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

The Reauthorization of the Magnuson-Stevens Fishery Conservation and Management Act - Wednesday, September 11, 2013

For Individuals:

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

* * * * *

For Witnesses Representing Organizations:

1. Name:

Rod Moore

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

West Coast Seafood Processors Association

3. Business Address:

[Redacted for privacy]

4. Business Email Address:

[Redacted for privacy]

5. Business Phone Number:

[Redacted for privacy]

For all Witnesses

Mr. Rod Moore, West Coast Seafood Processors Association The Reauthorization of the Magnuson-Stevens Fishery Conservation and Management Act – Wednesday, September 11, 2013

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

Bachelor of Science in Natural Resource Management with minor in Fisheries Biology, University of Alaska-Fairbanks, 1976

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.

n/a

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.

Professional profile available at: [Redacted for privacy]

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.

n/a

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 response under (g) below

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.

n/a

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

Association held *amicus* status in *Natural Resources Defense Council et al v. Gary Locke, Secretary of Commerce et al*, Case # C-01-0421 JL, filed in the US District Court for the Northern District of California in 2009 which challenged biennial Pacific groundfish harvest specifications issued under the Magnuson Stevens Fishery Conservation and Management Act. Association in a separate action in the 9th Circuit Court of Appeals appealed denial of formal intervenor status in the NRDC case. A ruling was issued in the NRDC case on 4/23/2010. The Association's appeal was declared moot because the ruling had been issued in the underlying case.

Witnesses Representing Organizations

Mr. Rod Moore, West Coast Seafood Processors Association The Reauthorization of the Magnuson-Stevens Fishery Conservation and Management Act – Wednesday, September 11, 2013

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

I am employed as the executive director of the West Coast Seafood Processors Association and pursuant to the Association's bylaws serve as an *ex officio* member of the Board of Directors.

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).

n/a

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 response under (g) above

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.

n/a

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

-	. 99	20	Return of Organization Exempt From Inco	me Tay	e e e e e e e e e e e e e e e e e e e	OMB No. 1545-0047						
Forr	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung											
Dep	artment o	of the Treasury nue Service	benefit trust or private foundation)			Open to Public						
				ting require	ments.	Inspection						
			ndar year, or tax year beginning , 2012, and ending		Employe	, 20 r identification number						
В		f applicable:	C Name of organization West Coast Seafood Processors Assn Doing Business As		, cubioãe							
		s change	Number and street (or P.O. box if mail Is not delivered to street address) Room/suite		Telephon	<u>93-1129816</u>						
H	Name c	U U		1	•							
Η	Initial re Termina		1618 SW First Avenue 318 City, town or post office, state, and ZIP code 318	5		503-227-5076						
Η					Gross rec							
Η			Portland, OR 97201 F Name and address of principal officer:			celpts \$ 429360 or affiliates? Yes No						
]	Applica	tion pending	Rodney H. Moore, 1618 SW First Avenue, Suite 318, Portland, OR 97201	• •								
	Tay-ovo	empt status:	\Box 501(c)(3) \Box 501(c) (6) \triangleleft (insert no.) \Box 4947(a)(1) or \Box 527	• •		list. (see instructions)						
	Website		v.wcspa.com	H(c) Group e								
ĸ			Corporation Trust Association Other ► L Year of formation			of legal domicile: OR						
-	art I	Summ		1000	in otato t							
	1		scribe the organization's mission or most significant activities: Provide in	formation	and corvi	ices to members on						
-			Ilations and science. Provide information to the public on seafood processing									
Activities & Governance		199921-04		a maasa yi	*********	***********************						
naı				************	*********	***********************						
Nel	2	Check th	Check this box ▶									
G	3		of voting members of the governing body (Part VI, line 1a)		3	6						
s S	4		of independent voting members of the governing body (Part VI, line 1b)		4	0						
itie	5		nber of individuals employed in calendar year 2012 (Part V, line 2a)		5	3						
cţi	6		nber of volunteers (estimate if necessary)		6	0						
∢	7a		elated business revenue from Part VIII, column (C), line 12		7a	0						
	b		ated business taxable income from Form 990-T, line 34		7b	0						
				Prior Yea	l	Current Year						
đ	8	Contribu	tions and grants (Part VIII, line 1h)		0	0						
Revenue	9		service revenue (Part VIII, line 2g)		483295	427723						
eve	10	+	nt income (Part VIII, column (A), lines 3, 4, and 7d)		31	208						
ñ	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1786	1429						
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		485112	429360						
·	13		nd similar amounts paid (Part IX, column (A), lines 1–3)	****	0	0						
	14		paid to or for members (Part IX, column (A), line 4)		0	0						
ŷ	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	·····	254200	260861						
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		0	0						
be	b				a set statistic	eter market for a la section of the						
Ш	86284	156278										
	18		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		340484	417139						
	19		less expenses. Subtract line 18 from line 12		144628	12221						
Pa				inning of Curi		End of Year						
sets	20	Total ass	ets (Part X, line 16)		403793	416014						
Net Assets or Fund Ralances	21		ilities (Part X, line 26)		0							
Ret	22		ts or fund balances. Subtract line 21 from line 20		403793	416014						
	art II		ture Block			110014						

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

Sign Here	Signature of officer Type or print name and title			Date)
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if PTIN self-employed
Use Only	Firm's name 🕨	Firm's EIN 🕨			
	Firm's address 🕨	Phon	Phone no.		
May the IRS	discuss this return with the pre	parer shown above? (see instruc	tions)		🗌 Yes 🗌 No
For Paperwo	rk Reduction Act Notice, see the	Cat. No. 11282	Y	Form 990 (2012)	

ap lotice, see the sepa

Form 99	0 (2012	2)	F	Page 2
Part I	Ш	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III		
1	Brief	fly describe the organization's mission:		
	NON	VE		*******
	******		*******	
2	Did t	the organization undertake any significant program services during the year which were not listed on the	*****	
2			Yes 🗸	No
		/es," describe these new services on Schedule O.		1140
3		the organization cease conducting, or make significant changes in how it conducts, any program		
			Yes 🔽	1 No
	lf "Ye	/es," describe these changes on Schedule O.		
4		cribe the organization's program service accomplishments for each of its three largest program services, as	s measur	ed by
	expe	enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocati		
	the t	total expenses, and revenue, if any, for each program service reported.		
4a	(Cod	de:) (Expenses \$ including grants of \$) (Revenue \$)	i.
			**********	*******

