

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

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

For Individuals:

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

\* \* \* \* \*

For Witnesses Representing Organizations:

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

Name/Organization: *William F. "Zeke" Grader, Jr., Pacific Coast Federation of Fishermen's Assns.*

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

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

*None*

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

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

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

*See b. above*

d. Any federal grants or contracts (including subgrants or subcontracts) from the 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.

*See attached*

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

*See b. above*

Name/Organization: *William F. "Zeke" Grader, Jr., Pacific Coast Federation of Fishermen's Assns.*

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

In addition, for witnesses representing organizations:

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

*See b. above*

h. Any federal grants or contracts (including subgrants or subcontracts) from the 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).

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

*None.*

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

*Attached.*

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

NAME	SUBJECT MATTER	STATUTE(S)	CASE NAME
Butte Creek FERC Consultation	Challenging FERC's Failure to Consult on 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</u> , et al, 09-0060-PK (D. Or.)
Hatchery Listing Policy	Challenge to NMFS Salmon/Steelhead Hatchery Listing Policy, which for the first time counts hatchery fish in making ESA listing determinations.	ESA NEPA APA	<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>Alsea 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 BiOp Challenge	Challenge to the Bonneville Power Administration's adoption of the 2008 FCRPS Biological Opinion for operation of the dams on the Columbia and Snake Rivers.	ESA APA	<u>American Rivers, et al. v. BPA</u> , No. 08-74597 (9 <sup>th</sup> Cir.)
ESA Consultation Rule Change	Challenge to rule change to weaken the Endangered Species Act's consultation requirements and procedures.	ESA	<u>Natural Resources Defense Council, et al v. United States Department of Interior</u> , 08-5605MHP (N.D. Cal.)
Salmon BiOp	Intervene on the side of the federal	ESA	<u>San Luis &amp; Delta-Mendota Water</u>

Intervention	government to defend against lawsuits challenging the biological opinion for Central Valley Project and State Water Project operations from jeopardizing the survival of endangered California salmon, steelhead, green sturgeon and Southern resident orcas.	NEPA APA	<u>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

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

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 11/01, 2009, and ending 10/31, 2010

- 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. Address: The Presidio PO Box 29370, 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: Accrual

I Website: www.pcffa.org

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

J Tax-exempt status (check only one) - 501(c)(5)

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.

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. Total: \$30,456

Table with 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

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.

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, Land and buildings, Total assets, Total liabilities, Net assets or fund balances.

**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 <b>Form 990-T</b> 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. ▶ <b>37a</b> _____ 0		
b	Did the organization file <b>Form 1120-POL</b> 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 . . . . . <b>38b</b> _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
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 . . . . .		
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. . . . .		✓
41	List the states with which a copy of this return is filed. ▶ CA		
42a	The organization's books are in care of ▶ <u>Harriet Lew</u> Telephone no. ▶ <u>415-561-5080</u> Located at ▶ <u>The Presidio PO Box 29370, San Francisco, CA 94129</u> ZIP + 4 ▶ <u>94129</u>		
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: ▶ _____		✓
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
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: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____ <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
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 . . . . .		✓

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)	<b>Expenses</b>
What is the organization's primary exempt purpose? <b>See Statement 4</b>	(Required for section 501(c)(3) and 501(c)(4) organizations and section 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, 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>

**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:	<b>C</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	Pacific Coast Federation of Fishermen's Associations P.O. Box 29370 San Francisco, CA 94129-0910	94-2282359
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Termination		<b>F</b> Group Exemption Number
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

• 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:** ▶ N/A

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

**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>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	144,683.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	1,775.
	<b>4</b> Investment income	<b>4</b>	1,326.
REVENUE	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	<b>5c</b>	
	<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 \$ _____ of contributions reported on line 1)	<b>6a</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	
	<b>6c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>b</b> Less: cost of goods sold	<b>7b</b>	
	<b>7c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
	<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>	
	<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	147,784.
EXPENSES	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	84,079.
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	4,308.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	4,200.
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	3,645.
	<b>16</b> Other expenses (describe ▶ See Statement 1)	<b>16</b>	54,688.
	<b>17 Total expenses</b> (add lines 10 through 16)	<b>17</b>	150,920.
NET ASSETS	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-3,136.
	<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>	197,372.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	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
<b>22</b> Cash, savings, and investments		79,539.	<b>22</b>	127,097.	
<b>23</b> Land and buildings			<b>23</b>		
<b>24</b> Other assets (describe ▶ See Statement 2)		117,833.	<b>24</b>	68,600.	
<b>25 Total assets</b>		197,372.	<b>25</b>	195,697.	
<b>26 Total liabilities</b> (describe ▶ See Statement 3)		0.	<b>26</b>	1,461.	
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		197,372.	<b>27</b>	194,236.	

