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## Return of Organization Exempt From Income Tax

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

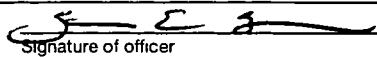
► The organization may have to use a copy of this return to satisfy state reporting requirements

<b>A For the 2010 calendar year, or tax year beginning</b>		January 1	, 2010, and ending	December 31	, 2010
<b>B Check if applicable</b>		<b>C Name of organization</b> Pacific Seafood Processors Association			<b>D Employer identification number</b>
<input type="checkbox"/> Address change		Doing Business As Non-profit Trade Association			91-0131370
<input type="checkbox"/> Name change		Number and street (or P O box if mail is not delivered to street address)			<b>E Telephone number</b>
<input type="checkbox"/> Initial return		1900 W. Emerson Place			205
<input type="checkbox"/> Terminated		City or town, state or country, and ZIP + 4			206-281-1667
<input type="checkbox"/> Amended return		Seattle, WA 98119			<b>G Gross receipts \$</b> 1,412,743
<input type="checkbox"/> Application pending		F Name and address of principal officer Glenn E. Reed 2427 37th Avenue, Seattle WA 98199			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status		<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 6 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>J Website:</b> ►					<b>H(c)</b> Group exemption number ► N/A
<b>K Form of organization</b>		<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Association	<input type="checkbox"/> Other ►
		<b>L Year of formation</b> 1914			<b>M State of legal domicile</b> WA

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities:  THE ASSOCIATION'S PURPOSE IS TO PRESERVE, FOSTER, AND PROMOTE THE SEAFOOD PROCESSING INDUSTRY AND TO REPRESENT THE INDUSTRY'S INTEREST.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>Revenue</b>	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	9
<b>Expenses</b>	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	5	4
	6 Total number of volunteers (estimate if necessary) . . . . .	6	0
<b>Net Assets or Fund Balances</b>	7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0
		<b>Prior Year</b>	<b>Current Year</b>
	8 Contributions and grants (Part VIII, line 1h) . . . . .	1,515,191	1,407,416
	9 Program service revenue (Part VIII, line 2g) . . . . .	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	10,833	3,011
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	596	2,316
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,526,620	1,412,743
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	25,376	40,321
	14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	870,439	971,996
	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	b Total fundraising/expenses (Part IX, column (D), line 25) ► . . . . .	423,301	399,462
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	1,319,116	1,411,779
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	207,504	964
	19 Revenue less expenses. Subtract line 18 from line 12 . . . . .		
		<b>Beginning of Current Year</b>	<b>End of Year</b>
	20 Total assets (Part X, line 16) . . . . .	761,893	828,651
	21 Total liabilities (Part X, line 26) . . . . .	0	0
	22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .	761,893	828,651

**Part 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.

<b>Sign Here</b>		Date
	GLENN E. REED, PRESIDENT	7/18/11
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

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G13

SCANNED AUG 03 2011

**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:

TO ADDRESS ISSUES OF CONCERN TO MEMBER SEAFOOD COMPANIES, AND SUPPORT THE CONSERVATION AND WISE USE OF OUR FISHERY RESOURCES.

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?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services 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 \$ \_\_\_\_\_)

REPRESENTED MEMBERS AT NORTH PACIFIC FISHERY MANAGEMENT COUNCIL MEETINGS(NPFCM); MONITORED RELEVANT LEGISLATION IN JUNEAU, AK; WASHINGTON, DC; AND SEATTLE & OLYMPIA, WA.

4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

ATTENDED NATIONAL MARINE FISHERIES SERVICE HEARINGS ON A VARIETY OF TOPICS, INCLUDING ENVIRONMENTAL IMPACT STATEMENTS & BIOLOGICAL OPINIONS; ATTENDED ALL NPFCM MEETINGS TO TRACK ISSUES IMPORTANT TO THE MEMBERS.