	******	****		
		******	**********	

		·		

4b	(Cod	de:) (Expenses \$ including grants of \$) (Revenue \$))
			***********	*****

				. Ma ine 140 pri an as as as as


		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	******	***************************************		
4c	(Coc	de: ) (Expenses \$ including grants of \$ ) (Revenue \$	·	)
	******			
				********
			*********	
		***************************************		
	******			
	Othe	er program services (Describe in Schedule O.)		
		penses \$ including grants of \$ ) (Revenue \$ )		
- 4e	Tota	al program service expenses 🕨		

,

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

Form 990 (2012)

Form 990 (2012) Page 4 Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 1 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . . 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a with a disgualified person during the year? If "Yes," complete Schedule L, Part I . . . . . . . . . . . . . . . 25a Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior b year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . . . . 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28a а b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) С was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 1 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III. 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a J b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a √ controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 √ 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, ✓ 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38

Form 99	0 (2012)		Pag	e <b>5</b>
Part	V         Statements Regarding Other IRS Filings and Tax Compliance           Check if Schedule O contains a response to any question in this Part V	· · · ·	.	
10	Estau bla number van autori in Day 0 of Earra 1000. Entau 0, if nationalizable	ALE STREET	es N	lo
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable11Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable10			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c v	,	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b   v	liakani da	
3a	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		n register. F
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		
	account)?	4a		111111111
b	If "Yes," enter the name of the foreign country:			
Fo	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		
7	gifts were not tax deductible?	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
		7c	ambiest 25%	0.028%s
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e	885 X	
f	Did the organization receive any funds, directly of maneetity, to pay premiums on a personal benefit contract?	76 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		·
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Constant.
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a b	Did the organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	-		
Ň	against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ilitigaties	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	the organization is licensed to issue qualified health plans			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	unenne He	<u>~~~~~</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
P		Form	990 (ž	2012)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response to any question in this Part VI	ee inst	ructio	ons.
Section	on A. Governing Body and Management	····	• •	<u>Ľ.</u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . [1b] 0 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<u>√</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<u> </u>
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a		8a	<u>✓</u>	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	×	
5	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	1	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		de.)	
		Ť	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		$\checkmark$
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	82332		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a b	The organization's CEO, Executive Director, or top management official	15a 15b		$\checkmark$
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		√ 
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
·····	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501(«	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	of inter	est p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	,	

organization: Rodney H. Moore, 1618 SW First Avenue, Suite 318, Portland, OR 97201. 503-227-5076.

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

(A) Name and Title	<b>(B)</b> Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an		<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below dotteo line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Frank Dulcich, President		K		1				0	0	0
(2) Gene Bugatto, Vice President				1				0	0	0
(3) Jay Bornstein, Secretary/Treasurer				1				0	0	0
(4) Rod Moore, Executive Director	50	-				<b>_</b>		116620		0
(5)								110020		×
(6)		•								
(7)		-								1
(8)										
(9)								_		
(10)										
(11)								-		
(12)								-		
(13)								_		
(14)										

Form 990 (2012)

Page 7

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	<b>mployees</b> (c	ontinu	ed)
					(0							
	(A)	(B)	(do n	ot ch		ition more	e than c	one	(D)	(E)		(F)
	Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable compensation	Reportable compensation		Estimated amount of
		hours per week (list any					or/trust		from	related		other
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizatior (W-2/1099-M		compensation from the
		organizations	ecto	utio	er	guie	est c oyee	ē	(W-2/1099-MISC)	(1000-101		organization
		below dotted line)	or tr	าal t		loye	imo					and related organizations
		in ioj	stee	ruste		Φ	oens					organizations
				ĕ			ated					
(15)	******								·····			
(16)												
(17)												
(18)												
(4.0)												
(19)			-			1						
(20)	***											
(20)												
(21)												
<u></u>												
(22)												
	***************************************	*************										
(23)												
(24)										*******		***************************************
(25)												
								L				
1b	Sub-total			•	•	•			116620		0	0
C.	Total from continuation sheets to Part	-		•	•	•	• •					
d	Total (add lines 1b and 1c)							<b>&gt;</b>	116620		0	0
2	Total number of individuals (including bu		d to th	1056	e list	ted	above	∋) w	ho received m	ore than \$10	00,000	) of
	reportable compensation from the organ	ization P 1										Yes No
3	Did the organization list any former of	fficer direc	tor (	nr tr	net	<u></u>	kov a	۲mr	Novee or high	lest compe	neator	
Ŭ	employee on line 1a? If "Yes," complete											3
4	For any individual listed on line 1a, is the							-			om the	
-	organization and related organizations											
								•				4
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	/ ur	related organi	zation or ind	lividua	
	for services rendered to the organization	? If "Yes," o	comp	lete	Scl	hedi	ule J i	for s	such person			5
Sectio	on B. Independent Contractors											
1	Complete this table for your five highest	compensat	ed in	dep	end	lent	contr	act	ors that receiv	ed more tha	n \$100	0,000 of
	compensation from the organization. Re	port compe	ensati	on f	or tl	he c	alenc	lar y	year ending wi	th or within f	the org	ganization's tax
	year.											
	(A)	ducas							(B)			(C)
	Name and business add								Description of s	SELVICES		Compensation
<u>.                                    </u>												
								-				
								┢	rr ·			,
2	Total number of independent contractor	ors (includi	na h	ut n	not	limi	ted to	1 5 tł	nose listed ab	ove) who	wister	
_	received more than \$100,000 of compen								0	,		

