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

Oversight hearing on data collection issues in relation to the reauthorization of the Magnuson-Stevens Fishery Conservation and Management Act Tuesday, May 21, 2013

For Individuals:

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

* * * * *

For Witnesses Representing Organizations:

- 1. Name: Linda Behnken
- 2. Name of Organization(s) You are Representing at the Hearing: Alaska Longline Fishermen's Association
- 3. Business Address: PO Box 1229 Sitka, Alaska 99835
- 4. Business Email Address: alfastaff@gmail.com
- 5. Business Phone Number: 907 747 3400

For all Witnesses

Ms. Linda Behnken, Alaska Longline Fisherman's Association Subcommittee on FWO&IA Oversight hearing – Tuesday, May 21, 2013

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

- BA, Dartmouth College (1985)
- MES Yale University School of Forestry and Environmental Science (1990)

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

- Member, North Pacific Fishery Management Council (1992-2001)
- Board officer, Alaska Sustainable Fisheries Trust (2009-present)
- Board Chair, Halibut Coalition (1998-present)
- Board President, Island Institute of Sitka Alaska (2001-present)
- Industry Advisor, North Pacific Anadramous Fish Commission (1994-98)
- Industry Advisor, NRC Panel to Review Individual Fishing Quotas (1996/7)

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

• Commercial fisherman, 1982-present

1991-2008 Owner/operator F/V Morgan

2008-present Co-owner/operator F/V Woodstock

- Executive Director, Alaska Longline Fishermen's Association (1991-present)
- Sole Proprietor, Ocean Resource Consulting Association (1991-present)

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

- National Fish and Wildlife Foundation Fisheries Innovation Fund grant: Electronic Monitoring for Alaska Catch Share Fisheries (2010-2012) \$220,000
- National Fish and Wildlife Foundation Fisheries Innovation Fund grant: GPS Data Loggers as a Low-Cost Alternative to Vessel Monitoring Systems. (2013-2014) \$110,000

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

The Fixed Gear Alliance has intervened in a lawsuit filed by the Boat Company against the Department of Commerce's Observer Program Restructuring Amendments 76/86 Case No. 3:12-cv-00250-HRH. ALFA is a member of the Fixed Gear Alliance.

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

which the lawsuits were filed.

None

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

Witnesses Representing Organizations

Ms. Linda Behnken, Alaska Longline Fisherman's Association Subcommittee on FWO&IA Oversight hearing – Tuesday, May 21, 2013

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

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

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

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

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

Form 990
Department of the Treasury Internal Revenue Service

Return on Organization Exempt From Income Tax

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

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



AF	or the	2011 calendar year, or tax year beginning and	ending		
Bca	heck if	C Name of organization		D Employer identifie	cation number
	Addres	ALASKA LONGLINE FISHERMENS ASSOCIATION	N		
]Name]chang∉	Doing Business As		01-0	951115
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
]Termin ated	P.O. BOX 1229		907-	747-3400
	Amend return	ed City or town, state or country, and ZIP + 4		G Gross receipts \$	336,299.
	Applica	* SITKA, AK 99835		H(a) Is this a group re	
	pendin	⁹ F Name and address of principal officer:LINDA BEHNKEN		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No
1 1	axexe	empt status: 501(c)(3) X 501(c) (6) ◀ (insert no.) 4947(a)(1) (or 🗌 527	If "No," attach a	list. (see instructions)
		e:▶ ALFAFISH.ORG		H(c) Group exemption	
KF	orm of	organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1978 N	State of legal domicile: AK
Pa	irt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities:	IS AN	ASSOCIATIO	N OF
2 UC		INDEPENDENT LONGLINE FISHERMEN WHO ARE CO	OMMITI	ED TO CONTI	NUING
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	sets.
No.	3	Number of voting members of the governing body (Part VI, line 1a)			9
ഷ	4	Number of independent voting members of the governing body (Part VI, line 1b)			9 9 2
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			
viti		Total number of volunteers (estimate if necessary)			50
Acti	7 a '	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	·····		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		168,889.	328,915.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
ě		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		350.	510.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,526.	336.
	·····	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		175,765.	329,761.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		40,030.	60,579.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ť.		Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	101 240	247 100
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		121,349.	<u>247,188</u> . 307,767.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		161,379.	
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		14,386.	21,994.
Net Assets or Fund Balances				ginning of Current Year 126,844.	End of Year 254,296.
Bala	20	Total assets (Part X, line 16)			
Ind A	21	Total liabilities (Part X, line 26)		20,636.	<u>126,094</u> . 128,202.
2	22	Net assets or fund balances. Subtract line 21 from line 20	······ 1	100,200.	1201202.
	nt fl	Signature Block	a and atatam	ante and to the bast of m	w knowledge and helief it is
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and bellet, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	non prepare	nas any knowledge.	