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 ►

**Part IV Checklist of Required Schedules**

		Yes	No
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 ✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 ✓	
3	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	3 ✓	
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? If "Yes," complete Schedule C, Part II	4	
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 where 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	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? If "Yes," complete Schedule D, Part IV	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
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? If "Yes," complete Schedule D, Part VII	11b ✓	
c	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? If "Yes," complete Schedule D, Part VIII	11c ✓	
d	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? If "Yes," complete Schedule D, Part IX	11d ✓	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
f	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	11f ✓	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b ✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 ✓	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a ✓	
b	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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV	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? 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? If "Yes," complete Schedule G, Part II	18 ✓	
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 ✓	
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	

**Part IV Checklist of Required Schedules (continued)**

	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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? 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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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 through 24d and complete Schedule K. If "No," go to line 25	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	✓
c 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	✓
25a <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? If "Yes," complete Schedule L, Part I	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part III	27	✓
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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	✓
c 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	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	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	✓
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	✓
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	✓
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	✓
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, 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? If "Yes," complete Schedule R, Part VI	37	✓
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	38	✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	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	2a	4
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 e-file. (see instructions)	2b	✓
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 over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country: ► <b>N/A</b> See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a	✓
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	6a	✓
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?	6b	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7b	
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?	7c	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7f	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	10a	
a	Did the organization make any taxable distributions under section 4966?	10b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	11a	
10	<b>Section 501(c)(7) organizations.</b> Enter:	11b	
a	Initiation fees and capital contributions included on Part VIII, line 12	12a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12b	
11	<b>Section 501(c)(12) organizations.</b> Enter:	13a	
a	Gross income from members or shareholders	13b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	13c	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	14a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state?		
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
c	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		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year. **1a** 9     
 b Enter the number of voting members included in line 1a, above, who are independent **1b** 9     
 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** ✓    
 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4** ✓    
 5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5** ✓    
 6 Does the organization have members or stockholders? **6** ✓    
 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **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: **8a** ✓    
 a The governing body? **8b** ✓    
 b Each committee with authority to act on behalf of the governing body? **9** ✓

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

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 form? **11a** ✓    
 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** ✓    
 12a Does the organization have a written conflict of interest policy? If "No," go to line 13. **12b**    
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c**    
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. **13** ✓    
 13 Does the organization have a written whistleblower policy? **14** ✓    
 14 Does the organization have a written document retention and destruction policy? **15**    
 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? **15a** ✓    
 a The organization's CEO, Executive Director, or top management official **15b** ✓    
 b Other officers or key employees of the organization **16a** ✓    
 If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) **16b**

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **WA**    
 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available 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**    
 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **GLENNE REED, 1900 W EMERSON PLACE, SUITE 205, SEATTLE, WA 98119**

**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 . . . . .

**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) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) GLENN E REED PRESIDENT	50	✓		✓	✓		223,225	0	16,309
(2) DENNIS J PHELAN VICE PRESIDENT	50				✓	✓	294,051	0	24,458
(3) MARY M McDOWELL VICE PRESIDENT	50				✓		152,193	0	0
(4) TERRY SHAFF CHAIRMAN OF THE BOARD	3	✓					0	0	0
(5) F. JOSEPH BERSCH III VICE CHAIRMAN OF THE BOARD	3	✓					0	0	0
(6) F. GREGORY BAKER TREASURER/SECRETARY OF THE BOARD	3	✓					0	0	0
(7) BARRY D COLLIER BOARD MEMBER	3	✓					0	0	0
(8) RICK DUTTON BOARD MEMBER	3	✓					0	0	0
(9) JOSEPH PLESHA BOARD MEMBER	3	✓					0	0	0
(10) JEFFREY BACKLUND BOARD MEMBER	3	✓					0	0	0
(11) GORDON LINDQUIST BOARD MEMBER	3	✓					0	0	0
(12) MARK FRANKLIN BOARD MEMBER	3	✓					0	0	0
(13)									
(14)									
(15)									
(16)									

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
(26)									
(27)									
(28)									

1b Sub-total . . . . .	►	669,469	0	40,767
c Total from continuation sheets to Part VII, Section A . . . . .	►	0	0	0
d Total (add lines 1b and 1c) . . . . .	►	669,469	0	40,767

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 3

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	✓

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
N/A		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

## Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	1a Federated campaigns . . .	1a 0					
	b Membership dues . . .	1b 1,407,416					
	c Fundraising events . . .	1c 0					
	d Related organizations . . .	1d 0					
	e Government grants (contributions)	1e 0					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 0					
	g Noncash contributions included in lines 1a-1f \$	0					
	<b>h Total. Add lines 1a-1f . . . ►</b>	<b>1,407,416</b>					
<b>Program Service Revenue</b>	<b>Business Code</b>						
	2a N/A						
	b						
	c						
	d						
	e						
	f All other program service revenue .						
	<b>g Total. Add lines 2a-2f . . . ►</b>	<b>0</b>					
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts) . . . ►		3,011			3,011	
	4 Income from investment of tax-exempt bond proceeds ►						
	5 Royalties . . . ►						
	6a Gross Rents . .	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) . . . ►						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses .							
c Gain or (loss) . .							
d Net gain or (loss) . . . ►							
8a Gross income from fundraising events (not including \$ . . . of contributions reported on line 1c) See Part IV, line 18 . . . a							
b Less: direct expenses . . . b							
c Net income or (loss) from fundraising events . ►							
9a Gross income from gaming activities. See Part IV, line 19 . . . a							
b Less: direct expenses . . . b							
c Net income or (loss) from gaming activities . ►							
10a Gross sales of inventory, less returns and allowances . . . a							
b Less: cost of goods sold . . . b							
c Net income or (loss) from sales of inventory . ►							
<b>Miscellaneous Revenue</b>		<b>Business Code</b>	*				
11a OTHER MISCELLANEOUS REVENUE	900099		2,316			2,316	
b							
c							
d All other revenue . . .							
e Total. Add lines 11a-11d . . . ►		2,316					
<b>12 Total revenue. See instructions. . . ►</b>		<b>1,412,743</b>					

**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).*

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> 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 U.S. See Part IV, line 21 . . . . .	40,321			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	710,236			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	47,000			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	147,570			
9 Other employee benefits . . . . .	27,585			
10 Payroll taxes . . . . .	39,605			
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	53,640			
c Accounting . . . . .	9,250			
d Lobbying . . . . .	16,614			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees . . . . .	12,466			
g Other . . . . .	4,412			
12 Advertising and promotion . . . . .	79,904			
13 Office expenses . . . . .	8,187			
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	42,390			
17 Travel . . . . .	58,273			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	54,423			
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	2,974			
23 Insurance . . . . .	1,068			
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 Janitorial Services	1,200			
b Communications	13,724			
c Equipment Expenses	8,261			
d Whitefish Comm Assmnt-SSL BiOps	7,438			
e AD-HOC Environmental Comm Assmnt-APDEs	25,238			
f All other expenses	0			
25 Total functional expenses. Add lines 1 through 24f	1,411,779			
26 Joint costs. Check here ► <input type="checkbox"/> 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 . . . . .				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	748,488	2	815,742
	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			
	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)			
	7 Notes and loans receivable, net		6	
	8 Inventories for sale or use		7	
	9 Prepaid expenses and deferred charges		8	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 82,272		
	b Less: accumulated depreciation	10b 69,363	13,405	10c 12,909
	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			15
	16 Total assets. Add lines 1 through 15 (must equal line 34)	761,893	16	828,651
Liabilities	17 Accounts payable and accrued expenses			17
	18 Grants payable			18
	19 Deferred revenue			19
	20 Tax-exempt bond liabilities			20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21
	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			23
	24 Unsecured notes and loans payable to unrelated third parties			24
	25 Other liabilities. Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets			27
	28 Temporarily restricted net assets			28
	29 Permanently restricted net assets			29
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	761,893	30	828,651
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
	33 Total net assets or fund balances	761,893	33	828,651
	34 Total liabilities and net assets/fund balances	761,893	34	828,651

**Part XI Reconciliation of Net Assets**
Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	1,412,743
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	1,411,779
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	964
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	761,893
5	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	5	65,794
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	828,651

**Part XII Financial Statements and Reporting**
Check if Schedule O contains a response to any question in this Part XII 

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," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

b Were the organization's financial statements audited by an independent accountant? . . . . .

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d 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

3a 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? . . . . .

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

	Yes	No
2a	✓	
2b		✓
2c	✓	
3a		✓
3b		

**SCHEDULE C**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2010****Open to Public  
Inspection****For Organizations Exempt From Income Tax Under section 501(c) and section 527****► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.  
► See separate instructions.****If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization **PACIFIC SEAFOOD PROCESSORS ASSOCIATION** Employer identification number **91-0131370****Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.	► \$	11,500
2	Political expenditures . . . . .	► \$	
3	Volunteer hours . . . . .	► \$	0

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1	Enter the amount of any excise tax incurred by the organization under section 4955 . . . . .	► \$	
2	Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . .	► \$	
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .	► <input type="checkbox"/> Yes	<input type="checkbox"/> No
4a	Was a correction made? . . . . .	► <input type="checkbox"/> Yes	<input type="checkbox"/> No
b	If "Yes," describe in Part IV.		