Page **8** 

Form 9							Page 9
Part	VIII	Statement of Revenue					
100 marks		Check if Schedule O contains a respo	onse to any ques				
				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns 1a					
Gra	b	Membership dues 1b	427723				
fts,	C	Fundraising events <b>1c</b>					
, Gr nila	d e	Related organizations1dGovernment grants (contributions)1e	·			and the second	
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
đ	g	Noncash contributions included in lines 1a-1f: \$					
aŭ Co	ĥ	Total. Add lines 1a-1f	<b>. &gt;</b>	427723			
Program Service Revenue	2a		Business Code				
e Re	b				1014		
Š	C	****					
Sei	d		······································				
Iram	e						
rog	r g	All other program service revenue . <b>Total.</b> Add lines 2a–2f	L				
	3	Total. Add lines 2a-2f					
	-		· · · · · •	208			· ·
	4	Income from investment of tax-exempt b	ond proceeds >	<u> </u>			
	5	Royalties					
		(i) Real	(ii) Personal		Sector Sector		
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d Zo	Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other	AND THE AND THE REPORT OF A DATA		- and the state of the state of the	
	7a	assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	с	Gain or (loss)	<u> </u>				
	d	Net gain or (loss)	└ <u></u> ►				
an	8a	Gross income from fundraising					
/en		events (not including \$					
Other Revenue		of contributions reported on line 1c).					
ler		See Part IV, line 18 a					
Oth	b	Less: direct expenses b	Law warmen and the second seco				
	c	Net income or (loss) from fundraising	events . ►	1 (2010) - 2010 (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010)			The second s
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses k					
	с 10а	Net income or (loss) from gaming act Gross sales of inventory, less	ivities <b>&gt;</b>		and a second	And the second	
	_	returns and allowances a					
	b C	Less: cost of goods sold k Net income or (loss) from sales of inv					
	<u> </u>	Miscellaneous Revenue	Business Code	an trans and any are			
	11a				and an	and an article straight and the second straight and the second straight and the second straight and the second	
	b						
	c						
	d	All other revenue	1429				
	е	Total. Add lines 11a-11d	🕨	1429			Sincer Course
	12	Total revenue. See instructions.	<u> </u>	429360	l	l	Form <b>990</b> (2012

### Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX . . **(D)** Fundraising expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) (C) Program service expenses Management and general expenses 8b. 9b. and 10b of Part VIII. 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . 3 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . Benefits paid to or for members . . . . the second second Δ Compensation of current officers, directors, 5 trustees, and key employees . . . . 116620 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 . . . . . . 90727 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 5514 Other employee benefits . . . . . . . 9 28606 Payroll taxes . . . . . . . . . . . . 10 19394 Fees for services (non-employees): 11 Management . . . . . . . . а b Legal . . . . . . . . Accounting . . . . . . . . 1350 С Lobbying . . . . . . . . . . . . d Professional fundraising services. See Part IV, line 17 е f Investment management fees . . . . Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . Advertising and promotion . . . . 12 Office expenses . . . . . . 13 5817 . 14 Information technology . . . 15 Royalties . . . . . . . 16 Occupancy . . . . . . 14308 17 Travel . . . . . . . . . . . . . . 18777 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 5551 20 Interest . . . . . . . . . . . . . Payments to affiliates . . . . . . . . 21 Depreciation, depletion, and amortization . 22 23 3162 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) а b C d All other expenses 107313 е Total functional expenses. Add lines 1 through 24e 25 417139 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here F if following SOP 98-2 (ASC 958-720)

.

P	art X				
		Check if Schedule O contains a response to any question in this Part			
			<b>(A)</b> Beginning of year	-	<b>(B)</b> End of year
	1	Cash-non-interest-bearing	383793	1	396014
	2	Savings and temporary cash investments		_2	مىسە چەر يەر ئەر ئەر يەر يەر يەر يەر يەر يەر يەر يەر يەر ي
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	· · · · · · · · · · · · · · · · · · ·	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	and the second secon
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a</b>			
	b	Less: accumulated depreciation <b>10b</b>		10c	
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	20000		20000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	403793	16 17	416014
	17	Accounts payable and accrued expenses		17	
	18 19	Grants payable		10	
	20	Tax-exempt bond liabilities		20	······································
	20	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	······································
s	22	Loans and other payables to current and former officers, directors,	alasteri de Santa Santa Santa	TAL SA	
Liabilities	~~~	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
ses		Organizations that follow SFAS 117 (ASC 958), check here ► □ and complete lines 27 through 29, and lines 33 and 34.			
ane	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
p	29	Permanently restricted net assets		29	
Ĩ		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🔲 and			
p		complete lines 30 through 34.			
sts	30	Capital stock or trust principal, or current funds ..........	•	30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne	33	Total net assets or fund balances	403793		416014
	34	Total liabilities and net assets/fund balances	<u> </u>	34	F 000 (0040)

Form 99	0 (2012)			Pag	ge <b>12</b>
Part					
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	****	42	<u>9360</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		41	7139
3	Revenue less expenses. Subtract line 2 from line 1	3		1	<u>12221</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4(	<u>)3793</u>
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		4	<u>16014</u>
Part	XII Financial Statements and Reporting				
P	Check if Schedule O contains a response to any question in this Part XII	· ·			
			17 0 0 1 1 d	Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	in		
	Schedule O.		100		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			9732.2076.2	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled o	or 👘		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?				<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		- 1		
	of the audit, review, or compilation of its financial statements and selection of an independent accou				
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in 🔯		
	Schedule O.	_			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set				
	the Single Audit Act and OMB Circular A-133?		· <u>3a</u>		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2010

**Open to Public** 

Inspection

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

Department of the Treasury Internal Revenue Service

The o	organization	may hav	e to use :	a copy	of this	return t	o satisfy	state	reporting	requiren	nents.