Sign Here	Signature of officer LINDA BEHNKEN, EXECUTI Type or print name and title	VE DIRECTOR	Date
Paid	Print/Type preparer's name CHRISTINE E HARRINGTON	rieparei s signature	Date Check X PTIN 5/11/12 self-employed P00441102
Preparer	Firm's name CHRISTINE E HARF	INGTON CPA LLC	Firm's EIN 26-0266368
Use Only	Firm's address P.O. BOX 1328 SITKA, AK 99835		Phone no. 9077475500
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)	

 132001
 01-23-12
 LHA
 For Paperwork Reduction Act Notice, see the separate instructions.
 For

 SEE
 SCHEDULE
 O
 FOR
 ORGANIZATION
 MISSION
 STATEMENT
 CONTINUATION

¥

٦rm	990 (2011) ALASKA LUNGLINE FISHERMENS ASSOCIATION 01-09511	15 Page
Par	t III Statement of Program Service Accomplishments	·
	Check if Schedule O contains a response to any question in this Part III	L
l	Briefly describe the organization's mission:	
	ALFA IS AN ASSOCIATION OF INDEPENDENT LONGLINE FISHERMEN WHO ARE	
	COMMITTED TO CONTINUING	TLE
	THE SUSTAINABLE HARVEST OF SABLEFISH, HALIBUT AND GROUNDFISH, WH SUPPORTING HEALTHY MARINE ECOSYSTEMS AND STRONG COASTAL COMMUNIT	TES.
	SUPPORTING HEALTHY MARINE ECOSISIENS AND SIRONG COADIAL CONNENT	
2	Did the organization undertake any significant program services during the year which were not listed on	Yes XI
	the prior Form 990 or 990-EZ?	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes XI
3	If "Yes," describe these changes on Schedule O.	
1	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	enses.
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloca	tions to
	others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Active) (Evenues 307,767 • including grants of \$) (Revenues	-3,688
	CONDUCT MARINE RESEARCH ASSOCIATED WITH THE LONGLINE INDUSTRY.	
łb	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
		<u>20</u>
4d		
<u>4e</u>	Total program out nee expenses :	orm 990 (2
3200 2-09		
	2	
20	0511 796493 ALFA 2011.03040 ALASKA LONGLINE FISHERMENS	ALFA

Form	aan	(201)	1)

Par	IV Checklist of Required Schedules			
<u>Enderlandsen</u>			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	Schedule D, Part III	8	1	Х
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			
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	8	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
11	-			
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	86086666		
a		11a		x
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
b		116		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	TIC		- <u>^</u>
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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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			x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI, XII, and XIII	<u>12a</u>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1	1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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	ļ	X
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	17	ļ	X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2011)

ALASKA LUNGLINE FISHERMENS ASSOCIATION Form 990 (2011) ALASKA LONGLINE FJ

			Yes	No
	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	Ì		
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
~~	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
02	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23		X
04-2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
240	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		X
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			
Ŭ	any tax-exempt bonds?	24c	<u> </u>	
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
Ь	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
	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?			x
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a		<u>35a</u>		^
b		35b	1	x
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		
_	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	37		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	- 57	+	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	x	
	Note. All Form 990 filers are required to complete Schedule O		-	(0011)