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.**

Form **990-EZ** (2008)





**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">▶ 37a</span> 0.		
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">38b</span> N/A		
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9. <span style="float:right">39a</span> N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities. <span style="float:right">39b</span> N/A		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A		
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">▶</span> 0.		
40d	d Enter amount of tax on line 40c reimbursed by the organization. <span style="float:right">▶</span> 0.		
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 ▶ None		

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

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
David Bitts POB 29370 San Francisco, CA 94129	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>

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)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning 11/01, 2007, and ending 10/31, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Pacific Coast Federation of Fishermen's Associations, P.O. Box 29370, San Francisco, CA 94129-0910

D Employer Identification Number 94-2282359, E Telephone number, F Accounting method: Cash, Accrual

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

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If 'Yes,' enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Schedule B

G Web site: N/A

J Organization type (check only one) 501(c) 5

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 253,683.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include contributions received, program service revenue, membership dues, interest on savings, dividends, gross rents, other investment income, sales of assets, special events, gross sales of inventory, other revenue, program services, management and general, fundraising, payments to affiliates, total expenses, excess or deficit, and net assets at beginning and end of year.

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22 a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>22 a</b>				
<b>22 b</b> Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>22 b</b>				
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25 a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25 a</b>	61,651.	0.	61,651.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25 b</b>	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25 c</b>	0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>	12,211.	12,211.		
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>				
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>				
<b>29</b> Payroll taxes	<b>29</b>	5,860.	819.	5,041.	
<b>30</b> Professional fundraising fees	<b>30</b>			650.	
<b>31</b> Accounting fees	<b>31</b>	650.			
<b>32</b> Legal fees	<b>32</b>				
<b>33</b> Supplies	<b>33</b>	179.	179.		
<b>34</b> Telephone	<b>34</b>	1,767.	1,767.		
<b>35</b> Postage and shipping	<b>35</b>	210.	210.		
<b>36</b> Occupancy	<b>36</b>	5,597.	5,597.		
<b>37</b> Equipment rental and maintenance	<b>37</b>	42.	42.		
<b>38</b> Printing and publications	<b>38</b>	91.	91.		
<b>39</b> Travel	<b>39</b>	7,639.	7,639.		
<b>40</b> Conferences, conventions, and meetings	<b>40</b>	1,103.	1,103.		
<b>41</b> Interest	<b>41</b>				
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>	5,600.	5,600.		
<b>43</b> Other expenses not covered above (itemize):					
<b>a</b> See Statement 1	<b>43 a</b>	12,457.	10,893.	1,564.	
<b>b</b> _____	<b>43 b</b>				
<b>c</b> _____	<b>43 c</b>				
<b>d</b> _____	<b>43 d</b>				
<b>e</b> _____	<b>43 e</b>				
<b>f</b> _____	<b>43 f</b>				
<b>g</b> _____	<b>43 g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b>	115,057.	46,151.	68,906.	0.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>See Statement 2</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
<b>a</b> <u>The organization services member fishermen's associations along the Pacific Coast in matters relating to aid to and protection of the fishing industry.</u> ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here. . . ▶ <input type="checkbox"/>	46,151.
<b>b</b> ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here. . . ▶ <input type="checkbox"/>	
<b>c</b> ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here. . . ▶ <input type="checkbox"/>	
<b>d</b> ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here. . . ▶ <input type="checkbox"/>	
<b>e</b> Other program services ..... (Grants and allocations \$ _____) If this amount includes foreign grants, check here. . . ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ..... ▶	46,151.

BAA



**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
ASSETS	<b>45</b> Cash — non-interest-bearing .....	28,838.	<b>45</b>	22,783.	
	<b>46</b> Savings and temporary cash investments .....	20,748.	<b>46</b>	56,756.	
	<b>47 a</b> Accounts receivable .....	<b>47 a</b> 112,000.			
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47 b</b>	<b>47 c</b>	112,000.	
	<b>48 a</b> Pledges receivable .....	<b>48 a</b>			
	<b>b</b> Less: allowance for doubtful accounts .....	<b>48 b</b>	<b>48 c</b>		
	<b>49</b> Grants receivable .....		<b>49</b>		
	<b>50 a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....		<b>50 a</b>		
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) .....		<b>50 b</b>		
	<b>51 a</b> Other notes and loans receivable (attach schedule) .....	<b>51 a</b>			
	<b>b</b> Less: allowance for doubtful accounts .....	<b>51 b</b>	<b>51 c</b>		
	<b>52</b> Inventories for sale or use .....		<b>52</b>		
	<b>53</b> Prepaid expenses and deferred charges .....		<b>53</b>	75.	
	<b>54 a</b> Investments — publicly-traded securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54 a</b>		
	<b>b</b> Investments — other securities (attach sch) .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54 b</b>		
<b>55 a</b> Investments — land, buildings, & equipment: basis .....	<b>55 a</b>				
<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>55 b</b>	<b>55 c</b>			
<b>56</b> Investments — other (attach schedule) .....		<b>56</b>			
<b>57 a</b> Land, buildings, and equipment: basis .....	<b>57 a</b> 133,661.				
<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>57 b</b> 127,903.	11,358.	<b>57 c</b> 5,758.		
<b>58</b> Other assets, including program-related investments (describe ▶ _____) .....			<b>58</b>		
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 .....		60,944.	<b>59</b>	197,372.	
LIABILITIES	<b>60</b> Accounts payable and accrued expenses .....		<b>60</b>		
	<b>61</b> Grants payable .....		<b>61</b>		
	<b>62</b> Deferred revenue .....		<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>		
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) .....		<b>64 a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule) .....		2,198.	<b>64 b</b>	
	<b>65</b> Other liabilities (describe ▶ _____) .....			<b>65</b>	
<b>66 Total liabilities.</b> Add lines 60 through 65 .....		2,198.	<b>66</b>	0.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	<b>67</b> Unrestricted .....		58,746.	<b>67</b>	197,372.
	<b>68</b> Temporarily restricted .....			<b>68</b>	
	<b>69</b> Permanently restricted .....			<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
	<b>70</b> Capital stock, trust principal, or current funds .....			<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....			<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>72</b>	
<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....		58,746.	<b>73</b>	197,372.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....		60,944.	<b>74</b>	197,372.	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	253,683.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>		
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	253,683.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	253,683.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	115,057.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:			
	1 Donated services and use of facilities	<b>b1</b>		
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	115,057.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	115,057.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
See Statement 4		53,064.	8,587.	0.