<u>A</u>	For the		nd ending			, 20
в	Check if	applicable: C Name of organization West Coast Seafood Processors Assn		D	Employ	ver identification number
	Address	change Dolng Business As				93-1129816
	Name cl	hange Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E	Telepho	one number
	Initial re		318			503-227-5076
	Termina	ted City or town, state or country, and ZIP + 4				
$\checkmark$	Amende			9	Gross r	
	Applicat	ion pending F Name and address of principal officer:	н	l <b>(a)</b> Is this a g	group return	for affiliates? 🔲 Yes 🗹 No
		Rodney H. Moore, 1618 SW First Avenue, Suite 318, Portland, OR	97201 н			ncluded? Yes No
Trace and the second		mpt status: 501(c)(3)	527			list. (see instructions)
		te: • www.wcspa.com	Н			n number 🕨
100			ar of formation:	1993	M State	of legal domicile: Or
Р	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities:			and ser	vices to members on
ø		laws, regulations and science. Provide information to the public on seafood	d processing i	industry.		****
Activities & Governance		***************************************	****			
'ern						***
202	2	Check this box ► ☐ if the organization discontinued its operations or disposed of more				
ъ	3	Number of voting members of the governing body (Part VI, line 1a) .			3	6
ties	4	Number of independent voting members of the governing body (Part VI,		4	0	
tivi	5	Total number of individuals employed in calendar year 2010 (Part V, line			5	3
Ac	6	Total number of volunteers (estimate if necessary)		6	0	
	7a b			• • •	7a 7b	0
		iver unrelated business taxable income from Form 990-1, life 34	<u>····</u>	Prior Yea		0 Current Year
	8	Contributions and grants (Part VIII, line 1h)				792
ne	9	Program service revenue (Part VIII, line 2g)				384020
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				66
Å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				672
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin				385550
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			.,	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)				. 0
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines		*****		253019
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0
be	b	Total fundraising expenses (Part IX, column (D), line 25)	6. <u>6</u> 36	84811.4P		
யி	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .				96201
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25	the second s	<u></u>		349220
	19	Revenue less expenses. Subtract line 18 from line 12				36330
r ses			ning of Curi	rent Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			222835	259165
st As	21	Total liabilities (Part X, line 26)			0	0
-		Net assets or fund balances. Subtract line 21 from line 20			222835	259165
P	art II	Signature Block				

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

Sign Here	Signature of officer			Date	•		
	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Preparer's signature Date				PTIN
Use Only	Firm's name 🕨				Firm':	s EIN 🕨	
	Firm's address 🕨				Phon	e no.	
May the IRS	discuss this return with the pre	eparer shown above? (see instruction	ons)				🗌 Yes 🗌 No
For Paperwo	rk Reduction Act Notice, see the	separate instructions.	Ca	at. No. 11282Y			Form <b>990</b> (2010)

Form 99	(2010)	Page <b>2</b>
Part	Statement of Program Service Accomplishments           Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	· <u>L.</u>
	NONE	
		********
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? ................................ 🗌 Yes	∕ No
-	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	71
	services?....................................	🗹 No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. S	ection
	501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocat	
	others, the total expenses, and revenue, if any, for each program service reported.	
4 -		<u></u>
4a	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$	)
		*****
		ing the and have not been been been
		*******
		********
4b	(Code) ) (Evenences & including grants of & ) (Povenue &	<u></u>
40	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$	)
		******
		*******
		*******
		********
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		,
		******
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses N/A	

Form 99	0 (2010)		F	Page 3
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	 ✓
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	3		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	_45	✓	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	T-100 (Maron	1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		✓
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	1	
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .	11e 11f		✓ ✓
	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<ul> <li>✓</li> </ul>
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14a 14b		✓ ✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .	15		✓ ✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		<b>▼</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		· ·
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		$\checkmark$
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form 99	0 (2010)		F	age <b>4</b>
Part	V Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	No ✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>·</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		
<b>2</b> 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		√
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		✓ ✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		✓ ✓
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		✓ ✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		$\overline{\checkmark}$
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35 а	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		<ul> <li>✓</li> </ul>
36	Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37 38	1	

	0 (2010)		Page <b>5</b>
Part			
	Check if Schedule O contains a response to any question in this Part V	· · ·	• 7 es No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       2         Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c 🗸	<u> </u>
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a 3</b>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	2b 🗸	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	<b>√</b>
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 30	
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	1
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<ul> <li>✓</li> </ul>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>	<b>√</b>
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	
b	organization solicit any contributions that were not tax deductible?	6a 6b	
7	Organizations that may receive deductible contributions under section 170(c).		and a state
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7b 7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? $$ .	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ana tamata
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		<u>ant</u> 2016)
a L	Did the organization make any taxable distributions under section 4966?	9a	
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		la en el como
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	and a second sec
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which		
	the organization is licensed to issue qualified health plans		
C 140	Enter the amount of reserves on hand	140	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	<u> </u>
b	in res, has it lied a roth r20 to report these payments rin No, provide an explanation in schedule O.	خط جي جاج	<b>990</b> (2010

Form 990 (2010) Page **6** Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year. 1a 6 Enter the number of voting members included in line 1a, above, who are independent 1b 0 h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: а 8a  $\checkmark$ Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . b 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 1 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 19 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," С 12c Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? . . . . . . . . . . 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a а 15b h If "Yes" to line 15a or 15b. describe the process in Schedule O. (See instructions.) . . . . . . . . . . . . . Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its b participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **NONE** 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available 18 for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Rodney H. Moore, 1618 SW First Avenue, Suite 318, Portland, OR 97201. 503-227-5076