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . .	► \$	0
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . .	► \$	11,500
3	Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b . . . . .	► \$	11,500
4	Did the filing organization file <b>Form 1120-POL</b> for this year? . . . . .	► <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) Please find Part IV, page 4:				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ►  if the filing organization belongs to an affiliated group.

**B** Check ►  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	✓
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	✓
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	✓

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

1 Dues, assessments and similar amounts from members	1	1,407,416
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	40,350
b Carryover from last year	2b	-29,046
c Total	2c	-11,304
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	42,223
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	n/a
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-30,919

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Part I-A, line 1: To preserve, foster, and promote the domestic seafood processing industry and to represent the industry's interest.

**Part IV Supplemental Information (continued)**

Pat I-C, line5:

a) Name	b)	e) From PSPA-PAC account funds
Sen. Lisa Murkowski	PO Box 10087, Anchorage, AK 99510	\$ 1,000
Congressman Norm Dicks	PO Box 1663, Tacoma WA 98401	1,000
Congressman Rick Larsen	PO Box 326, Everett, WA 98206	1,000
Congressman Doc Hastings	PO Box 2926, Pasco, WA 99302	500
Sen. Patty Murray	PO Box 3662, Seattle WA 98124	1,000
Sen. Lisa Murkowski	PO Box 10087, Anchorage AK 99510	1,000
Sen. Lisa Murkowski	PO Box 10087, Anchorage AK 99510	1,000
Sen. Patty Murray	PO Box 3662, Seattle, WA 98124	2,000
Congressman Don Young	2504 Fairbanks St., Anchorage AK 99503	500
Congressman Don Young	2504 Fairbanks St., Anchorage AK 99503	500
Congressman Don Young	2504 Fairbanks St., Anchorage AK 99503	500
Congressman Doc Hastings	PO Box 2926, Pasco, WA 99302	500
Congressman Jay Inslee	403 Cannon HOB, Washington DC 20515	1,000

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

**2010****Open to Public  
Inspection**

Name of the organization

PACIFIC SEAFOOD PROCESSORS ASSOCIATION

Employer identification number

91-0131370

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year) . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements . . . . .	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements . . . . .	2a
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenues included in Form 990, Part VIII, line 1 . . . . .	► \$ . . . . .
(ii) Assets included in Form 990, Part X . . . . .	► \$ . . . . .
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenues included in Form 990, Part VIII, line 1 . . . . .	► \$ . . . . .
b Assets included in Form 990, Part X . . . . .	► \$ . . . . .

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other _____
<b>c</b> <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i)		
3a(ii)		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	0	0	0
c	Leasehold improvements	0	35,433	35,433	0
d	Equipment	0	26,634	19,635	6,999
e	Other	0	20,205	14,295	5,910

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 12,909

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) ►		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) ►	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X: NO UNCERTAIN TAX POSITIONS WERE ADDRESSED IN THE ORGANIZATION'S FINANCIAL STATEMENT'S FOOT NOTES.**

**PART XI FINANCIAL STATEMENTS were REVIEWED, but NOT AUDITED.**

**PART XII: FINANCIAL STATEMENTS were REVIEWED, but NOT AUDITED.**

**PART XIII: FINANCIAL STATEMENTS were REVIEWED, but NOT AUDITED**

**Part XIV** Supplemental Information (continued)

**SCHEDULE I**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047

**2010****Open to Public  
Inspection**Name of the organization  
**PACIFIC SEAFOOD PROCESSORS ASSOCIATION**Employer identification number  
**91-0131370****Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ► 

(1) (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance		(h) Purpose of grant or assistance
(1) NORTH PACIFIC MARINE SCIENCE FOUNDATION(NPMSF)	91-1582669	501(c)(3)	10,000	0	0			MARINE RESEARCH
(2) BEAN'S CAFE	92-0072522	501(c)(3)	5,000	0	0			EMPTY BOWL/FOODBAN
(3) SEASHARE	91-1641242	501(c)(3)	5,000	0	0			FOODBANK
(4) UW FOUNDATION		501(c)(3)	10,000	0	0			FISHERY RESEARCH
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