Form **990** (2011)

Form	990 (2011) ALASKA LONGLINE FISHERMENS ASSOCIATIO	<u></u>	01-0951	112	<u> </u>	age o
Par	TV Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response to any question in this Part V	<u></u>			Yes	No
		1.	1		103	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r	epona	able gaming		X	
	(gambling) winnings to prize winners?	1		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		2			
	filed for the calendar year ending with or within the year covered by this return	2a	· · · · · · · · · · · · · · · · · · ·	1	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	•	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	S)				X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			<u>3a</u>		^
b	I res, has it med at offit 500 r for the year of prefiet at expense			<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	unt)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Αссοι	unts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>	 	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action	?	5b	_	X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			<u>5</u> c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit			i
	any contributions that were not tax deductible?			<u>6a</u>	ļ	<u>X</u>
ь	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions	or gifts		1	
~	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
·a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices	provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
č	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas re	quired			
v	to file Form 8282?			7c		
A	If "Yes," indicate the number of Forms 8282 filed during the year					
u	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	act?	7e		X
-	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?		7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file I	Form 8	899 as required?	7g		
9	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi	zation	file a Form 1098-C?	7h		
-	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the	supporting			
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t anv ti	me during the year?	8	T	
•	Sponsoring organizations maintaining donor advised funds.	,, , .	,			
9	Did the organization make any taxable distributions under section 4966?			9a	-	
a	Did the organization make a distribution to a donor, donor advisor, or related person?	•••••		9b		
10	-					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			1	
a 	e de la companya de la					
b						
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a				
a	Gross income from other sources (Do not net amounts due or paid to other sources against			-		
b		116				
	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		-	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a	<u> </u>	
a		•••••				
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	136				
	organization is licensed to issue qualified health plans			-		
C				14a		X
14a				140		+
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched		<u></u>			<u></u>

ALASKA LUNGLINE FISHERMENS ASSOCIATION

Form 990 (2011)

01-0951115 Page 5

Form	990	(201)	1)

Form 990 (2011) ALASKA LUNGLINE FISHERMENS ASSOCIATION 01-0951115 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	Check if Schedule O contains a response to any question in this Part VI	· · · · · · · · · · · · · · · · · · ·		X
ect	ion A. Governing Body and Management		X	
			Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year	9		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	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		X
	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
•	Did the organization make any significant changes to its governing decontents since the pilot rear order in the most marked in the second	5		X
		6	X	
;	Did the organization have members or stockholders?			-
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	70		X
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			2
	persons other than the governing body?	7b		-
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
e ci	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
50			Yes	1
	Did the organization have local chapters, branches, or affiliates?	10a		
)a 1.	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			1
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	and branches to ensure their operations are consistent with the organization's exempt purposes:	11a	X	\mathbf{T}
ia	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	X	****
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			,
	in Schedule O how this was done			2
3	Did the organization have a written whistleblower policy?		X	1
1	Did the organization have a written document retention and destruction policy?	. 14	X	
5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization			
Ŭ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ė _	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
Ja		16a	seccesso	
	taxable entity during the year?			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		*****	****
	exempt status with respect to such arrangements?	165	1	
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed NONE			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	/) availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	and fina	ncial	
9				
	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organized states and the organized states and the organized states and the organized states are states are states and the organized states are	zation ·	•	
			·	
20	3 T E A 0 07 7 7 7 - 3 1 0 0			
0	ALFA - 907 - 747 - 3400			
	P.O. BOX 1229, SITKA, AK 99835	F	.000	100
0 1200	P.O. BOX 1229, SITKA, AK 99835	Form	n 990	(20

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	
The second	

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.