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

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

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

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

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

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

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

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

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director		Officer	Key employee	hat employee	py) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Frank Dulcich, President				1				0	0	0
(2) Gene Bugatto, Vice President				1				0	0	0
(3) Jay Bornstein, Secretary/Treasurer				1				0	0	0
(4) Rod Moore, Executive Director	50					1		113496	0	0
(5)	-									
(6)										
(7)	-									
(8)	n .									en men en e
(9)	-									
(10)	•									
(11)	-									
(12)	-							-		
(13)	-									
(14)	-							-		
(15)	-									· · · · · · · · · · · · · · · · · · ·
(16)	-									
	1	I	<u> </u>	L	1		1	I	ļ	000

Form 99									<u></u>	<b></b>		Page	8
Part	VII Section A. Officers, Directors, Trus (A)	stees, Key (B)	Emplo	oyee		and C)	Highe	est	(D)	Employees (d	continu	ed) (F)	
	Name and title	Average hours per		ion (c	heci	'	that app		Reportable compensation	Reportable compensation		Estimated amount of	
		(describe (describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organization (W-2/1099-MI	s	other compensation from the organization and related organizations	
(17)													
(18)													
(19)												<b>₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩</b>	
(20)													
(21)		•											
(22)													
(23)		-											
(24)													
(25)							,						
(26)		-							-				
(27)		-											
(28)		-											
	Sub-total				•				113496		0		0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)		• •						113496		0		0
2	Total number of individuals (including bu reportable compensation from the organ	t not limite ization ► 1	d to th	1056	e lis	ted	above	ə) w	/ho received m	ore than \$10	0,000	·····	
3	Did the organization list any <b>former</b> o employee on line 1a? If "Yes," complete											Yes N 3 ✓	<u>o</u> /
4	For any individual listed on line 1a, is the organization and related organizations <i>individual</i>	greater th	ian \$	150	,000	oż i	f "Ye	s,"	complete Sci	hedule J for		4	
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe	ensa	tior	n fro	m any	y ur	nrelated organi	zation or indi		5	
Section	on B. Independent Contractors											<u></u>	
1	Complete this table for your five highest compensation from the organization.	compensa	ted in	dep	enc	lent	conti	ract	ors that receiv	ed more thar	า \$100	,000 of	
	(A) Name and business add	dress							(B) Description of	services	<b>(C)</b> Compensation		
2	Total number of independent contracto								hose listed at	ove) who			
	received more than \$100,000 in compen	sation from	the c	orga	nıza	tior		)				an an an an Arthread an Art	國際

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### Page **8**

	90 (2010	,							Page <b>9</b>
Part	VIII	Statement of Rev	enue			(4)	(2)	(0)	(2)
						(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns		1a	004000				
- are	b	Membership dues .		1b	384020				
fts,	C A	Fundraising events .		1c					
î, gi Jila	d e	Related organizations Government grants (cont		1d 1e					
ons	f	All other contributions, gif		16					
her	•	and similar amounts not inc		1f	792			$\{f_i,f_i\} \in \{i,j\}$	
Contributions, and other simi	g	Noncash contributions includ			/04				12월 24일 - 24일 1일 - 11일 12월 24일 - 12일 -
anc	h	Total. Add lines 1a-1f			•	384812			
e					Business Code	PROPERTY AND			
ven	2a					1997 - Frank Frank, son and some some som	n na hare a santona a na tanta 1999.	an Section Construction of Associations	na sense dan kanana menandikan kenandar kenandikan kenandar dan kenandar dan kenandar kenandar kenandar kenanda
Re	b	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	*******						
vice	С								
Ser	d	****							
an	е	***							
Program Service Revenue	f	All other program serv						THE PARTY OF A DATA AND A DATA	
4	9	Total. Add lines 2a-21 Investment income	in aludina	 divid	<b>&gt;</b>			Γ	
	3	and other similar amo			enas, interest,				
	4	Income from investment	,			66			······
	4 5	Royalties		mpt b	Sha proceeds				
	3		(i) Rea	<u>· ·</u>	(ii) Personal			A del a postario Sacara beredi	
	6a	Gross Rents							
	b	Less: rental expenses							
	c	Rental income or (loss)							
	d	Net rental income or (	loss) .		· ►	and the second		**************************************	an a
	7a	Gross amount from sales of	(i) Securi	ies	(ii) Other		Alt was to be		NEW CONTRACTOR
		assets other than inventory			:				
	b	Less: cost or other basis							
		and sales expenses .							
	С	Gain or (loss)							
	d	Net gain or (loss) .	• • •	•••	<u>, , , , </u>		Torrest and a state of the stat	NUMBER OF THE STATE OF THE STAT	The field of the second second state of the second second second second second second second second second seco
e	0-	Cross income from fu	ndraiaina						
	8a	Gross income from fu events (not including \$	noraising						
ev		of contributions reporte	d on line 1	2)					
ř		See Part IV, line 18 .							
Other Reven	b	Less: direct expenses							
0	c	Net income or (loss) fi				7.4.638.94651629194638518686			
	9a	Gross income from ga							
		See Part IV, line 19 .		·a					
	b	Less: direct expenses		. b	)	- All All All All All All All All All Al			
	с	Net income or (loss) fi	rom gamir	ig act	ivities 🕨				
	10a	Gross sales of in		less		C.			5
		returns and allowance		· a					
	b	Less: cost of goods s							
	c	Net income or (loss) f		of inv	-		14.7%		
	4.4 -	Miscellaneous R	evenue		Business Code		2.5.5	New Arrest Store 19	
	11a								
	b								
	c d	All other revenue	*************		672				· · · · ·
	e u	Total. Add lines 11a-		:	<b></b>	672			
	12	Total revenue. See in				385550			<u>,</u>

