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

H.R. \_\_\_\_ "Strengthening Fishing Communities and Increasing Flexibility in Fisheries Management Act" Friday, February 28, 2014

|         | 1100 1 100000, 1 001 0000 1 001  |
|---------|--|
| For Inc | dividuals:   |
| 1. Naı  | me:  |
| 2. Add  | dress:   |
| 3. Em   | ail Address:   |
| 4. Pho  | one Number:  |
|         | * * * *  |
| For W   | itnesses 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 (Bldg 991), The Presidio<br>P.O. Box 29370, San Francisco, CA 94129 |
| 4.      | Business Email Address:  |
|         | [Information redacted for privacy]   |
| 5.      | Business Phone Number:   |
|         | [Information redacted for privacy]   |
|         |  |

#### For all Witnesses

Mr. Zeke Grader - Pacific Coast Federation of Fishermen's Associations **H.R.** \_\_\_\_\_ "Strengthening Fishing Communities and Increasing Flexibility in Fisheries Management Act" Friday, February 28, 2014

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.

Member of the California Bar (Environmental Law Section) since 1975. Served as an adjunct professor teaching fishery and coastal law at Golden Gate University Law School (2012).

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.

#### See a. above

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.

Worked in fish processing plants (and later managed), starting in 1962, while in high school, college and law school. Executive Director for the Pacific Coast Federation of Fishermen's Associations since 1976, and for the Institute for Fisheries Resources since 1993. Chair, Pacific Council Salmon Advisory Subpanel (approx.1978-1980), President of the Western Region of the National Federation of Fishermen (approx. 1978-1980), Board of Directors of the West Coast Fisheries Development Foundation (1980-1989, President 1985), Member, Secretary of Commerce's Marine Fisheries Advisory Committee (MAFAC)(approx. 1988-1993). Executive Committee of the Marine Fish Conservation Network (1995 to present). Vice-Chair, Golden Gate Salmon Association (2012 to present).

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

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

### See e. above (attachment)

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

### **Witnesses Representing Organizations**

Mr. Zeke Grader - Pacific Coast Federation of Fishermen's Associations **H.R.** "Strengthening Fishing Communities and Increasing Flexibility in Fisheries Management Act" Friday, February 28, 2014

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

Executive Director, the Pacific Coast Federation of Fishermen's Associations

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

#### None

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

#### See attached

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

See j. above (attached)

l. 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)).

See attached.

## PCFFA vs. Agency Litigation Cases Filed Since 1 January 2007

### (FEDERAL COURTS)

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

| BPA Ninth<br>Circuit FCRPS<br>BiOp<br>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<br>APA   | American Rivers, et al. v. BPA,<br>No. 08-74597 (9 <sup>th</sup> Cir.)   |
|--|--|--|--|
| ESA<br>Consultation<br>Rule Change                 | Challenge to rule change to weaken the Endangered Species Act's consultation requirements and procedures.  | ESA  | Natural Resources Defense Council, et al v. United States Department of Interior, 08- 5605MHP (N.D. Cal.)  |
| Salmon BiOp<br>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<br>NEPA<br>APA                                   | San Luis & Delta-Mendota Water Authority v. Locke, 1:09-cv-01053 OWW (E.D. Cal., Fresno)   |
| Defending<br>Salmon<br>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<br>APA   | In Re: Dow AgroSciences, et al.,<br>No. 09-1941 (4 <sup>TH</sup> Cir.)   |
| Salmon<br>Pesticide BiOp<br>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 salmonids.   | APA<br>ESA   | NCAP v. EPA, 2:10-cv-01919-TSZ<br>(W.D. Wash.)   |
| San Joaquin<br>Takings Case<br>Intervention        | Petition for Intervention in US Court of Claims opposing liability of US for salmon restoration under San Joaquin Settlement Agreement. Intervention ultimately was denied, ending our involvement in this case.   | US Constitution                                      | Wolfsen Land & Cattle Co, et al.,<br>v. US, US Court of Claims, CV10-<br>580L  |
| Groundfish<br>Catch Share<br>Petition              | Declaratory relief claim to invalidate west coast groundfish fishery catch share quota program.  | Magnuson-<br>Stevens Act;<br>APA; NEPA               | Pacific Coast Federation of Fishermen's Assns., et al. v. Gary Locke, N.D. Cal. SF, CV10- 4790MEJ  |
| CA Central<br>Valley<br>Selenium<br>Pollution Case | Challenge to legality of State waivers pursuant to delegated authority under federal Clean Water Act for selenium and other toxic pollution from California Central Valley Project federal irrigation facilities. US Bureau of Reclamation and San Luis & Delta-Mendota Water Authority co-Defendants. | Clean Water<br>Act; CA water<br>quality<br>standards | Pacific Coast Federation of Fishermen's Associations et al., v. Glasser, et al. (US Dist. Ct., Eastern Dist. CA, Cival Case No. 2:11-CV-2980-KJM(CKD)) |
| CA Central<br>Valley Water                         | Challenge under NEPA to eight (8) BOR CVP long-term water delivery   | CVPIA<br>NEPA  | PCFFA, et. al. v. US Dept. of Interior, BOR, US Dist. Ct.,   |

| Project Water | contracts.                               |       | California (Eastern Dist.), Case      |
|---------------|--|-------|---------------------------------------|
| Delivery      |  |       | No. 1:12-CV-01303-LJO-MJS.            |
| Contracts     |  |       |                                       |
| CA Central    | Central Valley water district challenges | CVPIA | San Luis & Delta-Mendota Water        |
| Valley Water  | to BOR emergency "pulse flow"            | NEPA  | Authority and Westlands Water         |
| Project and   | decision in 2013 to keep certain flows   |       | District v. Jewell, et. al., US Dist. |
| Trinity Pulse | in the Trinity River to protect salmon   |       | Ct, California (Eastern Dist.)., No.  |
| Flows         | during the 2013 drought. PCFFA was       |       | 1:13-CV-01232-LJO-GSA                 |
|               | an Intervener.                           |       |                                       |

## (STATE COURTS)

| Columbia        | Original Case, now on appeal, on         | WA water       | Northwest Sportfishing Industry           |
|-----------------|--|----------------|---|
| River Spill Gas | Petition challenging higher than         | quality        | Assn. et al. v. WA Department of          |
| Discharge       | necessary dissolved nitrogen             | standards      | Ecology (Thurston Cty. Superior           |
| Limits          | standards for water spilled through      |                | Court, Case No. 10-2-01236-0),            |
|                 | dams on the Washington side of the       |                | and related appeals.                      |
|                 | Columbia River for salmon migrations.    |                |   |
| CA Suction      | Write of Mandate to prevent spending     | CA water       | Hillman et al. v. Cal. Dept. of Fish      |
| Dredging        | of California taxpayer money on CDFG     | quality        | & Game (Alameda Cty. Superior             |
| Taxpayer Suit   | issuing suction dredge mining permits    | standards;     | Court Case No. RG09-434444)               |
|                 | until new CEQA and California ESA-       | CEQA           | and related appeals to CA Court           |
|                 | compliant rules can be developed to      | CESA           | of Appeals, First Appellate District      |
|                 | prevent harms for ESA-listed             |                | (Case No. A126402) on key                 |
|                 | salmonids. PCFFA President Dave          |                | issues. This case is now                  |
|                 | Bitts is also a co-Plaintiff.            |                | coordinated and consolidated with         |
|                 |  |                | several other suction dredge              |
|                 |  |                | related cases in San Bernardino           |
|                 |  |                | County Superior Court, Case No JCPDS4720. |
| CA Scott and    | Writ of Mandate challenge to the legal   | CESA           | Klamath Riverkeeper, et al. v. Cal.       |
| Shasta Rivers   | sufficiency of a Programmatic            | CEQA           | Dept. of Fish & Game (Superior            |
| CESA            | Incidental Take permit system to allow   | Administrative | Court of San Francisco, Case No.          |
| Incidental Take | agricultural activities that "take"      | Procedures Act | CPF-09-509915), now on appeal             |
| Permit          | California ESA-listed coho salmon in     | (APA)          | from Plaintiff's victory at trial, but    |
| Program         | the Scott and Shasta Rivers.             |                | appeal suspended by DFG.                  |
| CA Scott River  | Writ of Mandamus seeking to require      | Public Trust   | Environmental Law Foundation, et          |
| Public Trust    | California Water Resources Control       | Doctrine       | al. v. State Water Resources              |
| Doctrine Case   | Board to assert Public Trust Doctrine    | Docume         | Control Board, et al. (Sacramento         |
| Bootimo odoo    | authority over groundwater aquifers      |                | Cty. Superior Court Civil Case No.        |
|                 | connected to or affecting surface water  |                | 34-2010-80000583) and related             |
|                 | flows for salmon in the Scott River of   |                | appeals.                                  |
|                 | Northern California.                     |                | S-F-20101                                 |
| OR Suction      | Challenge to OR 700PM general            | OR water       | Northwest Environmental Defense           |
| Dredging        | permit to allow suction dredging in that | quality        | Center v. OR Dept. of                     |
| Permits         | state in areas which affect salmonids.   | standards      | Environmental Quality                     |
|                 |  |                | (Multnomah Cty. Circuit Court             |
|                 | Settled and dismissed in May, 2012,      |                | Case No. 1009-14056)                      |

|                                     | with remand to new agency rulemaking.   |  |  |
|-------------------------------------|---|--|--|
| WA Fish<br>Consumption<br>Standards | A challenge to the State of Washington's and EPA approval of extremely low assumptions about how much fish and seafood WA consumers ingest as the basis for the states' toxic substances aquatic exposure and allowed pollution levels in fish and seafood. | Clean Water<br>Act; WA state<br>pollution control<br>standards | Puget Soundkeeper Alliance, et al., v. US EPA, US Dist. Ct., Washington (Western District), Case No. 2:13-cv-01839-JCC |

This list was prepared for those litigation actions filed or otherwise initiated after 1 January 2007 but also includes some litigation filed before that date that was active after that date or remains active. Some of these cases have been resolved but remain open to Court enforcement or continuing jurisdiction on remand. This list does not include any cases initiated by individual PCFFA members or member organizations, who are distinct legal entities separate from PCFFA. It also does not contain any cases in which PCFFA filed only an *Amicus* brief, of which there have been many. And it does not include non-court administrative petitions or appeals procedures (such as before FERC or PUCs) in which PCFFA is an Intervener.

