

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

Legislative hearing on H.R. 6247, "Saving Our Federal Dams and New Hydropower Development and Jobs Act of 2012." -- Pasco, WA Field Hearing August 15, 2012

For Individuals:

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

\* \* \* \* \*

For Witnesses Representing Organizations:

1. Name: **Glen H. Spain**
2. Name of Organization(s) You are Representing at the Hearing:  
**The Pacific Coast Federation of Fishermen's Associations (PCFFA)**
3. Business Address: **PO Box 11170, Eugene, OR 97440-3370**
4. Business Email Address: [fish1ifr@aol.com](mailto:fish1ifr@aol.com)
5. Business Phone Number: **(541) 689-2000**

Name/Organization: **Glen H. Spain, Northwest Regional Director for the PACIFIC COAST FEDERATION OF FISHERMEN'S ASSOCIATIONS (PCFFA)**

Title/Date of Hearing: **"Savings Our Federal Dams and New Hydropower Development and Jobs Act of 2012," Field Hearing held in Pasco, WA on August 15, 2012.**

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.

**J.D. Degree from New College School of Law in San Francisco, CA conferred in 1978.**

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.

**I am admitted to the State Bar organizations in both California (active) and Oregon (currently inactive). I am also admitted to practice law before several federal Courts and in several federal jurisdictions.**

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.

**I have been Northwest Regional Director for PCFFA, working out of its Pacific Northwest Office, since that office was first opening in early 1993. In that capacity I work on a number of projects related to the restoration and better management of commercial ocean salmon fisheries in California, Oregon and Washington, and the restoration of watershed and river systems where salmon spawning and rearing habitat has become damaged or limited. I have been doing that work for PCFFA for 19 years.**

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

**NONE.**

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

**None filed by Glen H. Spain personally or individually. For a list of PCFFA litigation see ATTACHMENT A.**

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

**See response to Item c. above.**

Name/Organization: **Glen H. Spain, Northwest Regional Director for the PACIFIC COAST FEDERATION OF FISHERMEN'S ASSOCIATIONS (PCFFA)**

Title/Date of Hearing: **"Savings Our Federal Dams and New Hydropower Development and Jobs Act of 2012," Field Hearing held in Pasco, WA on August 15, 2012.**

In addition, for witnesses representing organizations:

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

**I am Northwest Regional Director of the PCFFA as well as its General Legal Counsel.**

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

**NONE.**

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

**SEE LIST ATTACHED – ATTACHMENT A.**

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

**NONE.**

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

**SUPPLIED SEPARATELY FOR FYs 2010, 2009 and 2008. As PCFFA is on a fiscal year, 2010 is the most recent year required to be filed.**

## ATTACHMENT A

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

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

BiOp Challenge	2008 FCRPS Biological Opinion for operation of the dams on the Columbia and Snake Rivers.		
ESA Consultation Rule Change	Challenge to rule change to weaken the Endangered Species Act's consultation requirements and procedures.	ESA	<u>Natural Resources Defense Council, et al v. United States Department of Interior</u> , 08-5605MHP (N.D. Cal.)
Salmon BiOp Intervention	Intervene on the side of the federal government to defend against lawsuits challenging the biological opinion for Central Valley Project and State Water Project operations from jeopardizing the survival of endangered California salmon, steelhead, green sturgeon and Southern resident orcas.	ESA NEPA APA	<u>San Luis &amp; Delta-Mendota Water Authority v. Locke</u> , 1:09-cv-01053 OWW (E.D. Cal., Fresno)
Defending Salmon Pesticide BiOp	Filed friend of the court brief to defend NMFS in a pesticide manufacturers' challenge to adopt mitigation NOAA Fisheries has required to protect salmon and steelhead from pesticide run-off.	ESA APA	<u>In Re:Dow AgroSciences, et al.</u> , No. 09-1941 (4 <sup>TH</sup> Cir.)
Salmon Pesticide BiOp Implementation	Challenging EPA's failure to implement measures required by the National Marine Fisheries Service to ensure that pesticides will not jeopardize the survival and recovery of endangered	APA ESA	<u>NCAP v. EPA</u> , 2:10-cv-01919-TSZ (W.D. Wash.)
San Joaquin Takings Case Intervention	Intervention in US Court of Claims opposing liability of US for salmon restoration under San Joaquin Settlement Agreement.	US Constitution	<u>Wolfsen Land &amp; Cattle Co, et al., v. US</u> , US Court of Claims, CV10-580L
Groundfish Catch Share Petition	Declaratory relief claim to invalidate west coast groundfish fishery catch share quota program.	Magnuson-Stevens Act; APA; NEPA	<u>Pacific Coast Federation of Fishermen's Assns., et al. v. Gary Locke</u> , N.D. Cal. SF, CV10-4790MEJ
CVPIA Water Contracts & NEPA	To overturn several NEPA FONSI decisions over interim water contracts within the Central Valley Project to Project water contractors	NEPA CVPIA	<u>Pacific Coast Federation of Fishermen's Assns., et al. v. US Dept. of Interior, et al.</u> N.D. Cal. Civ. No. C12-02158-JSC-ADR