X 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	box offi	not c unle	ss pe	ition more rson i	than is boti pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DICK CURRAN	1.00	x						0.	0.	0
MEMBER	1.00					<u> </u>				
(2) STEPHEN RHOADS MEMBER	1.00	x						0.	0.	0
(3) NORM PILLEN	1.00	x						0.	0.	0
MEMBER (4) RICHIE DAVIS			+	<u> </u>			\vdash			· · · · · · · · · · · · · · · · · · ·
MEMBER	1.00	x						0.	0.	0
(5) FRANK BALOVICH										
MEMBER	1.00	X	_					0.	0.	0
(6) STEVE FISH									•	
PRESIDENT	1.00	ļ		X	ļ		<u> </u>	0.	0.	0
(7) JEFF FARVOUR	1 00							0.	0.	0
VICE PRESIDENT	1.00			X				<u></u> V.	0.	0
(8) TERRY PERENSOVICH	1.00			x				0.	0.	0
SECRETARY	1.00	+	+		-	+				
(9) PHIL WYMAN TREASURER	1.00			x				0.	0.	0

132007 01-23-12

10120511 796493 ALFA

2011.03040 ALASKA LONGLINE FISHERMENS

7

1

ALFA

<u>For</u> m									ASSOCIATION	01-095	51115	Page 8
Par	VII Section A. Officers, Directors,		mplo	yee			ligh	est				
	(A) Name and title	(B) Average hours per week (describe hours for related organizations	stee or director log of	not c unle cer ar	ss pe	ition more rson i irecto	than o is both pr/trus	han tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC	(F) Estima amour othe compen) from organiz and rel	ated nt of er sation the cation
		organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
	Sub-total Total from continuation sheets to Part	t VII, Section A							0.	().).	0.
	Total (add lines 1b and 1c) Total number of individuals (including bu compensation from the organization ▶	it not limited to t					e) wł	no r	eceived more than \$100	Lucian .) . Ye	0. 0 s No
3 4	Did the organization list any former offic line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> for For any individual listed on line 1a, is the	or such individual sum of reportat	l ble c	omp	ens	atior	n and	d ot	her compensation from	the organization		X
5	and related organizations greater than \$ Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes," c	or accrue compe	nsat	tion	from	any	y uni	elat	ted organization or indiv	idual for services		X
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest the organization. Report compensation										ensation from	Ì
<u></u>	(A) Name and busine			ON:					(B) Description of		(C) Compensa	tion
2	Total number of independent contractor \$100,000 of compensation from the org		not li	imite	ed to		ose li O	stec	d above) who received r	nore than	Form 99	0 (2011)
13200	8 01-23-12						_					

Form	<u>1 990 (2</u>			NE FISHE	RMENS ASSO	CIATION	01-0951	115 Page 9
	rt VIII				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b C d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributi All other contributions, gifts, grant similar amounts not included above	1b 1c 1d ions) 1e ts, and 1	44,200. 284,715.				
ontr nd O	-	Noncash contributions included in lines Total. Add lines 1a-1f		•	328,915.			
Program Service (2a b c d			Business Code	005065557777777777777777777777777777777			
Prog		All other program service reve						
	9 3 4 5	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of ta Royalties	dividends, intere x-exempt bond p	est, and roceeds	510.			510.
	5 6a b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	d 7a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis		► (ii) Other				
Ð	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin						
Other Revenue	1	including \$ contributions reported on line Part IV, line 18 Less: direct expenses	• 1c). See a b	0.00				4 024
Ű	9a b	Net income or (loss) from fund Gross income from gaming ad Part IV, line 19 Less: direct expenses	ctivities. See a		4,024.			4,024.
	10 a b	Net income or (loss) from gan Gross sales of inventory, less and allowances Less: cost of goods sold	returns a	6,338.	-3,688.	-3,688.		
	<u>с</u> 11 а	Net income or (loss) from sale Miscellaneous Revenu	le	► Business Code	100000000000000000000000000000000000000	-3,000.		
	b c d	All other revenue						
1320 01-2	12 009 3-12	Total. Add lines 11a-11d Total revenue. See instructions.		•	329,761.	-3,688.	0.	4,534. Form 990 (2011)

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).