	Section 501(c)(3) and 5	01(c)(4) organization	s must complete al	l columns.	
	All other organizations must complete cc not include amounts reported on lines 6b,	Iumn (A) but are not (A) Total expenses	required to comple (B) Program service	ete columns (B), (C), (C) Management and	and (D). (D) Fundraising
	Bb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		- M		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	113496			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	88296			
~	and section 403(b) employer contributions)	4914			
9 10	Other employee benefits	26418	********		
11	Fees for services (non-employees):	18083			······································
а	Management				
a b		3307			
c		1211			
d					
e	Professional fundraising services. See Part IV, line 17		distant da se	Sector And	
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	5749			
14	Information technology				
15	Royalties		en e	· · · · · · · · · · · · · · · · · · ·	
16	Occupancy	14110			
17	Travel	25257			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	3831			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	3549			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
a					
b					
С С					
d					
e f	All other expenses	40399	ļ		
f 25	All other expenses Total functional expenses. Add lines 1 through 24f	349220			
25	Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	349220			

Form	990 (	201	0	)
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a,

	990 (20 art X	Balance Sheet			Page II
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	202835	1	239165
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ts	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a</b>			
	b	Less: accumulated depreciation 10b		10c	-
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	20000	15	20000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	222835	16	259165
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
lies	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		22	
	23 24	Unsecured notes and loans payable to unrelated third parties		24	· · · · · · · · · · · · · · · · · · ·
	25	Other liabilities. Complete Part X of Schedule D	-	25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
ses		Organizations that follow SFAS 117, check here ► ☐ and complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	Contraction of the state of the	27	<ol> <li>Skitic riskowskied in dan wienderscherzeben riterien anweiden wien.</li> </ol>
3al	28	Temporarily restricted net assets		28	
p	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► 📝 and complete lines 30 through 34.			
ţs	30	Capital stock or trust principal, or current funds		30	
ŝŝ	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ϋ́	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net	33	Total net assets or fund balances	222835	33	259165
	34	Total liabilities and net assets/fund balances		34	

Form 99	30 (2010)		Paç	ge <b>12</b>
Pari	Reconciliation of Net Assets           Check if Schedule O contains a response to any question in this Part XI		• •	
1 2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12)       1         Total expenses (must equal Part IX, column (A), line 25)       2         Revenue less expenses. Subtract line 2 from line 1       3         Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4         Other changes in net assets or fund balances (explain in Schedule O)       5         Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,		34 3	25550 9220 66330 22835 0
Part	column (B))       6         XII       Financial Statements and Reporting		25	9165
1	Check if Schedule O contains a response to any question in this Part XII		Yes	<u>No</u>
2a b c	Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?	2a 2b 2c		✓ ✓ 
d	Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<u>3a</u>		(************************************
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

# **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)

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047								
2011								
 Open to Public								
Inspection								

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

A	For the	e 2011 calendar year, or tax year beginning , 2011, and en	ding	, 20			
в	Check if	applicable: C Name of organization West Coast Seafood Processors Assn		D Employer identification number			
	Address	s change Doing Business As			93-1129816		
	Name cl	hange Number and street (or P.O. box if mail is not delivered to street address) Room	/suite	E Telepho	ne number		
	Initial re	turn 1618 SW First Avenue		503-227-5076			
	Termina	City or town, state or country, and ZIP + 4					
	Amende	ed return Portland, OR 97201		<b>G</b> Gross re			
	Applicat	tion pending <b>F</b> Name and address of principal officer:	H(a) Is thi	s a group return	for affillates? 🗌 Yes 🗹 No		
		Rodney H. Moore, 1618 SW First Avenue, Suite 318, Portland, OR 97201			ncluded?		
<u> </u>		mpt status: ☐ 501(c)(3) 🗹 501(c) ( 6 ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527			a list. (see instructions)		
<u>J</u>	Website			up exemption			
		organization:	mation: 199:	3 M State	of legal domicile: Or		
P	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: Pro	*****************		vices to members on		
8		laws, regulations and science. Provide information to the public on seafood proc	essing indust	ry.			
Activities & Governance							
rerr		Obeel, this have N T if the examination discontinued its providing or discord	a of poor to	$\sim 0E0/cof$	ite pet eccete		
g	2	Check this box $\blacktriangleright$ if the organization discontinued its operations or dispose					
80	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line ¹			6		
ties	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			3		
tivi	6	Total number of volunteers (estimate if necessary)		0			
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0		
	b	Net unrelated business taxable income from Form 990-T, line 34		. 7b	0		
•••••			Prior	L	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		792	0		
nue	9	Program service revenue (Part VIII, line 2g)		384020	483295		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		66	31		
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		672	1786		
	12	Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		385550	485112		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	0		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0		
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		253019	254200		
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	191 - 201 - 201				
Ш	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	96201	86284			
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		349220	340484		
	19	Revenue less expenses. Subtract line 18 from line 12		36330			
or	3		Beginning of				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		259165			
et A: Ind B	21	Total liabilities (Part X, line 26)		0			
		Net assets or fund balances. Subtract line 21 from line 20	, I	259165	403793		
D D	art II	Signature Block					

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

Sign Here	Signature of officer	Date	Date					
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if FT self-employed	'IN		
Use Only	Firm's name 🕨	Firm'	Firm's EIN ►					
Ose only	Firm's address 🕨	Phon	Phone no.					
May the IRS discuss this return with the preparer shown above? (see instructions)								
For Paperwo	rk Reduction Act Notice, see the	2Y		Form <b>990</b> (2011)				

	0 (2011) Page 2
Part	III         Statement of Program Service Accomplishments           Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: NONE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses

2

Part	Checklist of Required Schedules		Vee	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No ✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		$\overline{\checkmark}$
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		1
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e 11f		✓ ✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		1
D.	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		$\checkmark$
U U	in the to the zoa, but the organization attach a copy of its addited infancial statements to this return?	1 200	1	. ¥

Form 990 (2011)

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

Form 990 (2011)