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

## Short Form Return of Organization Exempt From Income Tax

2010

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

**A** For the 2010 calendar year, or tax year beginning 11/01, 2010, and ending 10/31, 2011

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**PACIFIC COAST FEDERATION OF FISHERMENS ASSOCIATIONS INC**

**D** Employer identification number  
**94-2282359**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**The Presidio PO Box 29370**

**E** Telephone number  
**415-561-5080**

City or town, state or country, and ZIP + 4  
**San Francisco, CA 94129**

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ www.pccfa.org

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( 5 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **92,584**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)  
 Check if the organization used Schedule O to respond to any question in this Part I

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	51,320
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	0
	<b>3</b> Membership dues and assessments	<b>3</b>	41,224
	<b>4</b> Investment income	<b>4</b>	40
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	0
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	0
	<b>b</b> Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	0
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	0	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	0	
<b>b</b> Less: cost of goods sold	<b>7b</b>	0	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	0	
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	0	
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	92,584	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	0
	<b>11</b> Benefits paid to or for members	<b>11</b>	0
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	48,537
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	2,651
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	5,001
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	862
	<b>16</b> Other expenses (describe in Schedule O) See Schedule O, Statement 1	<b>16</b>	16,873
	<b>17</b> Total expenses. Add lines 10 through 16	<b>17</b>	73,924
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	18,660
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	84,200
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	102,860

**Part II Balance Sheets.** (see the instructions for Part II.)  
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	81,908	104,644
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	2,583	2,385
25 Total assets	84,491	107,029
26 Total liabilities (describe in Schedule O)	291	4,169
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	84,200	102,860

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)  
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **See Schedule O, Statement 2**  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 The organization services member fishermen's associations along the Pacific Coast in matters relating to aid and to protect the fishing industry.		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 Total program service expenses (add lines 28a through 31a)	32	0

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)  
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
David Bits PO Box 29370, San Francisco, CA 94129	President, 0	0	0	0
Larry Collins PO Box 29370, San Francisco, CA 94129	Vice President, 0	0	0	0
Mike Stiller PO Box 29370, San Francisco, CA 94129	Treasurer, 0	0	0	0
Duncan MacLean PO Box 29370, San Francisco, CA 94129	Secretary, 0	0	0	0
William F Zeke Grader PO Box 29370, San Francisco, CA 94129	Executive Director, 40	35,198	0	0
Craig Barbro PO Box 29370, San Francisco, CA 94129	Trustee, 0	0	0	0
Aaron Newman PO Box 29370, San Francisco, CA 94129	Trustee, 0	0	0	0
Mike McCorkle PO Box 29370, San Francisco, CA 94129	Trustee, 0	0	0	0
Tom McCray PO Box 29370, San Francisco, CA 94129	Trustee, 0	0	0	0
Mike Ricketts PO Box 29370, San Francisco, CA 94129	Trustee, 0	0	0	0
Mike Hudson PO Box 29370, San Francisco, CA 94129	Trustee, 0	0	0	0
Tom Hart PO Box 29370, San Francisco, CA 94129	Trustee, 0	0	0	0
(Continued on Schedule O, Statement 3)				