Part VI Other Information (continued)		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....		X
<b>82 b</b>	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....		N/A
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	X	
<b>83 b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? .....	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? .....		X
<b>84 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		N/A
<b>85 a</b>	<b>501(c)(4), (5), or (6).</b> Were substantially all dues nondeductible by members? .....		X
<b>85 b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		X
	If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>85 c</b>	Dues, assessments, and similar amounts from members .....		0.
<b>85 d</b>	Section 162(e) lobbying and political expenditures .....		0.
<b>85 e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....		0.
<b>85 f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) .....		0.
<b>85 g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....		N/A
<b>85 h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....		N/A
<b>86 a</b>	<b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12 .....		N/A
<b>86 b</b>	Gross receipts, included on line 12, for public use of club facilities .....		N/A
<b>87 a</b>	<b>501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders .....		N/A
<b>87 b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....		N/A
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX. ....		X
<b>88 b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI. ....		X
<b>89 a</b>	<b>501(c)(3) organizations.</b> 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> .....		
<b>89 b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> 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,' attach a statement explaining each transaction. ....		N/A
<b>89 c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. .... ▶ <u>          N/A          </u>		
<b>89 d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization. .... ▶ <u>          N/A          </u>		
<b>89 e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? ..		X
<b>89 f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....		X
<b>89 g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....		X
<b>90 a</b>	List the states with which a copy of this return is filed ▶ <u>None</u> .....		
<b>90 b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) .....		0
<b>91 a</b>	The books are in care of ▶ <u>Harriet Lew</u> Telephone number ▶ <u>415-561-5080</u> Located at ▶ <u>P.O. Box 29910, San Francisco, CA</u> ZIP + 4 ▶ <u>94129</u> .....		
<b>91 b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....		X
	If 'Yes,' enter the name of the foreign country. . . ▶ .....		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?  Yes  No  
 If 'Yes,' enter the name of the foreign country: \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here.  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year.  92  N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Assessments					23,741.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					1,000.
94 Membership dues and assessments					1,061.
95 Interest on savings & temporary cash invmnts.					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop.					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					25,802.
105 Total (add line 104, columns (B), (D), and (E))					25,802.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	The organization's primary source of funding is through voluntary assessments and dues collected from member fishermen's associations

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

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

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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.

**Please Sign Here**

▶ William Grader Signature of officer Date 3/4/09

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

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**Paid Preparer's Use Only**

Preparer's signature	▶ <u>Tai Chan</u>	Date	Check if self-employed	▶ <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X)	▶ <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>		

BAA

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

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Advertising	820.	820.		
Automobile maintenance/repairs	2,444.	2,444.		
Books/software	493.	493.		
Contributions	781.		781.	
Dues and subscriptions	599.	599.		
Insurance	2,408.	2,408.		
Internet	853.	853.		
Legal defense fund fees	607.		607.	
Licenses and taxes	176.		176.	
Meals/entertainment	1,054.	1,054.		
Miscellaneous	558.	558.		
Office expenses	591.	591.		
Outside contractors	820.	820.		
Workers' compensation	253.	253.		
<b>Total</b>	<b>\$ 12,457.</b>	<b>\$ 10,893.</b>	<b>\$ 1,564.</b>	<b>\$ 0.</b>

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

To provide services in aiding and protecting the fishing industry.

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

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

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

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Chuck Wise POB 29370 San Francisco, CA 94129	President 0	\$ 0.	\$ 0.	\$ 0.

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

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



**Statement 4 (continued)**  
**Form 990, Part V-A**  
**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 McCorkle POB 29370 San Francisco, CA 94129	Trustee 0	\$ 0.	\$ 0.	\$ 0.
Tom McCray POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
Keith Olson POB 29370 San Francsico, CA 94129	Trustee 0	0.	0.	0.
Mike Ricketts POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
Daniel Salter POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
Anthony West POB 29370 San Francisco, CA 94129	Trustee 0	0.	0.	0.
	<b>Total</b>	<b>\$ 53,064.</b>	<b>\$ 8,587.</b>	<b>\$ 0.</b>