	Check if Schedule O contains a respon	se to any question in th	IS Part IX	(C)	(D)
Dо I 7Ь, с	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21		- 10		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	54 000	54 002		
7	Other salaries and wages	54,992.	54,992.		
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				· · · · · · · · · · · · · · · · · · ·
9	Other employee benefits	E E07	5,587.		
10	Payroll taxes	5,587.	5,507.		
11	Fees for services (non-employees):		25 000		
а	Management	25,000.	<u>25,000.</u> 390.		
b	Legal	390.			
c	Accounting	7,645.	7,645.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	·····			
f	Investment management fees	124 200	124 200		
9	Other	134,289.	134,289.		
12	Advertising and promotion	21 501	21,501.		
13	Office expenses	21,501.	21,301.		
14	Information technology				
15	Royalties				
16	Occupancy	21,613.	21,613.	·····	
17	Travel	21,013.	21,013.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	20 055	30,955		
а	DIRECT SUPPORT TO FISHE	<u> </u>			
b	SMALL EQUIPMENT	5,195.	5,195	•	
c					
d				+	
е	· · · · · · · · · · · · · · · · · · ·	207 767	207 767	. 0.	0.
25	Total functional expenses. Add lines 1 through 24e	307,767.	307,767.	•	<u> </u>
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Lif following SOP 98-2 (ASC 958-720)		I		

132010 01-23-12

10 2011.03040 ALASKA LONGLINE FISHERMENS ALFA___1

Form	990	(2011))		
	18.18	Ra	lance	She	et

ALASKA LUNGLINE FISHERMENS ASSOCIATION 01-0951115 Page 11

				(A) Beginning of year		(B) End of year
		Cash - non-interest-bearing		70,826.	1	173,907.
	1	Savings and temporary cash investments		50,208.	2	80,389.
	2	Pledges and grants receivable, net		3		
	3	Accounts receivable, net		5,810.	4	
	4 5	Receivables from current and former officers, directors, trusto				
	5	employees, and highest compensated employees. Complete				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under				
sts	v	4958(f)(1)), persons described in section 4958(c)(3)(B), and co				
		employers and sponsoring organizations of section 501(c)(9)				
		employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges			9	
	10a					
		basis. Complete Part VI of Schedule D 10a				
	ь	Less: accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments · program-related. See Part IV, line 11			13	
	14	Intangible assets	1	14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)		126,844.		254,296.
	17	Accounts payable and accrued expenses		2,041.	17	2,113.
	18	Grants payable		18		
	19	Deferred revenue	18,595.	19	123,981.	
	20	Tax-exempt bond liabilities			20	
Ś	21	Escrow or custodial account liability. Complete Part IV of Scl			21	
Liabilities	22	Payables to current and former officers, directors, trustees, I				
abi		highest compensated employees, and disqualified persons.	Complete Part II			
Ξ		of Schedule L			22	·
	23	Secured mortgages and notes payable to unrelated third part	ties		23	
	24	Unsecured notes and loans payable to unrelated third partie	s		24	
	25	Other liabilities (including federal income tax, payables to rela				
		parties, and other liabilities not included on lines 17-24). Con	plete Part X of			
		Schedule D		00.000	25	100 004
	26	Total liabilities. Add lines 17 through 25		20,636.	26	126,094.
		Organizations that follow SFAS 117, check here 🕨 🛛	and complete			
es		lines 27 through 29, and lines 33 and 34.		106 200		120 202
anc	27	Unrestricted net assets				128,202.
Bala	28	Temporarily restricted net assets			28	
P	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117, check here	and			
Net Assets or Fund Balances		complete lines 30 through 34.				1
iets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid in or capital surplus, or land, building, or equipment fun			31	
let .	32	Retained earnings, endowment, accumulated income, or oth		106 200	32	128,202.
~	33	Total net assets or fund balances		<u>106,208</u> . 126,844.		0.0.0.0
	34	Total liabilities and net assets/fund balances		120,044	34	254,290

Form **990** (2011)