Form 99	Form 990 (2011) Page <b>5</b>						
Part	V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response to any question in this Part V	🗆					
yarandığı diriki di barin yoda		Yes No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   1	Sport grant have					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return <b>2a 3</b>						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b ✓					
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) .						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a √					
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority						
та	over, a financial account in a foreign country (such as a bank account, securities account, or other financial						
		4a 🗸					
b	If "Yes," enter the name of the foreign country:						
U.	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a ✓					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a V 5b √					
č	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	organization solicit any contributions that were not tax deductible?	6a ✓					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or						
	gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	and Rush serve					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
	and services provided to the payor?	7a					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?	7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year	person Handel Wallah					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	Real Providence					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.	south think water					
а	Did the organization make any taxable distributions under section 4966?	9a					
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]						
11	Section 501(c)(12) organizations. Enter:						
a L	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources						
10-	against amounts due or received from them.)						
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year .  12b	12a					
13 а	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a					
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which						
	the organization is licensed to issue qualified health plans						
с	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 🗸					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					

Form 99	00 (2011)		F	Page <b>6</b>
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	see ins	tructi	ons.
Reati	Check if Schedule O contains a response to any question in this Part VI	• •	• •	
Secu	on A. doverning body and wanagement	r	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b>	- ABBE	105	NO
10	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . <b>1b</b>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	1.7760-047-00	✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		$\checkmark$
6 7a	Did the organization have members or stockholders?	6		<u> </u>
14	one or more members of the governing body?	7a	$\checkmark$	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u>1a</u>	<b>.</b>	
	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a		8a	<u> </u>	
b 9	Each committee with authority to act on behalf of the governing body?	8b	✓	
Ŭ	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	1	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	-	ode.)	L
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		$\checkmark$
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1992	<b>N</b>	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		<ul> <li>✓</li> </ul>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a b	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	71/1686	<b>▼</b>
16a				
	with a taxable entity during the year?	16a	ALC: NO.	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
· · · · · · · · · · · · · · · · · · ·				
17 18	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501/	<u></u>	
10	available for public inspection. Indicate how you made these available. Check all that apply.	11 00 1	0)(0)5	s orny)

- Own website Another's website 🗹 Upon request
- **19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Rodney H. Moore, 1618 SW First Avenue, Suite 318, Portland, OR 97201. 503-227-5076.

 Page 7

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

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

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

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

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

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

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

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

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

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

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

·				((						
<b>(A)</b> Name and Title	<b>(B)</b> Average		ot ch	Position ot check more		ore than one		<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per	office			compensation	compensation from	amount of			
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Frank Dulcich, President				1				0	0	0
(2) Gene Bugatto, Vice President				1				0	0	0
(3) Jay Bornstein, Secretary/Treasurer				1				0	0	0
(4) Rod Moore, Executive Director	50					1		113496	0	0
(5)									in all a state and a state and a state and a	
(6)										andre men de men er pel de gele en en er penerge en en er fel fere fin de
(7)	-									
(8)	•							-		
(9)										
(10)	•									
(11)									1	
(12)	•									
(13)	-	1						-		
(14)										
· · · · · · · · · · · · · · · · · · ·			-						.1	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
		(C)												
	(A)	(B) Position (do not check more than o			one	(D) (E)			(F)					
	Name and title	Average	box, unless person is both						Reportable	Reportabl compensatior		Estimated		
		hours per officer and a dire			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	compensation from	related	TION	amount of other			
		(describe hours for	ndiv sr dii	nstit	Officer	Key employee	High:	Former	the organization	organizatic (W-2/1099-M		compensation from the		
		related	idua	utio	ę	amp	est c oyee	ler,	(W-2/1099-MISC)	(**-2/1099*1*	130)	organization		
		organizations in Schedule	or tru	nal t		loye	€					and related organizations		
		O)	Individual trustee or director	Institutional trustee		o o	Highest compensated employee					organizations		
				ë			ated							
(15)														
*****	***************************************													
(16)									· ·					
	***************************************										1			
(17)														
(18)														
(19)														
	994-199-1													
(20)														
(01)														
(21)														
(22)	****													
<u></u>	***													
(23)												*****		
<u></u>	**********													
(24)								<b> </b>						
(25)														
1b	Sub-total			•	•		•		113496		0	0		
С	Total from continuation sheets to Part			•	•	• •	•		······					
d	Total (add lines 1b and 1c)								113496		0	0		
2	2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of									0 of				
<u></u>	reportable compensation from the organi	zation <a>1</a>										1-2-1-2-2-		
0	Did the eventimation list any former of	Kinov olivoo							· lavaa an latada			Yes No		
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete s								bioyee, or nigr	iest compe	nsate	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
4	For any individual listed on line 1a, is the									· · · ·	• •	3 🗸		
4	organization and related organizations													
												‴ 4 √		
5	Did any person listed on line 1a receive o			nsa	tion	fro	m anv	Zun	related organiz	zation or inc	lividu			
•	for services rendered to the organization											5		
Sectio	on B. Independent Contractors													
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more tha	in \$10	0,000 of		
	compensation from the organization. Rep													
	year.													
	(A)							(B)			(C)			
	Name and business address								Description of services			Compensation		
·														
		·												
								<u> </u>						
	Total number of independent in the	uto (!			a.t.	1	ad 1	<u> </u>	It-+- t - t		1000000000			
2	Total number of independent contractor							o th		ove) who				
	received more than \$100,000 of compens	sation from	une o	iyal	nza	แบก	-		0					