PCFFAvsFedsStateCasesSince01-01-07 (Last update 02-24-14)

### Form **990-EZ**

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, 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.

OMB No. 1545-1150

2010

**Open to Public** Inspection

| A          | For the      | 2010 calendar year, or tax year beginning 11/01 , 2010, and ending  | 10/31              | , 20 11                    |  |  |
|------------|--------------|---|--------------------|----------------------------|--|--|
| В          | Check if a   | applicable: C Name of organization C  | Employer id        | dentification number       |  |  |
|            | Address      | change PACIFIC COAST FEDERATION OF FISHERMENS ASSOCIATIONS INC  |                    | 04-2282359                 |  |  |
|            | Name ch      | ange Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E                           | E Telephone number |                            |  |  |
| H          | Initial retu | The Presidio PU Box 29370   | 415-561-5080       |                            |  |  |
| H          | Terminate    | City or town, state or country, and ZIP + 4   | Group Exe          | emption                    |  |  |
| П          |              | on pending San Francisco, CA 94129  | Number             |                            |  |  |
| G          | Accoun       | ating Method: ☐ Cash ☑ Accrual Other (specify) ► H Ch   | heck ▶ □           | if the organization is not |  |  |
|            | Websi        |   | quired to at       | tach Schedule B            |  |  |
| J          | Гах-ехе      |   | orm 990, 99        | 0-EZ, or 990-PF).          |  |  |
|            | Check I      |   | rmally not m       | ore than \$50,000. A       |  |  |
|            | Form 9       | 90-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruction                | ons). But if t     | he organization chooses    |  |  |
|            | to file a    | return, be sure to file a complete return.  |                    |                            |  |  |
| L          | Add lines    | s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (F | Part II,           |                            |  |  |
| line       | 25, col      | lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ   | . > 9              | 92,584                     |  |  |
| P          | art I        | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in   | structions         | s for Part I.)             |  |  |
|            |              | Check if the organization used Schedule O to respond to any question in this Part I .                                   |                    |                            |  |  |
|            | 1            | Contributions, gifts, grants, and similar amounts received  | . 1                | 51,320                     |  |  |
|            | 2            | Program service revenue including government fees and contracts   | . 2                | 0                          |  |  |
|            | 3            | Membership dues and assessments   | . 3                | 41,224                     |  |  |
|            | 4            | Investment income   | . 4                | 40                         |  |  |
|            | 5a           | Gross amount from sale of assets other than inventory 5a  | 0                  |                            |  |  |
|            | b            | Less: cost or other basis and sales expenses  | 0                  |                            |  |  |
|            | C            | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                 | . 5c               | 0                          |  |  |
|            | 6            | Gaming and fundraising events   |                    |                            |  |  |
|            | a            | Gross income from gaming (attach Schedule G if greater than   |                    |                            |  |  |
| ne         |              | \$15,000)   | 0                  |                            |  |  |
| Revenue    | b            | Gross income from fundraising events (not including \$ 0 of contributions   |                    |                            |  |  |
| 36         |              | from fundraising events reported on line 1) (attach Schedule G if the   |                    |                            |  |  |
|            |              | sum of such gross income and contributions exceeds \$15,000)   6b   | 0                  |                            |  |  |
|            | C            | Less: direct expenses from gaming and fundraising events 6c   | 0                  |                            |  |  |
|            | d            | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra                                 | act                |                            |  |  |
|            |              | line 6c)  | · 6d               | 0                          |  |  |
|            | 7a           | Gross sales of inventory, less returns and allowances   | 0                  |                            |  |  |
|            | b            | Less: cost of goods sold  | 0                  |                            |  |  |
|            | C            | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  | . 7c               | 0                          |  |  |
|            | 8            | Other revenue (describe in Schedule O)  | . 8                | 0                          |  |  |
|            | 9            | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | ▶ 9                | 92,584                     |  |  |
|            | 10           | Grants and similar amounts paid (list in Schedule O)  | . 10               | 0                          |  |  |
|            | 11           | Benefits paid to or for members   | . 11               | 0                          |  |  |
| 8          | 12           | Salaries, other compensation, and employee benefits   | . 12               | 48,537                     |  |  |
| ns.        | 13           | Professional fees and other payments to independent contractors   | . 13               | 2,651                      |  |  |
| Expenses   | 14           | Occupancy, rent, utilities, and maintenance   | . 14               | 5,001                      |  |  |
| ũ          | 15           | Printing, publications, postage, and shipping   | . 15               | 862                        |  |  |
|            | 16           | Other expenses (describe in Schedule O) See Schedule O, Statement 1   | . 16               | 16,873                     |  |  |
|            | 17           | Total expenses. Add lines 10 through 16   | <b>▶</b> 17        | 73,924                     |  |  |
| S          | 18           | Excess or (deficit) for the year (Subtract line 17 from line 9)   | . 18               | 18,660                     |  |  |
| Net Assets | 19           | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w                               |                    |                            |  |  |
| As         |              | end-of-year figure reported on prior year's return)   | . 19               | 84,200                     |  |  |
| et         | 20           | Other changes in net assets or fund balances (explain in Schedule O)  | . 20               | 0                          |  |  |
| Z          | 21           | Net assets or fund balances at end of year. Combine lines 18 through 20   | ▶ 21               | 102,860                    |  |  |