132011 01-23-12

Form	990 (2011) ALASKA LUNGLINE FISHERMENS ASSOCIATION	01-095	1115	Page 12
	TXI Reconciliation of Net Assets			
<u></u>	Check if Schedule O contains a response to any question in this Part XI	<u></u>	<u></u>	<u> []</u>
		1		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,761.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,767.
3	Revenue less expenses. Subtract line 2 from line 1	3		,994.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	106	,208.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	100	0.
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	128	3,202.
Pa	t XII Financial Statements and Reporting			·1
	Check if Schedule O contains a response to any question in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <u>2a</u>	<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b	X
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		. <u>2c</u>	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a		
	separate basis, consolidated basis, or both:			
	X 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 Si	ngle Audit		
	Act and OMB Circular A-133?		. <u>3a</u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u></u>	. <u>3b</u>	

Form 990 (2011)

10120511 796493 ALFA

SCHEDULE	D
----------	---

Department of the Treasury

(Form	990)
-------	------

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.



	of the organization ALASKA LONGLINE FISH	ERMENS ASSOCIATION		Employer identification numbe 01-0951115
Par	I Organizations Maintaining Donor Advised F	unds or Other Similar Fund	ls or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	(a) Donor advised funds		b) Funds and other accounts
		(a) Donor advised funds	<u> </u>	b) Funds and other accounts
1	Total number at end of year			
	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year	as that the appets held in deported	l vised fun	de
5	Did the organization inform all donors and donor advisors in writi	ng that the assets held in donor adv		
	are the organization's property, subject to the organization's exc Did the organization inform all grantees, donors, and donor advis	ore in writing that grant funds can h	e used c	
6	for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpos	e confer	ring
	impermissible private benefit?			
Par		zation answered "Yes" to Form 990.	Part IV,	
	Purpose(s) of conservation easements held by the organization (
1	Preservation of land for public use (e.g., recreation or educ		istorical	y important land area
	Protection of natural habitat	Preservation of a ce	ertified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	n of a co	enservation easement on the last
-	day of the tax year.			
				Held at the End of the Tax Yea
а	Total number of conservation easements			<u>2a</u>
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic structu			2c
d	Number of conservation easements included in (c) acquired afte	r 8/17/06, and not on a historic stru	cture	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, releas		he orgar	ization during the tax
4	Number of states where property subject to conservation easer	nent is located	-	
5	Does the organization have a written policy regarding the period			Yes
	violations, and enforcement of the conservation easements it ho			
6	Staff and volunteer hours devoted to monitoring, inspecting, and	d enforcing conservation easements	ouring t	ne year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enfo	orcing conservation easements during		2)/í)
8	Does each conservation easement reported on line 2(d) above s		/ 0((1)(4)(6	>/// Yes N
•	and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation	assements in its revenue and expen	se state	·····
9	include, if applicable, the text of the footnote to the organization			
				gan naan oo noo oo noo goo
	conservation easements. t III Organizations Maintaining Collections of A	rt. Historical Treasures, or	Other	Similar Assets.
8.80	Complete if the organization answered "Yes" to Form 990			
1a	If the organization elected, as permitted under SFAS 116 (ASC 9		ement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit	tion, education, or research in furthe	rance of	public service, provide, in Part XIV
	the text of the footnote to its financial statements that describes			
ь	If the organization elected, as permitted under SFAS 116 (ASC 9		ent and b	palance sheet works of art, historic
-	treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of	oublic se	rvice, provide the following amoun
	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 treasu	ires, or other similar assets for finan	cial gain,	provide
	the following amounts required to be reported under SFAS 116			
а	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X			> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12 13 Schedule D (Form 990) 2011

