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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545 1150

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

## 2009

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

### A For the 2009 calendar year, or tax year beginning , 2009, and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See Specific Instructions. Alaska Longline Cod Commission 2303 W. Commodore Way #202 Seattle, WA 98199	<b>D</b> Employer identification number 27-0455610
		<b>E</b> Telephone number (206) 284-2522
		<b>F</b> Group Exemption Number <span style="float:right">▶ N/A</span>

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

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ N/A

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

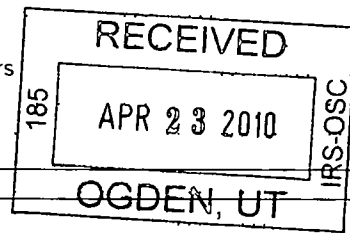
**J** Tax-exempt status (check only one) —  501(c) ( 6 ) (insert no)  4947(a)(1) or  527

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

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 57,000.

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

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	57,000.
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ _____)	8	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	57,000.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	28,374.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ See Statement 1)	16	588.
17	<b>Total expenses.</b> Add lines 10 through 16	17	28,962.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	28,038.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	28,038.



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

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	22 28,288.
23	Land and buildings	23
24	Other assets (describe ▶ _____)	24
25	<b>Total assets</b>	0. 25 28,288.
26	<b>Total liabilities</b> (describe ▶ See Statement 2)	0. 26 250.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	0. 27 28,038.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

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

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

What is the organization's primary exempt purpose? See Statement 3

Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 See Statement 4

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here  **28a** AS/A

29

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here  **29a** AS/A

30

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here  **30a** AS/A

31 Other program services (attach schedule)

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here  **31a** AS/A

32 **Total program service expenses** (add lines 28a through 31a)

**32** AS/A

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Kenny Down 2303 W. Commodore Way #202 Seattle, WA 98199	Secretary 5.00	0.	0.	0.
Steve Alger 8874 Bender Rd., Suite 201 Lynden, WA 98264	Vice President 1.00	0.	0.	0.
Charles Hosmer 4502 14th Ave NW Seattle, WA 98107	Director 1.00	0.	0.	0.
Mike Shelford P.O. Box 12946 Mill Creek, WA 98082	Treasurer 1.00	0.	0.	0.
Chris Swasand 5470 Shilshole Ave. NW #300 Seattle, WA 98107	Director 1.00	0.	0.	0.
Tony Cadden 219 1st Ave S #310 Seattle, WA 98104	Director 1.00	0.	0.	0.
Lance Magnuson 2930 Westlake Ave N. #300 Seattle, WA 98109	President 1.00	0.	0.	0.
Paul Gilliland 641 West Ewing Street Seattle, WA 98119	Director 1.00	0.	0.	0.
Merle Knapp 1200 Westlake Ave N, Suite 900 Seattle, WA 98109	Director 1.00	0.	0.	0.
John Boggs 3900 Railway Avenue Everett, WA 98201	Director 1.00	0.	0.	0.

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

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

**42a** The organization's books are in care of ▶ Kenny Down Telephone no ▶ (206) 284-2522  
 Located at ▶ 2303 Commodore Way #202 Seattle WA ZIP + 4 ▶ 98199

		Yes	No
<b>42b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>			
<b>42c</b>	At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶ _____		X

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

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

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

- |                                                                                                                                                                                                | Yes                      | No                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>49b</b> If 'Yes,' was the related organization a section 527 organization?                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
- 46** 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
- 47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- 49b** If 'Yes,' was the related organization a section 527 organization?

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

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

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

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

**Sign Here**

▶ *[Signature]* ▶ *4-15-2010*  
Signature of officer Date

▶ *Kenneth G. Down, Secretary*  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ <i>[Signature]</i> <b>Gregory L. White</b>	Date <b>4-6-10</b>	Check if self-employed ▶ <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <b>P00153376</b>
Firm's name (or yours if self-employed), address, and ZIP + 4 <b>White Thompson &amp; Co., PS 701 Dexter Ave. N., Suite 400 Seattle, WA 98109-4343</b>		EIN ▶ <b>91-1665325</b>	
		Phone no ▶ <b>206 286 8556</b>	

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

4/07/10

09:41AM

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

Operations	\$	175.
Registration Fees		115.
Supplies		152.
Telephone		146.
Total	\$	<u>588.</u>

**Statement 2  
Form 990-EZ, Part II, Line 26  
Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Advances	\$ 0.	\$ 250.
Total	<u>\$ 0.</u>	<u>\$ 250.</u>

**Statement 3  
Form 990-EZ, Part III  
Organization's Primary Exempt Purpose**

The Commission has been formed for the purposes of applying for the Certificate of Review, engaging in the export-related activities permitted by the terms of the Certificate of Review and generally exercising the powers of a Washington Fish Marketing Act corporation, subject to the limitations imposed by the Washington Fish Market Act, state and federal law, the Articles of Incorporation and the Bylaws.

The formation of the ALCC will allow members to cooperatively discuss export markets. This body will permit the establishment of shipping, warehousing, sizing, grading, terms of sale and quality standards. A primary focus will be for elicitation and dissemination of information pertaining to market prices, terms of sale, export volumes to specific countries and other matters relating to members sales or prospective sales in export markets.

**Statement 4  
Form 990-EZ, Part III, Line 28  
Statement of Program Service Accomplishments**

The organization held meetings to discuss an application for export markets, worked toward establishment of shipping, warehousing, sizing, grading, and quality standards. It also disseminated information related to export volumes and other export information.

4/07/10

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**Statement 5**  
**Form 990-EZ, Part VI**  
**Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No