                                                                                                                            | yer identification numbe                                  |                                                      |
| File by the<br>due date for<br>filing your                                         |                                                                                                                         | nd room or suite no. If a P.O. box, see Instructions.                                                                                                                                                                                                                                                                                      | 04                                                        | -3138784                                             |
| instructions.                                                                      | 210 ORLEA<br>City, town or post<br>NORTH CHA                                                                            | office, state, and ZIP code. For a foreign address, see instructions                                                                                                                                                                                                                                                                       | S.                                                        | ,                                                    |
| <br>Check tyr                                                                      |                                                                                                                         | led (file a separate application for each return):                                                                                                                                                                                                                                                                                         | · · · · · · · · · · · · · · · · · · ·                     |                                                      |
| Form                                                                               | n 990-BL<br>n 990-BL<br>n 990-EZ<br>n 990-PF                                                                            | Form 990-T (corporation) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A                                                                                                                                                                                                                          | Form 4720<br>Form 5227<br>Form 6069<br>Form 8870          |                                                      |
|                                                                                    |                                                                                                                         | NATHANIEL T MASON<br>f  > 210 ORLEANS ROAD - NORTH CHATH                                                                                                                                                                                                                                                                                   | HAM, MA 02650                                             |                                                      |
| <ul><li> If the or</li><li> If this is</li></ul>                                   | s for a Group Return                                                                                                    | ) 945-2432 FAX No. ►<br>t have an office or place of business in the United States, check th<br>, enter the organization's four digit Group Exemption Number (GEI<br>f the group, check this box ► □ and attach a list with the name                                                                                                       | N) If this is for t                                       | he whole group, check th                             |
| is for                                                                             | uest an automatic 3<br>AUGUST 15,<br>r the organization's<br>X calendar year 2<br>tax year beginni                      | return for:<br>009 or                                                                                                                                                                                                                                                                                                                      | ganization named above. T                                 | ne extension                                         |
| ►[.<br>►[                                                                          |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                            |                                                           |                                                      |
| ▶□                                                                                 | is tax year is for less                                                                                                 | than 12 months, check reason:                                                                                                                                                                                                                                                                                                              | Final return C                                            | hange in accounting perio                            |
| 2 If thi<br>3a If thi<br><u>nont</u><br>b If thi<br><u>tax p</u><br>c Bala<br>depo | is application is for F<br>refundable credits. S<br>is application is for F<br>payments made. Inc<br>ance Due. Subtract | Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax                                                                                                                                                                                                                                                                         | i, less any<br>3a<br>3b<br>uired,<br>System).             | hange in accounting peri \$ \$ \$ N/A                |

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