0 - 1	ule D (Form 990) 2011 ALASKA	LONGLINE F	ISHERMENS	ASSOCI	ATION	01-09	9511 <u>15</u>	Page 2
Dart	III Organizations Maintaining C	ollections of Ar	t. Historical	Freasures,	or Other	Similar Ass	ets (contir	nued)
2 1	Using the organization's acquisition, accession	on, and other record	s. check any of th	e following the	at are a sigi	nificant use of its	collection	items
	(check all that apply):	••••••••••••••••	•	-	-			
a		d	Loan or e	xchange progr	ams			
a b	Scholarly research	e						
c	Preservation for future generations							
4 F	Provide a description of the organization's co	ollections and explai	n how they furthe	r the organizat	ion's exem	pt purpose in Pa	rt XIV.	
5 [During the year, did the organization solicit o	r receive donations	of art, historical tr	easures, or oth	ner similar a	ssets		
J .	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's	collection?			Yes	<u>No</u>
Part	IV Escrow and Custodial Arran	gements. Comple	ete if the organiza	tion answered	"Yes" to F	orm 990, Part IV	line 9, or	
Concernance.	reported an amount on Form 990, Par	rt X, line 21.						
1a	Is the organization an agent, trustee, custod		liary for contributi	ions or other a	ssets not in	cluded		
	on Form 990, Part X?						_ Yes	No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:					
							Amount	
cl	Beginning balance					1c		
	Additions during the year							
	Distributions during the year							
	Ending balance							
2a (Did the organization include an amount on F	orm 990, Part X, line	21?			L	_ Yes	No
	If "Yes," explain the arrangement in Part XIV	•						
Part	V Endowment Funds. Complete i	if the organization ar	swered "Yes" to	Form 990, Par	t IV, line 10	•	<u>.</u>	
		(a) Current year	(b) Prior year	(c) Two yea	ars back 🛛 🌔	f) Three years bac	k (e) Four	years back
1a	Beginning of year balance		·····				-	
	Contributions						-	
С	Net investment earnings, gains, and losses							
d	Grants or scholarships						-	
е	Other expenditures for facilities							
	and programs						-	
f	Administrative expenses						_	
g	End of year balance							
2	Provide the estimated percentage of the cur	rrent year end baland	ce (line 1g, columi	n (a)) held as:				
а	Board designated or quasi-endowment 🕨		%					
b	Permanent endowment 🕨	%						
	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%.						
3a .	Are there endowment funds not in the posse	ession of the organiz	ation that are hel	d and administ	tered for th	e organization	Г	
	by:							Yes No
	(i) unrelated organizations							
	(ii) related organizations						<u>3a(ii)</u>	
	If "Yes" to 3a(ii), are the related organization				••••••		3b	I
	Describe in Part XIV the intended uses of the	e organization's end	owment funds.					
Par	VI Land, Buildings, and Equip				(1) (1)		(-1) Dee	
	Description of property	(a) Cost or o		ost or other sis (other)	1	cumulated reciation	(d) Boo	k value
		basis (invest						
	Land	-						
-								
	Buildings							
	Leasehold improvements							
d							······································	

Schedule D (Form 990) 2011

ALASKA LONGLINE FISHERMENS ASSOCIATION 01-0951115 Page 3

Schedule D		GLINE FISHERM		110N 01-0951115 Page 3
	Investments - Other Securities. S		2.	(c) Method of valuation:
	a) Description of security or category (including name of security)	(b) Book value	Cos	st or end-of-year market value
	al derivatives			
•••	held equity interests			
(3) Other				
(A) (B)				
(C)				
(D)				
(E)	· · · · · · · · · · · · · · · · · · ·			
(F)				
(G)				
<u>(H)</u>				a start and a start and a start
()				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Investments - Program Related.	See Form 990, Part X, line	13.	
	(a) Description of investment type	(b) Book value		(c) Method of valuation: st or end-of-year market value
	······································			
(1)				
<u>(2)</u> (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	(b) must equal Form 990, Part X, col (B) line 13.) 🕨			
Part IX		ne 15.		
8.8	(1	a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)		·····		
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
(10)				
Total. (Co Part X	lumn (b) must equal Form 990, Part X, col (B) II Other Liabilities. See Form 990, Part	<i>ine 15.)</i> X, line 25.		▶
1.	(a) Description of liability		(b) Book value	4
(1) Fe	ederal income taxes			4
(2)				-
(3)				-
(4)				1
(5)				1
<u>(6)</u> (7)				1
(8)]
(9)				4
(10)				-
(11)				-
Total. (Co	numn (b) must equal Form 990, Part X, col (B) ASC 740 Footnote. In Part XIV, provide the text of the footnot	ine 25.) te to the organization's financial sta	tements that reports the orga	nization's liability for uncertain tax positions under
Z. FIN 48	ASC 740).	-		Schedule D (Form 990) 201
132053 01-23-12		1	5	