| Pa   | rt II Balance Sheets. (see the insti<br>Check if the organization used S   | ructions for Part II.)  | action in this Da   | et 11   |  |   |
|--|--|---|---|---|--|---|
|  | Check if the organization used s   | criedule O to respond to any qu   |   | Beginning of year   | · ·  | ✓<br>(B) End of year  |
| 22   | Cash, savings, and investments   |   | (4)   | 81,908  | 22   | 104,644   |
| 23   | Land and buildings   |   |   | 0 1,308   | 1 1  | 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 (  |   |   |   | 26   | 4,169   |
| 27   | Net assets or fund balances (line 27 c   |   |   | 84,200  | 27   | 102,860   |
| Par  |  |   |   |   |  | Expenses  |
|  | Check if the organization used S   |   |   | rt III  |  | quired for section<br>c)(3) and 501(c)(4)                                       |
| Wha  | t is the organization's primary exempt pur<br>ribe what was achieved in carrying out the org   | oose? See Schedule O, Statemer  | nt 2  | dooodba   | orga   | nizations and section   |
|  | ervices provided, the number of persons benef  |   |   |   | E TOTAL STREET   | 7(a)(1) trusts; optional others.)   |
|  |  |   |   |   | 101 0  | Juliers.)   |
| 28   | The organization services member fisherm   |   |   | elating to  |  |   |
|  | aid and to protect the fishing industry.   |   |   |   |  |   |
|  | (Grants \$ 0) If this  | amount includes foreign grants, o   | heck here   |   | 28a  | 0   |
| 29   |  | and an analysis of the second |   |   |  |   |
|  |  |   |   |   |  |   |
|  |  |   |   |   |  |   |
|  | (Grants \$ ) If this   | amount includes foreign grants, o   | heck here   | ▶ 🗆   | 29a  |   |
| 30   |  |   |   |   |  |   |
|  |  |   |   |   |  |   |
|  |  |   |   |   |  |   |
|  |  | amount includes foreign grants, o   |   |   | 30a  |   |
| 31   | Other program services (describe in Sche   |   |   |   |  |   |
|  | (Grants \$ 0) If this  | amount includes foreign grants, c   | heck here   | ▶ ⊔   | 31a  | 0   |
| THE RESERVE  | Total program service expenses (add lin  |   |   |   | 32   | 0   |
| Part   |  | , and key Employees. List each one  | even if not comper  | isated. (see the l  | nstru  | ctions for Part IV.)  |
|  | Check if the organization used S   | chedule O to respond to any que   | estion in this Par  | t IV  |  | ń   |
|  | Check if the organization used S   | chedule O to respond to any que   | estion in this Par  | t IV  |  |   |
|  | Check if the organization used S  (a) Name and address   | (b) Title and average hours per week  | (c) Compensation<br>(lf not paid,                                   | t IV  | ns to  | (e) Expense account and   |
| David  | (a) Name and address   | (b) Title and average   | estion in this Par  | d) Contribution<br>employee benefit<br>deferred comper                                | ns to  | (e) Expense account and   |
|  | (a) Name and address   | (b) Title and average hours per week devoted to position  | (c) Compensation<br>(lf not paid,                                   | t IV  | ns to  | (e) Expense account and   |
| РО В   | (a) Name and address I Bitts ox 29370, San Francisco, CA 94129   | (b) Title and average hours per week devoted to position  | (c) Compensation<br>(lf not paid,                                   | d) Contribution<br>employee benefit<br>deferred comper                                | ns to  | (e) Expense account and other allowances  |
| PO B<br>Larry  | (a) Name and address I Bitts ox 29370, San Francisco, CA 94129 Collins   | (b) Title and average hours per week devoted to position  President, 0  | (c) Compensation<br>(lf not paid,                                   | t IV  | ns to<br>plans &<br>nsation  | (e) Expense account and other allowances  |
| PO B<br>Larry<br>PO B  | (a) Name and address I Bitts ox 29370, San Francisco, CA 94129 Collins ox 29370, San Francisco, CA 94129   | (b) Title and average hours per week devoted to position  President, 0  | (c) Compensation<br>(lf not paid,                                   | t IV  | ns to<br>plans &<br>nsation  | (e) Expense account and other allowances  |
| PO B<br>Larry<br>PO B<br>Mike  | (a) Name and address I Bitts ox 29370, San Francisco, CA 94129 Collins   | (b) Title and average hours per week devoted to position  President, 0  Vice President, 0   | (c) Compensation<br>(lf not paid,                                   | t IV  | ns to plans 8 insation 0   | (e) Expense account and other allowances  |
| PO B<br>Larry<br>PO B<br>Mike<br>PO B  | (a) Name and address I Bitts ox 29370, San Francisco, CA 94129 Collins ox 29370, San Francisco, CA 94129 Stiller   | (b) Title and average hours per week devoted to position  President, 0  Vice President, 0   | (c) Compensation<br>(lf not paid,                                   | t IV  | ns to plans 8 insation 0   | (e) Expense account and other allowances  0  0                                  |
| PO B<br>Larry<br>PO B<br>Mike<br>PO B<br>Dunc  | (a) Name and address  I Bitts ox 29370, San Francisco, CA 94129 Collins ox 29370, San Francisco, CA 94129 Stiller ox 29370, San Francisco, CA 94129 an MacLean   | (b) Title and average hours per week devoted to position  President, 0  Vice President, 0  Treasurer, 0   | (c) Compensation<br>(lf not paid,                                   | t IV  | ns to plans & sation 0   | (e) Expense account and other allowances  |
| PO B<br>Larry<br>PO B<br>Mike<br>PO B<br>Dunc<br>PO B  | (a) Name and address I Bitts ox 29370, San Francisco, CA 94129 Collins ox 29370, San Francisco, CA 94129 Stiller ox 29370, San Francisco, CA 94129   | (b) Title and average hours per week devoted to position  President, 0  Vice President, 0  Treasurer, 0   | (c) Compensation<br>(lf not paid,                                   | t IV  (d) Contribution employee benefit deferred comper  0  0  0                      | ns to plans & sation 0   | (e) Expense account and other allowances  |
| PO B<br>Larry<br>PO B<br>Mike<br>PO B<br>Dunc<br>PO B  | (a) Name and address  I Bitts  ox 29370, San Francisco, CA 94129  Collins ox 29370, San Francisco, CA 94129  Stiller ox 29370, San Francisco, CA 94129 an MacLean ox 29370, San Francisco, CA 94129  | (b) Title and average hours per week devoted to position  President, 0  Vice President, 0  Treasurer, 0  Secretary, 0  Executive Director, 40   | estion in this Pal<br>(c) Compensatio<br>(lf not paid,<br>enter -0) | t IV  (d) Contribution employee benefit deferred comper  0  0  0                      | ns to plans & sation 0   | (e) Expense account and other allowances  0  0  0                               |
| PO B<br>Larry<br>PO B<br>Mike<br>PO B<br>Dunc<br>PO B<br>Willia  | (a) Name and address d Bitts ox 29370, San Francisco, CA 94129 Collins ox 29370, San Francisco, CA 94129 Stiller ox 29370, San Francisco, CA 94129 an MacLean ox 29370, San Francisco, CA 94129 m F Zeke Grader  | (b) Title and average hours per week devoted to position  President, 0  Vice President, 0  Treasurer, 0  Secretary, 0   | estion in this Pal<br>(c) Compensatio<br>(lf not paid,<br>enter -0) | t IV  (d) Contribution employee benefit deferred comper  0  0  0                      | ns to plans & sation 0   | (e) Expense account and other allowances  0  0  0  0                            |
| PO B<br>Larry<br>PO B<br>Mike<br>PO B<br>Dunc<br>PO B<br>Willia<br>PO B<br>Craig   | (a) Name and address d Bitts ox 29370, San Francisco, CA 94129 Collins ox 29370, San Francisco, CA 94129 Stiller ox 29370, San Francisco, CA 94129 an MacLean ox 29370, San Francisco, CA 94129 m F Zeke Grader ox 29370, San Francisco, CA 94129  | (b) Title and average hours per week devoted to position  President, 0  Vice President, 0  Treasurer, 0  Secretary, 0  Executive Director, 40  Trustee, 0   | estion in this Pal<br>(c) Compensatio<br>(lf not paid,<br>enter -0) | t IV  (d) Contribution employee benefit deferred comper  0  0  0  0  98               | ons to plans 8 isation 0 0 0 0 0   | (e) Expense account and other allowances  0  0  0  0                            |
| PO B<br>Larry<br>PO B<br>Mike<br>PO B<br>Dunc<br>PO B<br>Willia<br>PO B<br>Craig<br>PO B   | (a) Name and address d Bitts ox 29370, San Francisco, CA 94129 Collins ox 29370, San Francisco, CA 94129 Stiller ox 29370, San Francisco, CA 94129 an MacLean ox 29370, San Francisco, CA 94129 m F Zeke Grader ox 29370, San Francisco, CA 94129 Barbre ox 29370, San Francisco, CA 94129 Barbre ox 29370, San Francisco, CA 94129 n Newman   | (b) Title and average hours per week devoted to position  President, 0  Vice President, 0  Treasurer, 0  Secretary, 0  Executive Director, 40   | estion in this Pal<br>(c) Compensatio<br>(lf not paid,<br>enter -0) | t IV  (d) Contribution employee benefit deferred comper  0  0  0  0  98               | ons to plans 8 isation 0 0 0 0 0   | (e) Expense account and other allowances  0  0  0  0  0                         |
| PO B<br>Larry<br>PO B<br>Mike<br>PO B<br>Dunc<br>PO B<br>Willia<br>PO B<br>Craig<br>PO B   | (a) Name and address d Bitts ox 29370, San Francisco, CA 94129 Collins ox 29370, San Francisco, CA 94129 Stiller ox 29370, San Francisco, CA 94129 an MacLean ox 29370, San Francisco, CA 94129 m F Zeke Grader ox 29370, San Francisco, CA 94129 Barbre ox 29370, San Francisco, CA 94129 n Newman ox 29370, San Francisco, CA 94129  | (b) Title and average hours per week devoted to position  President, 0  Vice President, 0  Treasurer, 0  Secretary, 0  Executive Director, 40  Trustee, 0  Trustee, 0   | estion in this Pal<br>(c) Compensatio<br>(lf not paid,<br>enter -0) | t IV  (d) Contribution employee benefit deferred comper  0  0  0  0  0  0             | ons to plans 8 sation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | (e) Expense account and other allowances  0  0  0  0  0  0  0  0                |
| PO B Larry PO B Mike PO B Dunc PO B Willia PO B Craig PO B Aaror PO B  | (a) Name and address  I Bitts ox 29370, San Francisco, CA 94129 Collins ox 29370, San Francisco, CA 94129 Stiller ox 29370, San Francisco, CA 94129 an MacLean ox 29370, San Francisco, CA 94129 m F Zeke Grader ox 29370, San Francisco, CA 94129 Barbre ox 29370, San Francisco, CA 94129 I Newman ox 29370, San Francisco, CA 94129 I Newman ox 29370, San Francisco, CA 94129 McCorkle   | (b) Title and average hours per week devoted to position  President, 0  Vice President, 0  Treasurer, 0  Secretary, 0  Executive Director, 40  Trustee, 0   | estion in this Pal<br>(c) Compensatio<br>(lf not paid,<br>enter -0) | t IV  (d) Contribution employee benefit deferred comper  0  0  0  0  0  0             | ons to plans 8 sation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | (e) Expense account and other allowances  0  0  0  0  0  0  0  0                |
| PO B  Craig PO B  Craig PO B  Craig PO B  Aaron PO B  Mike   | (a) Name and address  I Bitts ox 29370, San Francisco, CA 94129 Collins ox 29370, San Francisco, CA 94129 Stiller ox 29370, San Francisco, CA 94129 an MacLean ox 29370, San Francisco, CA 94129 m F Zeke Grader ox 29370, San Francisco, CA 94129 Barbre ox 29370, San Francisco, CA 94129 I Newman ox 29370, San Francisco, CA 94129 McCorkle ox 29370, San Francisco, CA 94129 McCorkle   | (b) Title and average hours per week devoted to position  President, 0  Vice President, 0  Treasurer, 0  Secretary, 0  Executive Director, 40  Trustee, 0  Trustee, 0  Trustee, 0   | estion in this Pal<br>(c) Compensatio<br>(lf not paid,<br>enter -0) | t IV  | ons to plans & stoplans & stoplans & sation of the plans & satisfies & satisfies & satisfies & satisfies & satisfies & satisfies & | (e) Expense account and other allowances  0  0  0  0  0  0  0  0  0             |
| PO B Mike PO B Dunc PO B Willia PO B Craig PO B Aaron PO B G Mike PO B G G G G G G G G G G G G G G G G G G G   | (a) Name and address  I Bitts ox 29370, San Francisco, CA 94129 Collins ox 29370, San Francisco, CA 94129 Stiller ox 29370, San Francisco, CA 94129 an MacLean ox 29370, San Francisco, CA 94129 m F Zeke Grader ox 29370, San Francisco, CA 94129 Barbre ox 29370, San Francisco, CA 94129 I Newman ox 29370, San Francisco, CA 94129 McCorkle ox 29370, San Francisco, CA 94129 McCoray  | (b) Title and average hours per week devoted to position  President, 0  Vice President, 0  Treasurer, 0  Secretary, 0  Executive Director, 40  Trustee, 0  Trustee, 0   | estion in this Pal<br>(c) Compensatio<br>(lf not paid,<br>enter -0) | t IV  (d) Contribution employee benefit deferred comper  0  0  0  0  0  0  0  0  0  0 | ons to plans 8 sation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | (e) Expense account and other allowances  0  0  0  0  0  0  0  0  0             |
| PO B  Craig  PO B  Aaron  PO B  Mike  PO B  Mike  PO B  Mike  Millia  PO B  Mike   | (a) Name and address  I Bitts Ox 29370, San Francisco, CA 94129 Collins Ox 29370, San Francisco, CA 94129 Stiller Ox 29370, San Francisco, CA 94129 an MacLean Ox 29370, San Francisco, CA 94129 m F Zeke Grader Ox 29370, San Francisco, CA 94129 Barbre Ox 29370, San Francisco, CA 94129 I Newman Ox 29370, San Francisco, CA 94129 McCorkle Ox 29370, San Francisco, CA 94129 McCoray Ox 29370, San Francisco, CA 94129 McCray Ox 29370, San Francisco, CA 94129   | (b) Title and average hours per week devoted to position President, 0  Vice President, 0  Treasurer, 0  Secretary, 0  Executive Director, 40  Trustee, 0  Trustee, 0  Trustee, 0  Trustee, 0  | estion in this Pal<br>(c) Compensatio<br>(lf not paid,<br>enter -0) | t IV  | ons to plans & stoplans & stoplans & stoplans & stoplans & station of the station | (e) Expense account and other allowances  0  0  0  0  0  0  0  0  0  0  0  0  0 |
| PO B  Craig PO B  Aaron PO B  Mike PO B  Mike PO B  Craig PO B  Aaron PO B  Mike PO B  Mike PO B  Mike   | (a) Name and address  I Bitts Ox 29370, San Francisco, CA 94129 Collins Ox 29370, San Francisco, CA 94129 Stiller Ox 29370, San Francisco, CA 94129 an MacLean Ox 29370, San Francisco, CA 94129 m F Zeke Grader Ox 29370, San Francisco, CA 94129 Barbre Ox 29370, San Francisco, CA 94129 n Newman Ox 29370, San Francisco, CA 94129 McCorkle Ox 29370, San Francisco, CA 94129 McCray Ox 29370, San Francisco, CA 94129 Ricketts | (b) Title and average hours per week devoted to position  President, 0  Vice President, 0  Treasurer, 0  Secretary, 0  Executive Director, 40  Trustee, 0  Trustee, 0  Trustee, 0   | estion in this Pal<br>(c) Compensatio<br>(lf not paid,<br>enter -0) | t IV  | ons to plans & stoplans & stoplans & sation of the plans & satisfies & satisfies & satisfies & satisfies & satisfies & satisfies & | (e) Expense account and other allowances  0  0  0  0  0  0  0  0  0  0  0  0  0 |
| PO B  Craig PO B  Mike PO B  Craig PO B  Craig PO B  Craig PO B  Craig PO B  Mike PO B  Mike PO B  Mike PO B  Mike   | (a) Name and address  I Bitts Ox 29370, San Francisco, CA 94129 Collins Ox 29370, San Francisco, CA 94129 Stiller Ox 29370, San Francisco, CA 94129 an MacLean Ox 29370, San Francisco, CA 94129 m F Zeke Grader Ox 29370, San Francisco, CA 94129 Barbre Ox 29370, San Francisco, CA 94129 I Newman Ox 29370, San Francisco, CA 94129 McCorkle Ox 29370, San Francisco, CA 94129 McCray Ox 29370, San Francisco, CA 94129 McCray Ox 29370, San Francisco, CA 94129 McCray Ox 29370, San Francisco, CA 94129 Ricketts Ox 29370, San Francisco, CA 94129 Ricketts Ox 29370, San Francisco, CA 94129   | (b) Title and average hours per week devoted to position President, 0  Vice President, 0  Treasurer, 0  Secretary, 0  Executive Director, 40  Trustee, 0  Trustee, 0  Trustee, 0  Trustee, 0  | estion in this Pal<br>(c) Compensatio<br>(lf not paid,<br>enter -0) | t IV  | ons to plans & stoplans & stoplans & stoplans & stoplans & station of the stoplans & station of the station of  | (e) Expense account and other allowances  0  0  0  0  0  0  0  0  0  0  0  0  0 |
| PO B Mike PO B Mike PO B Millia PO B Millia PO B Mike  | (a) Name and address  I Bitts Ox 29370, San Francisco, CA 94129 Collins Ox 29370, San Francisco, CA 94129 Stiller Ox 29370, San Francisco, CA 94129 an MacLean Ox 29370, San Francisco, CA 94129 m F Zeke Grader Ox 29370, San Francisco, CA 94129 Barbre Ox 29370, San Francisco, CA 94129 I Newman Ox 29370, San Francisco, CA 94129 McCorkle Ox 29370, San Francisco, CA 94129 McCray Ox 29370, San Francisco, CA 94129 Hudson   | (b) Title and average hours per week devoted to position President, 0  Vice President, 0  Treasurer, 0  Secretary, 0  Executive Director, 40  Trustee, 0  Trustee, 0  Trustee, 0  Trustee, 0  Trustee, 0  | estion in this Pal<br>(c) Compensatio<br>(lf not paid,<br>enter -0) | t IV  | ons to plans & stoplans & stoplans & stoplans & stoplans & station of the station | (e) Expense account and other allowances  0  0  0  0  0  0  0  0  0  0  0  0  0 |
| PO B Mike  | (a) Name and address  I Bitts ox 29370, San Francisco, CA 94129 Collins ox 29370, San Francisco, CA 94129 Stiller ox 29370, San Francisco, CA 94129 an MacLean ox 29370, San Francisco, CA 94129 m F Zeke Grader ox 29370, San Francisco, CA 94129 Barbre ox 29370, San Francisco, CA 94129 n Newman ox 29370, San Francisco, CA 94129 McCorkle ox 29370, San Francisco, CA 94129 McCorkle ox 29370, San Francisco, CA 94129 McCray ox 29370, San Francisco, CA 94129 McCray ox 29370, San Francisco, CA 94129 McCray ox 29370, San Francisco, CA 94129 Hudson ox 29370, San Francisco, CA 94129 Hudson  | (b) Title and average hours per week devoted to position  President, 0  Vice President, 0  Treasurer, 0  Secretary, 0  Executive Director, 40  Trustee, 0  Trustee, 0  Trustee, 0  Trustee, 0  Trustee, 0   | estion in this Pal<br>(c) Compensatio<br>(lf not paid,<br>enter -0) | t IV  | ons to plans & stop plans & sation of the pl | (e) Expense account and other allowances  0  0  0  0  0  0  0  0  0  0  0  0  0 |
| PO B Mike Mike Mike Mike Mike Mike Mike Mike   | (a) Name and address  I Bitts Ox 29370, San Francisco, CA 94129 Collins Ox 29370, San Francisco, CA 94129 Stiller Ox 29370, San Francisco, CA 94129 an MacLean Ox 29370, San Francisco, CA 94129 m F Zeke Grader Ox 29370, San Francisco, CA 94129 Barbre Ox 29370, San Francisco, CA 94129 I Newman Ox 29370, San Francisco, CA 94129 McCorkle Ox 29370, San Francisco, CA 94129 McCray Ox 29370, San Francisco, CA 94129 McCray Ox 29370, San Francisco, CA 94129 Hicketts Ox 29370, San Francisco, CA 94129 Hudson Ox 29370, San Francisco, CA 94129 Hudson Ox 29370, San Francisco, CA 94129 Hudson Ox 29370, San Francisco, CA 94129 Hart   | (b) Title and average hours per week devoted to position  President, 0  Vice President, 0  Treasurer, 0  Secretary, 0  Executive Director, 40  Trustee, 0   | estion in this Pal<br>(c) Compensatio<br>(lf not paid,<br>enter -0) | t IV  | ons to plans & stoplans & stoplans & stoplans & stoplans & station of the stoplans & station of the station of  | (e) Expense account and other allowances  0  0  0  0  0  0  0  0  0  0  0  0  0 |
| PO B Mike PO B M | (a) Name and address  I Bitts ox 29370, San Francisco, CA 94129 Collins ox 29370, San Francisco, CA 94129 Stiller ox 29370, San Francisco, CA 94129 an MacLean ox 29370, San Francisco, CA 94129 m F Zeke Grader ox 29370, San Francisco, CA 94129 Barbre ox 29370, San Francisco, CA 94129 n Newman ox 29370, San Francisco, CA 94129 McCorkle ox 29370, San Francisco, CA 94129 McCorkle ox 29370, San Francisco, CA 94129 McCray ox 29370, San Francisco, CA 94129 McCray ox 29370, San Francisco, CA 94129 McCray ox 29370, San Francisco, CA 94129 Hudson ox 29370, San Francisco, CA 94129 Hudson  | (b) Title and average hours per week devoted to position  President, 0  Vice President, 0  Treasurer, 0  Secretary, 0  Executive Director, 40  Trustee, 0   | estion in this Pal<br>(c) Compensatio<br>(lf not paid,<br>enter -0) | t IV  | ons to plans & stop plans & sation of the pl | (e) Expense account and other allowances  0  0  0  0  0  0  0  0  0  0  0  0  0 |