**Part V Other information** (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ CA		
42a	The organization's books are in care of ▶ Harriot Lew Telephone no. ▶ 415-561-5080 Located at ▶ The Presidio PO Box 29370, San Francisco, CA 94129 ZIP + 4 ▶ 94129		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶		<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>



45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	Yes	No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  Signature of officer  Date  
 Type or print name and title  Title

Paid Preparer Use Only  
 Print/Type preparer's name  Preparer's signature  Date  Check  if self-employed PTRN   
 Firm's name  Firm's EIN   
 Firm's address  Phone no.

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

# Form 990-EZ

## Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

# 2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2009 calendar year, or tax year beginning** 11/01, **2009, and ending** 10/31, 20 10

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Terminated
  - Amended return
  - Application pending

**C Name of organization**  
PACIFIC COAST FEDERATION OF FISHERMEN'S ASSOCIATIONS INC

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
The Presidio PO Box 29370

City or town, state or country, and ZIP + 4  
San Francisco, CA 94129

**D Employer identification number**  
94-2282359

**E Telephone number**  
415-561-5080

**F Group Exemption Number** ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting Method:**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ www.pcffa.org

**J Tax-exempt status** (check only one) —  501(c) ( 5 ) ◀ (insert no.)  4947(a)(1) or  527

**H Check** ▶  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K Check** ▶  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ 30,456

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.)			
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	23,105
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	0
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	6,749
	<b>4</b> Investment income . . . . .	<b>4</b>	602
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	0
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1) . . . . .	<b>6a</b>	0
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	0
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	0	
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	0	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	0	
<b>8</b> Other revenue (describe ▶ ) . . . . .	<b>8</b>	0	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	30,456	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	0
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	0
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	96,341
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	7,138
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	4,200
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	1,444
	<b>16</b> Other expenses (describe ▶ See Statement 1 ) . . . . .	<b>16</b>	31,369
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	140,492	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-110,036
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	194,236
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	84,200

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .		127,097	<b>22</b> 81,908
<b>23</b> Land and buildings . . . . .		0	<b>23</b> 0
<b>24</b> Other assets (describe ▶ See Statement 2 ) . . . . .		68,600	<b>24</b> 2,583
<b>25 Total assets</b> . . . . .		195,697	<b>25</b> 84,491
<b>26 Total liabilities</b> (describe ▶ See Statement 3 ) . . . . .		1,461	<b>26</b> 291
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .		194,236	<b>27</b> 84,200

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____ 0		
b	Did the organization file Form 1120-POL for this year? . . . . .		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b _____	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a _____	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b _____	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		40b
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		40e ✓
41	List the states with which a copy of this return is filed. ▶ CA		
42a	The organization's books are in care of ▶ Harriet Lew Telephone no. ▶ 415-561-5080 Located at ▶ The Presidio PO Box 29370, San Francisco, CA 94129 ZIP + 4 ▶ 94129		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	42b	Yes No ✓
	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 and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____	42c	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43 _____		☐
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44	✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	45	✓

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)	<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <b>See Statement 4</b> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	
<b>28</b> The organization services member fishermen's associations along the Pacific Coast in matters relating to aid and to protect the fishing industry. ----- (Grants \$ 0 ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>28a</b> 0
<b>29</b> ----- (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>29a</b>
<b>30</b> ----- (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>31a</b>
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .	<b>32</b> 0