### Form 990 (2011)

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Part	VIII	Statement of Revenue						
					(A) Total revenue	<b>(B)</b> Related or exempt function revenue	( <b>C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512, 513, or 514
nts Its	1a	Federated campaigns	1a		The second second			dentes de la segui
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	483295				
	С	Fundraising events	1c					
Gifts, ilar An	d	Related organizations	1d					
S iel	е	Government grants (contributions)	1e					
Contributions, and Other Sim	f	All other contributions, gifts, grants,						L.C.
her ti	-	and similar amounts not included above	1f					
불물	a		ash contributions included in lines 1a-1f: \$					
n d	g	Total. Add lines 1a–1f			483295			
	h		•••	Business Code	The second second second second second		Assessment and a second	
Program Service Revenue	0			Busiless Code			Anetherican and a second second second	Construction of the second
eve	2a	****						
еВ	b	****						a a filia a de activita de la companya de la compa
vic	С	***						
Ser	d		******					
am	е							
bg	f	All other program service revenu						
Prc	g	Total. Add lines 2a-2f		A CARLES				
	3	Investment income (including	divid	ends, interest,		terrent and the state of the same in the second of the second second second second second second second second		
		and other similar amounts)		🕨	31			
	4	Income from investment of tax-exer	npt be	ond proceeds				
	5	Royalties						
	Ŭ	(i) Real	<u> </u>	(ii) Personal	and the first states to be a second		Service Service Service	New York Replacements and an and a second second
	60		****	(				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)	· ·	<u>, , , ,                              </u>				
	7a	Gross amount from sales of (1) Securit	les	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses .						
	c	Gain or (loss)						
	d	Net gain or (loss)		🕨	. Annan ann ann an thann Anna 20an an 1942.	and responses to the second	2299529.00029000000000000000000000000	endorined.These and a subscreece of the subscreece of the second of the se
		3 ( )			OCTORNAL CONTRACTOR	d Paghasard refer the st		
ne	8a	Gross income from fundraising						
venue		events (not including \$						
		of contributions reported on line 1	$\overline{()}$					27 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
<u>г</u>		See Part IV, line 18						
Other Re	h	Less: direct expenses						
Ò	b	•		events				
	C C	Net income or (loss) from fundra		events .	. AND GROWING THE R. MILLION		ALC: ALC: ALC: ALC: ALC: ALC: ALC: ALC:	
	9a	Gross income from gaming activit See Part IV, line 19						
	b	Less: direct expenses						Providence and the second
	c	· · · •	let income or (loss) from gaming $\operatorname{activities}$ $\blacktriangleright$					Contraction and Contraction of the West Processing and
	10a	Gross sales of inventory,	less					
		returns and allowances	· a					
	b	Less: cost of goods sold b						
c Ne		Net income or (loss) from sales	of inv	entory 🕨		Second and s	a second material of statements of the second second	<ul> <li>Construction of the structure of the structu</li></ul>
		Miscellaneous Revenue		Business Code			SERVICE	Real Markinski and
	11a	· · · · · · · · · · · · · · · · · · ·		· · ·		n ang ang ang ang ang ang ang ang ang an		and the second
	b							
	c						· <b> </b>	
	I .	All other revenue		1786				
	d			L	4700	Land Street Stre		
	10 10	Total. Add lines 11a–11d				i interesting		The same services of the servi
	12	Total revenue. See instructions	• •	P	485112		I	1

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### Part IX Statement of Functional Expenses

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

required to complete columns (B), (C), and (D).							
	Check if Schedule O contains a respon						
8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses		
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	113496					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$		٢				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<u>88296</u> 5155					
9	Other employee benefits	28070					
10	Payroll taxes	19183			••••••••••••••••••••••••••••••••••••••		
11	Fees for services (non-employees):						
а	Management						
b	Legal	1					
с	Accounting	1284					
d	Lobbying		***************************************				
е	Professional fundraising services. See Part IV, line 17			A status de la status			
f	Investment management fees						
g	Other						
12	Advertising and promotion	*****			······		
13	Office expenses	5196					
14	Information technology						
15	Royalties						
16		14083					
17	Travel	16612					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	10012					
19	Conferences, conventions, and meetings .	2611					
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization						
23	Insurance	3540					
24	Other expenses. Itemize expenses not covered						
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
а							
b							
c							
d							
e	All other expenses	42958					
25	Total functional expenses. Add lines 1 through 24e	340484	 				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and						
	fundraising solicitation. Check here F if following SOP 98-2 (ASC 958-720)						

Form 990 (2011) Part X

10a

b

complete lines 30 through 34.

Organizations that do not follow SFAS 117, check here **>** [] and

Capital stock or trust principal, or current funds . . . . . . . . .

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds .

Liabilities

Net Assets or Fund Balances

Assets

**Balance Sheet** (A) (B) Beginning of year End of year Cash-non-interest-bearing Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Prepaid expenses and deferred charges . . . . . . . . Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation . . . . 10c Investments-publicly traded securities Investments-other securities. See Part IV. line 11 . . . . . . . . Investments-program-related. See Part IV, line 11 . . . . . . . Intancible assets Total assets. Add lines 1 through 15 (must equal line 34) . . . . Escrow or custodial account liability. Complete Part IV of Schedule D . Pavables to current and former officers, directors, trustees, key employees, highest compensated employees, and disgualified persons. Secured mortgages and notes payable to unrelated third parties . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 . . . . . . . Organizations that follow SFAS 117, check here ► □ and complete lines 27 through 29, and lines 33 and 34. 

Form **990** (2011)

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Form 99	90 (2011)			Pa	ge <b>12</b>		
Par	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	<u> </u>	<u> </u>			
			1				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			5112		
2	Total expenses (must equal Part IX, column (A), line 25)	2			0484		
3	Revenue less expenses. Subtract line 2 from line 1	3			4628		
-	4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4						
	5 Other changes in net assets or fund balances (explain in Schedule O)						
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,						
	column (B))	6		40	3793		
Part							
	Check if Schedule O contains a response to any question in this Part XII	<u></u>	· · ·				
				Yes	No		
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 📋 Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	in				
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 28	a	$\checkmark$		
b	Were the organization's financial statements audited by an independent accountant?						
С							
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant	t? 20	c			
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain	in 🥂				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ar we	re				
	Separate basis Consolidated basis Both consolidated and separate basis						
3a		forth	in	anter anterantiana	arteneridiki		
	the Single Audit Act and OMB Circular A-133?			a	1		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ergo t	he				

١