| Form 9                   | 990-EZ (2010)  |            | Р   | age 3    |
|--------------------------|--|------------|---|----------|
| Par                      | <b>Other Information</b> (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  | 33         |   | 1        |
| 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)   | 34         |   | 1        |
| 35                       | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.  |            |   |          |
| а                        | 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?   | 35a        |   | 1        |
| 36                       | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?   | 35b<br>36  |   | 1        |
| 37a<br>b<br>38a          | Enter amount of political expenditures, direct or indirect, as described in the instructions.   Did the organization file Form 1120-POL for this year?   | 37b<br>38a |   | <b>✓</b> |
| b<br>39<br>a<br>b<br>40a | If "Yes," complete Schedule L, Part II and enter the total amount involved   |            |   |          |
| 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 | 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  |            |   |          |
| е                        | 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        | a de la companya de | <b>√</b> |
| 41                       | List the states with which a copy of this return is filed. ▶ CA  |            |   |          |
| 42a                      |  | 415-56     |   | )        |
|                          | Located at ► The Presidio PO Box 29370, San Francisco, CA 94129 ZIP + 4 ►  | 941        | 29  |          |
| b                        | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial   |            | Yes   | No       |
|                          | account)?  | 42b        |   | <b>√</b> |
|                          | If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |            |   |          |
|                          | At any time during the calendar year, did the organization maintain an office outside of the U.S.?   | 42c        |   | <b>✓</b> |
| 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  | •          |   | <u> </u> |
| 44a                      | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   | 44a        | Yes   | No<br>✓  |
| 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  | 44b        |   | 1        |
| c<br>d                   | Did the organization receive any payments for indoor tanning services during the year?   | 44c<br>44d |   | 1        |
|                          |  | 000        |   |          |