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
David Bitts PO Box 29370, San Francisco, CA 94129	President, 0	0	0	0
Larry Collins PO Box 29370, San Francisco, CA 94129	Vice President, 0	0	0	0
Mike Stiller PO Box 29370, San Francisco, CA 94129	Treasurer, 0	0	0	0
Duncan MacLean PO Box 29370, San Francisco, CA 94129	Secretary, 0	0	0	0
William F Zeke Grader PO Box 29370, San Francisco, CA 94129	Executive Director, 40	47,491	0	0
Craig Barbre PO Box 29370, San Francisco, CA 94129	Trustee, 0	0	0	0
Aaron Newman PO Box 29370, San Francisco, CA 94129	Trustee, 0	0	0	0
Mike McCorkle PO Box 29370, San Francisco, CA 94129	Trustee, 0	0	0	0
Tom Hart PO Box 29370, San Francisco, CA 94129	Trustee, 0	0	0	0
Mike Ricketts PO Box 29370, San Francisco, CA 94129	Trustee, 0	0	0	0
Mike Hudson PO Box 29370, San Francisco, CA 94129	Trustee, 0	0	0	0
Tom Hart PO Box 29370, San Francisco, CA 94129	Trustee, 0	0	0	0
John Buzz Yearwood PO Box 29370, San Francisco, CA 94129	Trustee, 0	0	0	0
Chris Lawson PO Box 29370, San Francisco, CA 94129	Trustee, 0	0	0	0
John Atkinson PO Box 29370, San Francisco, CA 94129	Trustee, 0	0	0	0
Ben Platt PO Box 29370, San Francisco, CA 94129	Trustee, 0	0	0	0
Barbara Emley PO Box 29370, San Francisco, CA 94129	Trustee, 0	0	0	0

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- |  | Yes        | No |
|--|------------|----|
| <b>46</b> 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 . . . . . | <b>46</b>  |    |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <b>47</b>  |    |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  |    |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> |    |
| <b>49b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <b>49b</b> |    |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000 . . . ▶ \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

▶ William F. Grader Signature of officer Date 2-15-2011

▶ William F. Grader, Executive Director Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 \_\_\_\_\_ Preparer's identifying number (See instructions) \_\_\_\_\_

EIN \_\_\_\_\_ Phone no. \_\_\_\_\_

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

**Statement 1 : Other Expenses Schedule**  
**Statement 2 : Other Assets**  
**Statement 3 : Liabilities Schedule**  
**Statement 4 : Primary Exempt Purpose**

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

## Other Expenses Schedule

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

Statement 2

PACIFIC COAST FEDERATION OF FISHERMEN'S ASSOCIATIONS

INC

Form: 990-EZ

94-2282359

Page: 1

Line Number: Part II Line 24

Other Assets

Description	BOY Amount	EOY Amount
Accounts Receivable	68,500	852
Prepaid Expenses	100	1,731
<b>Total:</b>	<b>68,600</b>	<b>2,583</b>



Form: 990-EZ

Page: 1

Line Number: Part II Line 26

Liabilities Schedule

Description	BOY Amount	EOY Amount
Accounts Payable	1,461	291
<b>Total:</b>	<b>1,461</b>	<b>291</b>

Form: 990-EZ

Page: 2

Line Number: Part III

**Primary Exempt Purpose**

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**Primary Exempt Purpose**

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To provide services in aiding and protecting the fishing industry.

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2008**

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

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

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2008 calendar year, or tax year beginning 11/01, 2008, and ending 10/31, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See Specific Instructions. Pacific Coast Federation of Fishermen's Associations P.O. Box 29370 San Francisco, CA 94129-0910	<b>D</b> Employer identification number 94-2282359
		<b>E</b> Telephone number
		<b>F</b> Group Exemption Number
		<b>G</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**I** Website: ▶ N/A

**J** Organization type (check only one) –  501(c) ( 5 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 147,784.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>REVENUE</b>	1	Contributions, gifts, grants, and similar amounts received	1	144,683.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	1,775.
	4	Investment income	4	1,326.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ _____)	8		
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	147,784.	
<b>EXPENSES</b>	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	84,079.
	13	Professional fees and other payments to independent contractors	13	4,308.
	14	Occupancy, rent, utilities, and maintenance	14	4,200.
	15	Printing, publications, postage, and shipping	15	3,645.
	16	Other expenses (describe ▶ <u>See Statement 1</u> )	16	54,688.
17	<b>Total expenses</b> (add lines 10 through 16)	17	150,920.	
<b>NET ASSETS</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,136.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	197,372.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	194,236.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

		(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	79,539.	22	127,097.	
23	Land and buildings		23		
24	Other assets (describe ▶ <u>See Statement 2</u> )	117,833.	24	68,600.	
25	<b>Total assets</b>	197,372.	25	195,697.	
26	<b>Total liabilities</b> (describe ▶ <u>See Statement 3</u> )	0.	26	1,461.	
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	197,372.	27	194,236.	