**2** Enter total number of section 501(c)(3) and government organizations**3** Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

► 4  
► 0

Schedule I (Form 990) (2010)

Cat No 50055P

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

N/A

**SCHEDULE J**  
(Form 990)

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2010**  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

91-0131370

PACIFIC SEAFOOD PROCESSORS ASSOCIATION

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input checked="" type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

	Yes	No

**1b**

**2**


**4a**

**4b**

**4c**


**5a**

**5b**


**6a**

**6b**


**7**

**8**

**9**

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment from the organization or a related organization?  
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
GLENN E REED	(i) 223,225	0	16,309	0	239,534	220,711
1	(ii) 0	0	0	0	0	0
DENNIS J PHELAN	(i) 294,051	0	24,458	0	318,509	310,656
2	(ii) 0	0	0	0	0	0
MARY E McDOWELL	(i) 152,193	0	0	0	152,193	136,677
3	(ii) 0	0	0	0	0	0
4	(i) 0	0	0	0	0	0
5	(i) 0	0	0	0	0	0
6	(i) 0	0	0	0	0	0
7	(i) 0	0	0	0	0	0
8	(i) 0	0	0	0	0	0
9	(i) 0	0	0	0	0	0
10	(i) 0	0	0	0	0	0
11	(i) 0	0	0	0	0	0
12	(i) 0	0	0	0	0	0
13	(i) 0	0	0	0	0	0
14	(i) 0	0	0	0	0	0
15	(i) 0	0	0	0	0	0
16	(i) 0	0	0	0	0	0

### Part III Supplemental Information

**Supplemental Information:** Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

**PART I - LINE 1B: A CONTRACT WAS SIGNED FOR A ROOM IN A PERSONAL RESIDENCE TO BE USED AS A BUSINESS OFFICE IN VIRGINIA.**

Schedule J (Form 990) 2010

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**PACIFIC SEAFOOD PROCESSORS ASSOCIATION**

Employer identification number

**91-0131370**

**PART VI, SECTION A, LINE6:**

**THE ORGANIZATION IS A NOT-FOR-PROFIT ASSOCIATION WITH NINE(9) MEMBERS THAT HAVE THE RIGHT TO VOTE AND PARTICIPATE  
IN THE ORGANIZATION'S GOVERNANCE.**

**PART VI, SECTION A, LINE 7A:**

**YES, THERE ARE NINE(9) VOTING MEMBERS OF THE ORGANIZATION.**

**PART VI, SECTION A, LINE 7B:**

**YES, DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL OF THE MEMBERS.**

**PART VI, SECTION B, LINE 10B:**

**THE HEADQUARTER<sup>S</sup> OF THE ASSOCIATION IS LOCATED IN SEATTLE, WA; AND SUPERVISES THE OUT-OF-STATE BRANCHES;  
MCLEAN, VIRGINIA AND JUNEAU, ALASKA THE BRANCH OFFICES REPORT DIRECTLY TO THE HEADQUARTER'S OFFICE(SEATTLE).**

**PART VI, SECTION B, LINE 11A:**

**THE FORM 990 OF THE ORGANIZATION IS PREPARED AND REVIEWED BY THE MANAGEMENT WITH ADVICE FROM OUR ACCOUNTANT.**

**PART VI, SECTION B, LINE 15A&B:**

**THE COMPENSATION OF THE PRESIDENT AND VICE PRESIDENTS WERE REVIEWED AND RECOMMENDED BY THE BUDGET**

**COMMITTEE WHO ARE BOARD MEMBERS OF THE ORGANIZATION. COMPENSATION WAS THEN APPROVED BY THE FULL BOARD.**

**THE LAST TIME THIS PROCESS UNDERTAKEN WAS IN OCTOBER AND NOVEMBER OF 2010.**

**PACRT VI, SECTION C, LINE 19:**

**DOCUMENTS WILL BE AVAILABLE TO THE PUBLIC UPON A WRITTEN REQUEST ADDRESSED TO THE ORGANIZATION WHICH STATES**

**THE PURPOSE OF THE REQUEST AND THE REQUESTER'S INFORMATION. THE ORGANIZATION WILL MAIL A COPY OF THE**

**REQUESTED DOCUMENT/S**

Name of the organization

**PACIFIC SEAFOOD PROCESSORS ASSOCIATION**

Employer identification number

**91-013170****PART XI, LINE 5:****ACCRAIL TO CASH ADJUSTMENTS.****PART XII, LINE 2C:****NO CHANGES IN THE OVERSIGHT OR SELECTION PROCESS.**