| 45<br>a |   |  |                                  |                |   |              | and the second             |  |
|---------|---|--|----------------------------------|----------------|---|--------------|----------------------------|--|
|         |   |  |                                  |                |   |              | Yes                        | No   |
| а       | Is any related organization a controlled entity of  | the organization within the                                    | mear                             | ning of sectio | n 512(b)(13)?   | 45           |                            | 1  |
|         | Did the organization receive any payment from o   | or engage in any transaction                                   | n with                           | a controlled   | entity within the   |              |                            |  |
|         | meaning of section 512(b)(13)? If "Yes," Form   |  |                                  |                |   |              |                            |  |
|         | Form 990-EZ (see instructions)  |  |                                  |                |   | 45a          |                            |  |
| 46      | Did the organization engage, directly or indirectly   |  |                                  |                |   |              |                            |  |
|         | to candidates for public office? If "Yes," comple   | ete Schedule C, Part I   |                                  |                |   | 46           |                            | 1  |
| Part    | Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and 52, and complete the tables for lin Check if the organization used Schedule | 17(a)(1) nonexempt char<br>es 50 and 51.                       | itable                           | trusts mus     | t answer question   | All secons 4 | tion<br>7–49t              | <b>)</b>   |
|         |   |  |                                  |                |   |              | Yes                        | No   |
| 47      | Did the organization engage in lobbying activities  | s? If "Yes." complete Sche                                     | edule (                          | C. Part II     |   | 47           |                            | 1  |
| 48      | Is the organization a school as described in section  |  |                                  |                | E   | 48           |                            |  |
| 49a     | Did the organization make any transfers to an ex  |  |                                  |                |   | 49a          |                            |  |
| b       | If "Yes," was the related organization a section 5  |  |                                  |                |   | 49b          |                            |  |
| 50      | Complete this table for the organization's five his   |  | STATE OF THE PARTY OF THE PARTY. |                |   |              |                            | The state of the s |
|         | employees) who each received more than \$100,   |  |                                  |                |   |              |                            |  |
|         | (a) Name and address of each employee paid more than \$100,000  | (b) Title and average<br>hours per week<br>devoted to position | (c)                              | Compensation   | (d) Contributions to<br>employee benefit plans &<br>deferred compensation | ac           | Expen<br>count a<br>allowa | ind  |
| None    |   |  |                                  |                |   |              |                            |  |
|         |   |  |                                  |                |   |              |                            |  |
|         |   |  |                                  |                |   |              |                            |  |
|         |   |  |                                  |                |   | -            |                            |  |
|         |   |  |                                  |                |   |              |                            |  |
|         |   |  |                                  |                |   |              |                            |  |
|         |   |  |                                  |                |   |              |                            |  |
|         |   |  | -                                |                |   |              |                            |  |
|         |   |  |                                  |                |   |              |                            |  |
| f       | Total number of other employees paid over \$100   | 000  |                                  |                |   |              |                            |  |
| 51      | Complete this table for the organization's five h   |  | nende                            | ent contracto  | rs who each rec   | eived        | more                       | than   |
|         | \$100,000 of compensation from the organization   |  |                                  | one contracte  | no wito odon too  | 0,,,,,       |                            |  |
|         | (a) Name and address of each independent contractor   | paid more than \$100,000                                       |                                  | <b>(b)</b> Typ | e of service  | (c) Cor      | npensa                     | tion   |
| None    |   |  |                                  |                |   | 4            |                            |  |
|         |   |  |                                  |                |   |              |                            |  |
|         |   |  |                                  |                |   |              |                            |  |
|         |   |  |                                  |                |   |              |                            |  |
|         |   |  |                                  |                |   |              |                            |  |
|         |   |  |                                  |                |   |              |                            |  |
|         |   |  |                                  |                |   |              |                            |  |
|         |   |  |                                  |                |   |              |                            |  |
|         |   |  |                                  |                | 4   |              |                            |  |
| - 4     | Total mumb ou of other indicates and all the same   |  | 20                               |                | <b>8</b>  |              |                            |  |
| 52      | Total number of other independent contractors ex<br>Did the organization complete Schedule A? <b>Note</b>   |  |                                  | . P            | (a)(4)  |              |                            |  |

Sign
Here

| Signature of officer | Signature | Signat

Print/Type preparer's name

Preparer
Use Only

Firm's name

Firm's address ▶

May the IRS discuss this return with the preparer shown above? See instructions

Preparer's signature

Date

Check ☐ if self-employed

Firm's EIN ▶

Phone no.

Yes ☐ No

### Form 990-E7

### **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)

2011

OMB No. 1545-1150

Open to Public Inspection

19

20

102,860

96,850

0

Department of the Treasury Internal Revenue Service

Set 20 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 2011 calendar year, or tax year beginning . 2011, and ending , 20 11/01 C Name of organization B Check if applicable: D Employer identification number Address change PACIFIC COAST FEDERATION OF FISHERMENS ASSOCIATIONS INC 94-2282359 Name change Room/suite Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return The Presidio PO Box 29370 415-561-5080 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number > San Francisco, CA 94129 Application pending Cash 4 Accrual G Accounting Method: Other (specify) H Check ▶ if the organization is not I Website: ▶ www.pcffa.org required to attach Schedule B J Tax-exempt status (check only one) — ☐ 501(c)(3) 4 501(c) ( 5 ) ◀ (insert no.) ☐ 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). if the organization is not a section 509(a)(3) supporting organization or a section 527 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 74,509 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Part I 1 Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received . . . . . 12,306 2 Program service revenue including government fees and contracts 2 0 3 3 62.194 4 4 9 Gross amount from sale of assets other than inventory 5a 0 Less: cost or other basis and sales expenses . . . . . . . . . . . 5b 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c 0 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a 0 b Gross income from fundraising events (not including \$ o of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 0 Less: direct expenses from gaming and fundraising events . . . 6c 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 Gross sales of inventory, less returns and allowances . . . . . 7a 7a 0 7b 0 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c 0 8 Other revenue (describe in Schedule O) . . . . . . . . . . . . . . . 8 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 74,509 10 Grants and similar amounts paid (list in Schedule O) 10 0 11 Benefits paid to or for members . . . . . . . . 11 0 12 Salaries, other compensation, and employee benefits . . . . . 12 51.366 13 Professional fees and other payments to independent contractors. 13 1,368 Occupancy, rent, utilities, and maintenance 14 14 5,268 15 Printing, publications, postage, and shipping . . . 15 1,139 Other expenses (describe in Schedule O) See Schedule O, Statement 1 16 16 21,378 17 Total expenses. Add lines 10 through 16 . 17 80,519 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . 18 18 -6,010 Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 

Other changes in net assets or fund balances (explain in Schedule 0) . . .