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.** Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses
What is the organization's primary exempt purpose? See Statement 4		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	The organization services member fishermen's associations along the Pacific Coast in matters relating to aid to and protection of the fishing industry.	
	(Grants \$ ) If this amount includes foreign grants, check here	28a
29		
	(Grants \$ ) If this amount includes foreign grants, check here	29a
30		
	(Grants \$ ) If this amount includes foreign grants, check here	30a
31	Other program services (attach schedule)	
	(Grants \$ ) If this amount includes foreign grants, check here	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
See Statement 5		47,491.	0.	0.

**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ <b>37a</b> 0.</span>		
37b	b Did the organization file <b>Form 1120-POL</b> for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. <span style="float:right">▶ <b>38b</b> N/A</span>		
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9. <span style="float:right">▶ <b>39a</b> N/A</span>		
39b	b Gross receipts, included on line 9, for public use of club facilities. <span style="float:right">▶ <b>39b</b> N/A</span>		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
40b	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.		
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <span style="float:right">▶ 0.</span>		
40d	d Enter amount of tax on line 40c reimbursed by the organization. <span style="float:right">▶ 0.</span>		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41	List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The books are in care of ▶ Harriet Lew Telephone no. ▶ 415-561-5080  
 Located at ▶ P.O. Box 29910, San Francisco, CA ZIP + 4 ▶ 94129

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: .. ▶ _____		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: .. ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here  N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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.		
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>49b</b> If 'Yes,' was the related organization(s) a section 527 organization?		

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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Total number of other employees paid over \$100,000				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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Total number of other independent contractors receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer: William F. Grader, Jr. Date: 10 March 2010  
 Type or print name and title: William Grader, Jr. Executive Director

**Paid Preparer's Use Only**

Preparer's signature: <u>Tai Chan</u>	Date: <u>3/9/10</u>	Check if self-employed: <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions): <u>N/A</u>
Firm's name (or yours if self-employed), address, and ZIP + 4: <u>TAI CHAN CPA</u> <u>708 15TH AVE</u> <u>SAN FRANCISCO, CA 94118-3507</u>	EIN: <u>N/A</u>	Phone no.: <u>(415) 981-9168</u>	

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

**Statement 1**  
Form 990-EZ, Part I, Line 16  
Other Expenses

Auto operating and maint.....	\$	2,124.
Bank fees.....		12.
Books/software.....		685.
Conferences, Conventions, and Meetings.....		2,787.
Contributions.....		1,168.
Depreciation.....		5,758.
Dues and subscriptions.....		1,003.
Information Technology.....		3,340.
Insurance.....		1,754.
Internet.....		1,978.
Legal defense fund fees.....		5,858.
Licenses and permits.....		930.
Meals/entertainment.....		932.
Miscellaneous.....		771.
Office supplies.....		2,370.
Payroll service fees.....		1,457.
Rental, other.....		559.
Rental, storage locker.....		2,691.
Supplies.....		338.
Telephone.....		3,091.
Travel.....		15,082.
	Total \$	<u>54,688.</u>

**Statement 2**  
Form 990-EZ, Part II, Line 24  
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable.....	\$ 112,000.	\$ 68,500.
Machinery and Equipment.....	5,758.	0.
Prepaid Expenses and Deferred Charges.....	75.	100.
	Total \$ <u>117,833.</u>	\$ <u>68,600.</u>

**Statement 3**  
Form 990-EZ, Part II, Line 26  
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 0.	\$ 1,461.
	Total \$ <u>0.</u>	\$ <u>1,461.</u>

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

To provide services in aiding and protecting the fishing industry.

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

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



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

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