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization

**PACIFIC SEAFOOD PROCESSORS ASSOCIATION**

Employer identification number

**91-0131370**

**PART VI, SECTION A, LINE6:**

THE ORGANIZATION IS A NOT-FOR-PROFIT ASSOCIATION WITH NINE(9) MEMBERS THAT HAVE THE RIGHT TO VOTE AND PARTICIPATE

IN THE ORGANIZATION'S GOVERNANCE

**PART VI, SECTION A, LINE 7A**

YES, THERE ARE NINE(9) VOTING MEMBERS OF THE ORGANIZATION

**PART VI, SECTION A, LINE 7B**

YES, DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL OF THE MEMBERS.

**PART VI, SECTION B, LINE 10B:**

THE HEADQUARTER<sup>5</sup> OF THE ASSOCIATION IS LOCATED IN SEATTLE, WA, AND SUPERVISES THE OUT-OF-STATE BRANCHES,

MCLEAN, VIRGINIA AND JUNEAU, ALASKA. THE BRANCH OFFICES REPORT DIRECTLY TO THE HEADQUARTER'S OFFICE(SEATTLE)

**PART VI, SECTION B, LINE 11A.**

THE FORM 990 OF THE ORGANIZATION IS PREPARED AND REVIEWED BY THE MANAGEMENT WITH ADVICE FROM OUR ACCOUNTANT.

**PART VI, SECTION B, LINE 15A&B:**

THE COMPENSATION OF THE PRESIDENT AND VICE PRESIDENTS WERE REVIEWED AND RECOMMENDED BY THE BUDGET

COMMITTEE WHO ARE BOARD MEMBERS OF THE ORGANIZATION. COMPENSATION WAS THEN APPROVED BY THE FULL BOARD.

THE LAST TIME THIS PROCESS UNDERTAKEN WAS IN OCTOBER AND NOVEMBER OF 2010

**PACRT VI, SECTION C, LINE 19:**

DOCUMENTS WILL BE AVAILABLE TO THE PUBLIC UPON A WRITTEN REQUEST ADDRESSED TO THE ORGANIZATION WHICH STATES

THE PURPOSE OF THE REQUEST AND THE REQUESTER'S INFORMATION. THE ORGANIZATION WILL MAIL A COPY OF THE

REQUESTED DOCUMENT/S

Name of the organization

**PACIFIC SEAFOOD PROCESSORS ASSOCIATION**

Employer identification number

**91-013170****PART XI, LINE 5,****ACCRUAL TO CASH ADJUSTMENTS.****PART XII, LINE 2C.****NO CHANGES IN THE OVERSIGHT OR SELECTION PROCESS.**

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box . . . . . ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ►

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Type or print	Name of exempt organization <b>PACIFIC SEAFOOD PROCESSORS ASSOCIATION</b>	Employer identification number <b>91-0131370</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>1900 W EMERSON PLACE, SUITE 205</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SEATTLE, WA 98119</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **GLENN E. REED**

Telephone No ► **206-281-1667** FAX No ► **206-283-2387**

- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . . . ►  If it is for part of the group, check this box . . . . . ►  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15**, 20 **10** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 

- calendar year 20 **10** or
- tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c	<b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$
			N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of exempt organization	Employer identification number
File by the extended due date for filing your return. See instructions	Number, street and room or suite no. If a P O box, see instructions	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	

Enter the Return code for the return that this application is for (file a separate application for each return)  

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 1041-A	08
Form 990-BL	02	Form 4720	09
Form 990-EZ	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06		

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

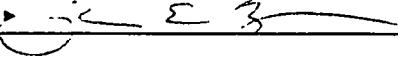
- The books are in the care of ► Telephone No ► FAX No ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ►  If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until \_\_\_\_\_, 20\_\_\_\_\_
- 5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_
- 6 If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period
- 7 State in detail why you need the extension  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$

**Signature and Verification**

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete and that I am authorized to prepare this form

Signature ► 

Title ► PRESIDENT

Date ► 1/7/11

Form 8868 (Rev. 1-2011)