Net assets or fund balances at end of year. Combine lines 18 through 20

| Pa   |  | heets. (see the instructions<br>e organization used Schedul  |  | nov avaction in this   | Dort II  |                        | [4]  |
|--|--|--|--|--|--|------------------------|--|
| ACOMO PROPERTOR AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PER | Check ii the   | e organization used Schedul  | e O to respond to a  | arry question in this  | (A) Beginning of year  |                        | B) End of year   |
| 22   | Cash savings an  | d investments  |  |  | 104,644  | Account out the second | 98.889   |
| 23   |  | IS   |  |  |  | 23                     | 0  |
| 24   |  | cribe in Schedule O) See Sche  |  |  | 2,385  |                        | 661  |
| 25   | Total assets   |  |  |  | 107,029  | 25                     | 99,550   |
| 26   |  | lescribe in Schedule 0)  |  |  | 4,169  | 26                     | 2,700  |
| 27   | THE RESIDENCE OF THE PROPERTY  | nd balances (line 27 of colum  | n (B) <b>must</b> agree wi   | th line 21)  | 102,860  | 27                     | 96,850   |
| Par  |  | of Program Service Accon   |  |  |  |                        | Expenses   |
|  |  | organization used Schedule   |  |  | Part III   | (Requir                | red for section  |
| Wha  | t is the organization's  | s primary exempt purpose?  | See Schedule O, St   | atement 3  |  |                        | 3) and 501(c)(4) rations and section   |
| as n   | neasured by expens   | n's program service accompl<br>es. In a clear and concise r<br>ther relevant information for e   | manner, describe th  | of its three largest p<br>lie services provided  | rogram services,<br>I, the number of   |                        | (1) trusts; optional   |
| 28   | The organization ser<br>aid and to protect th  | vices member fishermen's ass<br>e fishing industry.  |  | acific Coast in matter   |  |                        |  |
|  | (Grants \$   | 0 ) If this amoun  | t includes foreian ar  | ants, check here .   | ▶ □  | 28a                    | 0  |
| 29   | An area considerate and a property of the second se |  | CONTRACTOR OF THE PROPERTY OF  | CANADA COMPANIA A CACAMATA COMPANIA COM | ADDRESS AND ADDRES |                        | THE CONTRACTOR OF THE PROPERTY |
|  |  | ~  |  |  |  |                        |  |
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|  | (Grants \$   | ) If this amount   | t includes foreign gr  | ants, check here .   |  | 29a                    |  |
| 30   | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  | ***********************************  |  | *************  |  |                        |  |
|  | **********   | **************************************   | ******   | ***********************  |  |                        |  |
|  | ***************************************  | ********************************   | **************   | ***************  | **************************************   |                        |  |
| 04   | (Grants \$   |  |  | ants, check here .   |  | 30a                    |  |
| 31   | (Grants \$   | ces (describe in Schedule O)   |  |  |  | 240                    |  |
| 32   |  | rice expenses (add lines 28a   | through 21a)   | ants, check here .   |  | 31a                    | 0  |
| Par  |  | rs, Directors, Trustees, and Ke  |  |  |  |                        |  |
|  |  | organization used Schedule   |  |  |  |                        |  |
|  | militar (mara samata) in un discussi discussi di discussi di separata ne esperiale confer di discussi in bener of su   | e and address  | (b) Title and average<br>hours per week<br>devoted to position   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)  | (d) Health benefits,<br>contributions to employ  | ee (e) Es              |  |
| See S  | Schedule O, Statemen   | t 4  |  |  |  |                        |  |
|  | remontante de la companya de la comp<br>In transfer de la companya de la comp  | CONTRACTOR  |  |  |  |                        |  |
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| Par             |   |  |       | proseq     |
|-----------------|---|--|-------|------------|
| and work of the | instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi   | s Part   | Yes   | No         |
| 33              | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a   |  | 163   | 140        |
|                 | detailed description of each activity in Schedule O   | 33   |       | 4          |
| 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)  | 34   |       | 4          |
| 35a             | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  | 35a  |       | 4          |
| c               | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35b<br>35c   | ·     | d          |
| 36              | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N   | 36   |       | 4          |
| 37a             | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0   | A RESIDENCE OF THE PARTY OF THE |       |            |
| 38a             |   | 37b<br>38a   |       | 4          |
| b               |   |  |       |            |
| 39<br>a         | Section 501(c)(7) organizations. Enter: 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                      | 40b  |       |            |
| С               | 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   |  |       |            |
| е               | 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  |       | 4          |
| 41              | List the states with which a copy of this return is filed. ► CA   | AND THE PERSON NAMED IN  |       |            |
| 42a             | The organization's books are in care of ► Harriet Lew  Telephone no. ► 4  Located at ► The Presidio PO Box 29370. San Francisco. CA 94129  ZIP + 4 ►  | 415-56   | ***** | )          |
| b               | At any time during the calendar year, did the organization have an interest in or a signature or other authority over   | 941  | Yes   | No         |
|                 | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 42b  |       | 1          |
|                 | 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.  |  |       |            |
| С               | At any time during the calendar year, did the organization maintain an office outside the U.S.?   | 42c  |       | 1          |
| 43              | If "Yes," enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here   |  | . 1   | <b>-</b> 🗆 |
|                 | and enter the ambunitor tax exempt interest received of accided dailing the tax year  |  | Yes   | No         |
| 44a             | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44a  |       | 1          |
| 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   | 44a<br>44b   |       | 4          |
| c<br>d          | Did the organization receive any payments for indoor tanning services during the year?  | 44c<br>44d   |       | 4          |
| 45a<br>45b      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 45a  |       | 3          |

| Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in oppose to candidates for public office? If "Yes," complete Schedule C, Part I.    Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts on 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer of 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   |  |  |   |                           |   |  | Yes  | No   |
|---|--|--|---|---------------------------|---|--|--|--|
| Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts of 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer of and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule 0 to respond to any question in this Part VI.  47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the year? If "Yes," complete Schedule C. Part II.  48 Is the organization aschool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 46   |  |   |                           |   |  |  |  |
| S01(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer or and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule 0 to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the year? If "Yes," complete Schedule 0, Part II.  Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensation from the organization. If there is none employees (b) Name and address of each employee paid more trans 100.000 of compensation from the organization. Forms W-2/1099-4-ISS)  None  If Total number of other employees paid over \$100,000 ♦  If Total number of other employees paid over \$100,000 ♦  (a) Name and address of each independent contractors are checked to position from the organization. If there is none, enter "None."  (a) Name and address of each independent contractor paid more than \$100.000 for compensation from the organization. If there is none, enter "None."  (b) Type of service  If Total number of other independent contractor paid more than \$100.000 for compensation from the organization. If there is none, enter "None."  (d) Total number of other independent contractors each receiving over \$100,000 ♦  Did the organization complete Schedule A? Note: All section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexem                                   |  |  |   |                           |   |  |  | 4  |
| 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  147 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the year? If "Yes," complete Schedule C, Part II  148 Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  150 Did the organization make any transfers to an exempt non-charitable related organization?  150 Complete this table for the organization's five highest compensated employees other than offices, circ employees who exert received more than \$100.000 of compensation from the organization. If there is not employees with ore extended received more than \$100.000 of compensation from the organization. If there is not employees with the extended to position the second of the organization when the organization's five highest compensated independent contractors who exceeds the position of the organization of the organization's five highest compensated independent contractors who exceeds the position of the organization of the organization's five highest compensated independent contractors who exceeds the organization of the organization's five highest compensated independent contractors who exceeds \$100.000 of compensation from the organization's five highest compensated independent contractors who exceeds \$100.000 of compensation from the organization's five highest compensated independent contractors who exceeds \$100.000 of compensation from the organization's five highest compensation of the organization compete Schedule Schedule A  150 Did the organization complete Schedule Schedule A  151 Did the organization complete Schedule Schedule A  152 Did the organization complete Schedule Schedule A  153 Did the organization complete Schedule Schedule A  154 Did the organization organization complete Schedule Schedule A  155 Did the organization complete Schedule Schedule Schedule A  155 Did the organization complete Schedule               | Part   |  |   |                           |   |  |  |  |
| Check if the organization used Schedule O to respond to any question in this Part VI  47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the year? If "Yes," complete Schedule C., Part II  48 Is the organization activation and section 170(h)(1)(A)(ii)? If "Yes," complete Schedule E  49 Did the organization make any transfers to an exempt non-charitable related organization?  50 Complete this table for the organization's five highest compensated employees other than officers, directly and address of each employee paid more than \$100.000 of compensation from the organization. If there is not developed hours per week devoted to position  60 Name and address of each employee paid over \$100.000 . ▶  Complete this table for the organization's five highest compensated independent contractors who ead \$100.000 of compensation from the organization's five highest compensated independent contractors who ead \$100.000 of compensation from the organization's five highest compensated independent contractors who ead \$100.000 of compensation from the organization's five highest compensated independent contractors who ead \$100.000 of compensation from the organization's five highest compensated independent contractors who ead \$100.000 of compensation from the organization's five highest compensated independent contractors who ead \$100.000 of compensation from the organization's five highest compensated independent contractors who ead \$100.000 of compensation from the organization's five highest compensated independent contractors each receiving over \$100.000 . ▶  4 Total number of other independent contractors each receiving over \$100.000 . ▶  5 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  5 Left Period Rive Period Rive Period Rive Rive Rivers Rive           |  |  |   |                           | usts must answer  | questions 47   | 7-49k  | )  |
| Did the organization engage in lobbying activities or have a section 501(h) election in effect during the year? If "Yes," complete Schedule C, Part II  Is the organization a school as described in section 170(b)(1)(A)(III)? If "Yes," complete Schedule E  By the organization make any transfers to an exempt non-charitable related organization?  Complete this table for the organization as section 527 organization?  Complete this table for the organization in five highest compensation from the organization. If there is not exempt provides with each received more than \$100.000 of compensation from the organization. If there is not employees who each received more than \$100.000 of compensation from the organization of part week devoted to position  In the part of the organization of the organization is five highest compensation from the organization of the or                 |  | and 52, and complete the tables  | s for lines 50 and 5°   | 1.                        |   |  |  |  |
| year? If "Yes," complete Schedule C. Part II  48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |  | Check if the organization used So  | hedule O to respond   | d to any question in t    | his Part VI   |  |  |  |
| year? If "Yes," complete Schedule C. Part II  48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |  |  |   |                           |   |  | Yes  | No   |
| 48  | 47   |  |   | section 501(h) electio    | n in effect during the  | ne tax   |  |  |
| Did the organization make any transfers to an exempt non-charitable related organization?   |  | year? If "Yes," complete Schedule C, Pa  | rtll  |                           |   | 47   |  |  |
| Did the organization make any transfers to an exempt non-charitable related organization?   | 48   | Is the organization a school as described  | in section 170(b)(1)(A)(  | ii)? If "Yes," complete : | Schedule E  | 48   |  | -  |
| b If "Yes." was the related organization a section \$27 organization?  Complete this table for the organization's five highest compensated employees (other than officers, direct employees) who each received more than \$100,000 of compensation from the organization. If there is not generally a second organization from the organization of the paid more than \$100,000 of compensation from the organization. If there is not generally a second organization from the organization of the paid more than \$100,000 of compensation from the organization forms the organization of the paid of                | 49a  |  |   |                           |   | 49a  |  |  |
| Complete this table for the organization's five highest compensation from the organization. If there is not (4) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is not (4) Papartable compensation from the organization in the paid more than \$100,000 of compensation.  None  1 Total number of other employees paid over \$100,000 ▶  1 Complete this table for the organization's five highest compensated independent contractors who each \$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 (compensation from the organization and defense organization or the organization of the organization and defense organization complete. Schedule A? Note: All section \$510,000 ▶  2 Did the organization complete Schedule A? Note: All section \$510,000 ▶  2 Did the organization complete Schedule A? Note: All section \$510,000 ▶  3 Did the organization complete Schedule A? Note: All section \$510,000 ▶  2 Did the organization complete Schedule A? Note: All section \$510,000 ▶  3 Did the organization complete Schedule A? Note: All section \$510,000 ▶  3 Did the organization complete Schedule A? Note: All section \$510,000 ▶  4 Total number of other independent contractors each receiving over \$100,000 ▶  2 Did the organization complete Schedule A? Note: All section \$510,000 ▶  3 Did the organization complete Schedule A? Note: All section \$510,000 ▶  4 Total number of other independent contractors each receiving over \$100,000 ▶  5 Did the organization complete Schedule A? Note: All section \$510,000 ▶  5 Did the organization complete Schedule A? Note: All section \$510,000 ▶  5 Did the organization complete Schedule A? Note: All section \$510,000 ▶  5 Did the organization complete Schedule A? Note: All section \$510,000 ▶  5 Did the organization complete Schedule A? Note: All section \$510,000 ₱  5 Did the organization complete Schedule A? Note: All section \$510,000 ₱  5 | b  |  |   |                           |   | - Indiana and a second   |  |  |
| employees) who each received more than \$100,000 of compensation from the organization. If there is not (@) Health bandts.  (a) Name and address of each employee paid more than \$100,000 below that \$100,000 per week devoted to position    Total number of other employees paid over \$100,000   | 50   | Complete this table for the organization's   | s five highest comper   | nsated employees (oth     | ner than officers, dire   | ectors, truster  | es and   | d key  |
| (a) Name and address of each employee paid more than \$100.000 house per week devoted to position    Total number of other employees paid over \$100,000   Total number of other employees paid over \$100,000  |  | employees) who each received more tha  | n \$100,000 of compe  | nsation from the organ    | nization. If there is n   | one, enter "N  | one."  |  |
| Total number of other employees paid over \$100,000   | 40-166-bioro-exclusivesives  |  | (b) Title and average   | (a) Papartable            | (d) Health benefits,  |  | in things when we have been been   | Marine and the second  |
| Total number of other employees paid over \$100,000 .   |  |  |   |                           |   |  |  |  |
| f Total number of other employees paid over \$100,000 ▶  51 Complete this table for the organization's five highest compensated independent contractors who ead \$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)  None  10 Total number of other independent contractors each receiving over \$100,000 . ▶  52 Did the organization complete Schedule A? Note: All section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A   |  | para more transfers, see   | devoted to position   | (Forms W-2/1099-MISC)     |   | ed other com   | persau   | OH   |
| f Total number of other employees paid over \$100,000 ▶  51 Complete this table for the organization's five highest compensated independent contractors who ead \$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)  None  10 Total number of other independent contractors each receiving over \$100,000 . ▶  52 Did the organization complete Schedule A? Note: All section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A   | None   |  |   |                           |   |  |  |  |
| Complete this table for the organization's five highest compensated independent contractors who eac \$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  |  |  |   |                           |   |  |  |  |
| Complete this table for the organization's five highest compensated independent contractors who eac \$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  | anadométro remientados   |  | and the description of the second  |                           |   |  |  |  |
| Complete this table for the organization's five highest compensated independent contractors who eac \$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  | *******  |  |   |                           |   |  |  |  |
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| 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   | -  | \$100,000 of compensation from the orga  | anization. If there is no   | one, enter "None."        |   |  | *********  | -  |
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| nonexempt charitable trusts must attach a completed Schedule A  |  |  |   |                           | and 4947(a)(1)  |  |  |  |
| Under penalties of perjury. I declare than I have examined this return, including accompanying schedules and statements, and to the best of my kerner correct, and complete. Declaration of preparer (of the return, including accompanying schedules and statements, and to the best of my kerner correct.  Sign  Sign  Here  William Grader, Executive Director  Type or print name and title  Print/Type preparer's name  Preparer  Use Only  Firm's name  Firm's address ▶  Phone no.   |  |  |   |                           |   | ▶ ☐ Yes  | ПN   | lo   |
| Sign Here  William Grader, Executive Director Type or print name and title  Print/Type preparer's name  Preparer Use Only  Firm's name  Firm's address ▶  Phone no.   | AND DESCRIPTION OF THE PERSON  |  |   |                           | nts, and to the best of m   | knowledge and  | belief   | it is  |
| Sign     Signature of officer     Date       Here     William Grader, Executive Director       Type or print name and title       Paid Preparer     Print/Type preparer's name     Preparer's signature     Date     Check Self-emple       Preparer     Firm's name     Firm's EIN     Phone no.   |  |  |   |                           |   | nate in the age.   |  |  |
| Sign     Signature of officer     Date       Here     William Grader, Executive Director       Type or print name and title       Paid Preparer     Print/Type preparer's name     Preparer's signature     Date     Check Self-emple       Preparer     Firm's name     Firm's EIN     Phone no.   | white two constructions are  | The Sull of  |   |                           | 316   | 113  | May and Andrews A South  | INTERNATION CONTRACTOR   |
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### 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)

2012

OMB No 1545-1150

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. . 2012, and ending , 20 13 A For the 2012 calendar year, or tax year beginning 11/01 C Name of organization B Check if applicable: D Employer identification number PACIFIC COAST FEDERATION OF FISHERMENS ASSOCIATIONS INC Address change 94-2282359 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return The Presidio PO Box 29370 415-561-5080 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number > San Francisco, CA 94129 Application pending G Accounting Method: ☐ Cash ☐ Accrual Other (specify) ▶ H Check ▶ ☐ if the organization is not required to attach Schedule B Website: ▶ www.pcffa.org 527 (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — 501(c)(3) 4 501(c) ( 5 ) ◀ (insert no.) 4947(a)(1) or if the organization is not a section 509(a)(3) supporting organization or a section 527 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 76,289 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received . . . . . 39,583 2 Program service revenue including government fees and contracts 2 3 3 36,706 4 0 5a Gross amount from sale of assets other than inventory . 0 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a 0 Gross income from fundraising events (not including \$ o of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6h 0 Less: direct expenses from gaming and fundraising events . . . 6c 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances . . . 0 7a Less: cost of goods sold . . . . . . . . . . 0 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 0 8 Other revenue (describe in Schedule O) .\_ 8 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 76,289 10 Grants and similar amounts paid (list in Schedule O) 10 0 11 11 0 12 Salaries, other compensation, and employee benefits . . . . . 12 48,007 13 Professional fees and other payments to independent contractors . . . 13 4,988 Occupancy, rent, utilities, and maintenance . 14 14 4.200 15 15 802 16 Other expenses (describe in Schedule O) See Schedule O, Statement 1 16 20,773 Total expenses. Add lines 10 through 16 . . . . . . . 17 17 78.770 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . 18 -2.481Assets 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 96,850 Net Other changes in net assets or fund balances (explain in Schedule O) .\_ 20 20 0

Net assets or fund balances at end of year. Combine lines 18 through 20

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94,369

| EXPERIMENTAL PROPERTY AND ADDRESS OF THE PERSON OF THE PER | Balance Sheets (see<br>Check if the organizati   | on usea Scheau   | le O to respond to a   | try question in this   | railli   |   |  | . 4   |
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| as measured  | organization's program<br>by expenses. In a cle<br>fited, and other relevan  | ear and concise i  | manner, describe th  |  |  |   | '(a)(1) trusts<br>thers.)  | ; optional                                    |
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| 31 Other pro (Grants \$ 32 Total pro Part IV Li C David Bitts President Larry Collins Vice President Chuck Cappott Treasurer Stephanie Mutz Secretary William F Zeke Executive Direc Craig Barbre Trustee Mike Hudson  | ogram services (described or control of the control | be in Schedule O)  0) If this amoun  ses (add lines 28a  s, Trustees, and Ke  on used Schedule | t includes foreign granthrough 31a) .  Expression in through 31a)  | ants, check here  th one even if not commy question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  35,440   | consated (see the inspart IV   | 31a<br>32<br>32<br>32<br>32<br>32<br>69<br>69<br>69<br>60<br>00<br>00<br>00 | ions for P   | art IV) amount of ensation  0  0  0           |
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Short Form

| Part    |  |          |              |         |
|---------|--|----------|--------------|---------|
| 4       | instructions for Part V) Check if the organization used Schedule O to respond to any question in this  | Part     | Yes          | No      |
| 33      | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a  |          | 162          | INO     |
| zenii : | detailed description of each activity in Schedule O  | 33       |              | 1       |
| 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  |          |              |         |
| res No  | change on Schedule O (see instructions)  | 34       |              | 1       |
| 35a     | Did the organization have unrelated business gross income of \$1,000 or more during the year from business   | tt bit   |              | B4      |
|         | activities (such as those reported on lines 2, 6a, and 7a, among others)?  | 35a      |              | 1       |
| b       | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   | 35b      |              | à.      |
| С       | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c      | 56           | 1       |
| 36      | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N                                | 36       | 0            | 1       |
| 37a     | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a   |          |              |         |
| b       | Did the organization file Form 1120-POL for this year?   | 37b      |              |         |
| 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? .   | 38a      | 501          | 1       |
| b       | If "Yes," complete Schedule L, Part II and enter the total amount involved   |          |              |         |
| 39      | Section 501(c)(7) organizations. Enter:  |          |              |         |
| а       | 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  | 40b      |              |         |
| C       | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on some reduced and admits a section 501(c)(4) organizations.   | is a     |              |         |
|         | organization managers or disqualified persons during the year under sections 4912,   | 200      |              |         |
|         | 4955, and 4958   | A A LEE  |              |         |
| d       | reimbursed by the organization   | No.      | 7 (2)        |         |
| е       | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter   |          |              |         |
|         | transaction? If "Yes," complete Form 8886-T  | 40e      |              | 1       |
| 41      | List the states with which a copy of this return is filed ▶ CA   | 400      |              |         |
|         |  | 115-56   | 1-5080       | )       |
|         | Located at ► The Presidio PO Box 29370, San Francisco, CA 94129 ZIP + 4 ►  | 941      |              |         |
| b       | At any time during the calendar year, did the organization have an interest in or a signature or other authority over  |          | Yes          | No      |
|         | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 42b      |              | 1       |
|         | 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  | 76 T- 17 |              |         |
|         | and Financial Accounts.  |          |              |         |
| C       | At any time during the calendar year, did the organization maintain an office outside the U.S.?  | 42c      | b            |         |
|         | If "Yes," enter the name of the foreign country: ▶   | dt bic   | - 5          | 3       |
| 43      | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here  | xenor    | . 1          | <b></b> |
|         | and enter the amount of tax-exempt interest received or accrued during the tax year  | eoiter   | ida sabi     |         |
|         | complete. Declaration of pregister (other than officer) is based on all information of which prepare has any knowledge.  | ina iti  | Yes          | No      |
|         | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be  |          |              |         |
|         | completed instead of Form 990-EZ   | 44a      | 7387<br>7383 | 4       |
|         | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be   |          |              |         |
|         | completed instead of Form 990-EZ   | 44b      |              | 4       |
|         | Did the organization receive any payments for indoor tanning services during the year?   | 44c      | his          |         |
|         | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an  |          |              |         |
|         | explanation in Schedule O  | 44d      | 0 66         | -       |
|         | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 45a      |              | 8       |
|         | Did the organization receive any payment from or engage in any transaction with a controlled entity within the   |          |              |         |
| 05) XX  | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of   |          |              |         |

| erti   | ntraci statement requirements in   |  |  | Information (Note  | 'tentiO  | Yes  | No       |
|--|--|--|--|--|--|--|----------|
|  | the organization engage, directly or   |  |  |  | State of the last  |  |          |
|  | candidates for public office? If "Yes,"  |  |  |  | . 46   |  | 8        |
| Part VI  | Section 501(c)(3) organization   |  |  |  |  | Carrellia  |          |
|  | All section 501(c)(3) organizatio  |  |  |  |  |  | es       |
|  | 50 and 51 |  |  |  |  |  |          |
|  | Check if the organization used S   | cnedule O to respon  | a to any question in t   | nis Part VI  | erif to yar<br>anne on E   | Yes  | No       |
| 7 Did  | the organization engage in lobbyin   | n activities or have a   | section 501(h) election  | n in effect during the   | tax  | 162  | INO      |
|  | r? If "Yes," complete Schedule C, Pa   |  |  | behave esolder de  | . 47   |  |          |
|  | ne organization a school as described  |  |  | Schedule F   |  | 1 1  |          |
|  | the organization make any transfers  |  |  |  |  |  |          |
|  | Yes," was the related organization as  |  |  |  | . 49b  |  |          |
|  | nplete this table for the organization   |  |  |  | tors, trust  | ees an   | id ke    |
| emp  | oloyees) who each received more that   | an \$100,000 of compe  | ensation from the organ  | nization. If there is nor  | ne, enter "l   | None.'   | ,        |
|  | uctions P (37s 0)  | (b) Average  | (c) Reportable   | (d) Health benefits,   | upong neto   | a - 61   |          |
| d  | a) Name and title of each employee paid more than \$100,000  | hours per week   | compensation   | contributions to employee<br>benefit plans, and deferred   |  |  |          |
|  | rustee, or key employee or were  | devoted to position  | (Forms W-2/1099-MISC)  | compensation   | id the org   | O st   | 10       |
| ne   | ear covered by this return?  | at the end of the laxly  | rinibristatuo litia bris is  | ens made in a prior ye   | ry such lo   | 15   |          |
|  | 168  | . beviount involved .  | art II and enter the tolu  | molece Schedule L. P.  | 00 ",89'Y"   | ìl d   |          |
|  |  | -  | nter   | (c)(ii) organizations. (   | 03 notice  |  | 36       |
| 1011   | 186  |  | and no bebulent anoth  | is and capital continu   | tration fet  | nl B   |          |
|  | 10051  | Selfition (  | Lor public use of club   | pts, included on line t  | 19091 6801   | () d   |          |
|  | en denna tree year ander   | sansoro eni no becor   | MICK XEV TO INGOME 19TH  | (c)(3) organizations. It   | OC NOUSE   | 6 BL   | 19       |
|  | ST Allowed among parts make a second   |  | # 2189 B00098 ;  |  | 184 notice   |  |          |
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|  | loan too and tent tage only a m  | Anthonor therest or  | MANAGEMENT OF THE OFFI   | to (A)(0)100 bns (B)(0)  | OC GODOS   | 197 - 193<br>198   |          |
|  | in a prior year that has not been  | as benefit transaction<br>as "compare Schedu   | ganzational Licture de<br>dit engage in an excle<br>1990 or 990-EZP If 194   | (c)(3) and 501(c)(4) of<br>during the year, or di-<br>any of its orior Form  | noriopens<br>noriopens<br>no penico  | 6 6<br>11<br>31  |          |
| f Tota   | al number of other employees paid o  | ver \$100.000  | genizations. Uid the program of the  | (c)(3) and 501(c)(4) or<br>during the year, or di<br>any of its prior Form<br>1(c)(3) and 501(c)(4)  | noticeans<br>to behog<br>08 notice   | 0 0<br>U<br>U<br>2 5   |          |
|  | al number of other employees paid o  |  | A  | D 10 (SBV 911 0 Hub) mod 10 ms (SBV 911 0 Hub) mod 10 ms (SBV 911 0 Hub) contractors who eac   | h received   | l more   | thai     |
| 1 Con  | al number of other employees paid on applete this table for the organization 0,000 of compensation from the organization of the organization of the organization of the organization from the organization from the organization of the organization o | n's five highest comp  | ensated independent  | Contractors who each   | h received   | I more   | e thar   |
| 1 Con<br>\$10                                  | nplete this table for the organization 0,000 of compensation from the organization   | n's five highest comp<br>panization. If there is n   | ensated independent one, enter "None."   | Most02 How (510)   | 955, and 4   | A<br>D h   | e thai   |
| 1 Con<br>\$10                                  | nplete this table for the organization   | n's five highest comp<br>panization. If there is n   | ensated independent  | Most02 How (510)   | h received   | A<br>D h   | thar     |
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| Con<br>\$10<br>(a) Name                        | nplete this table for the organization 0,000 of compensation from the organization   | n's five highest comp<br>panization. If there is no<br>paid more than \$100,000  | ensated independent<br>one, enter "None."<br>(b) Type of serv  | o) (c)(3) at H 601 (c) (c)  y the on anization  At any time dt   | :) Compensat   | tion b   |          |
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| \$10<br>(a) Name                               | nplete this table for the organization 0,000 of compensation from the organization   | n's five highest comp<br>panization. If there is no<br>paid more than \$100,000  | ensated independent one, enter "None."  (b) Type of serving the se | Sec.  (c) (3) and 601 (c)  | c) Compensat   | A series and the series are series and the series and the series are series are series are series are series and the series are ser |          |
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