2011.03040 ALASKA LONGLINE FISHERMENS ALFA___1

chedule D (Form 990) 2011 ALASKA LONGL	INE FISHERMENS ASSOCI	nonoial Sta	tomonte	
Part XI Reconciliation of Change in Net As	sets from Form 990 to Audited Fi	nancial Sta	itements	329,761
1 Total revenue (Form 990, Part VIII, column (A), line 12)				307,767
2 Total expenses (Form 990, Part IX, column (A), line 25)	2		21,994
3 Excess or (deficit) for the year. Subtract line 2 from line	e 1	3		
4 Net unrealized gains (losses) on investments				
5 Donated services and use of facilities				
6 Investment expenses		6	·····	
7 Prior period adjustments		7		
8 Other (Describe in Part XIV.)		<u>8</u>		
9 Total adjustments (net). Add lines 4 through 8	9		01 004	
D Excess or (deficit) for the year per audited financial state	atements. Combine lines 3 and 9	10		21,994
Part XII Reconciliation of Revenue per Aud	ited Financial Statements With R	evenue pei	<u>r Return</u>	
1 Total revenue, gains, and other support per audited fi	nancial statements		1	336,299
2 Amounts included on line 1 but not on Form 990, Parl	VIII, line 12:			
a Net unrealized gains on investments				
b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIV.)		6,53	<u>B.</u>	
e Add lines 2a through 2d			2e	6,538
3 Subtract line 2e from line 1				329,761
4 Amounts included on Form 990, Part VIII, line 12, but				
a Investment expenses not included on Form 990, Part				
b Other (Describe in Part XIV.)				
c Add lines 4a and 4b			4c	0
5 Total revenue Add lines 3 and 4c. (This must equal Fe	orm 990, Part I, line 12.)		5	329,761
Part XIII Reconciliation of Expenses per Au	dited Financial Statements With	Expenses p	er Return	
1 Total expenses and losses per audited financial state	ments		1	314,305
2 Amounts included on line 1 but not on Form 990, Par				
a Donated services and use of facilities				
 b Prior year adjustments 				
c Other losses				
d Other (Describe in Part XIV.)		6,53	8.	
			2e	6,538 307,767
				307,767
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but r 				
 Amounts included on Form 990, Part IX, line 23, but in a Investment expenses not included on Form 990, Part 				
 a Investment expenses not included on Form 990, Fail b Other (Describe in Part XIV.) 	4b			
			4c	0
	Form 990, Part I, line 18.)		····	307,767
- This must be a finance of and the (This must pould)				

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 XI, LINE 8 - OTHER ADJUSTMENTS:

CASH TO ACCRUAL CONVERSION

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES PART VIII LINES 8B AND 10B

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2011

6,538.

	Form 990) 2011 Supplementa										-	
IRECT	EXPENSES	PART	VIII	LINES	8B	AND	10B				6	,53
											<u></u>	
							<u> </u>					
	<u> </u>											
<u>.</u>			<u></u>					······			· · · · · · · · · · · · · · · · · · ·	
				<u></u>								
								•••••••				
			- ·						=			
												_
<u>_</u>												
									<u>,</u>			
<u></u>												
								<u></u>				
						<u>.</u>						
										, train de a c		
									•••••	Sch	edule D (Forn	n 990)

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.



Employer identification number 01-0951115

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE SUSTAINABLE HARVEST OF SABLEFISH, HALIBUT AND GROUNDFISH, WHILE

ALASKA LONGLINE FISHERMENS ASSOCIATION

SUPPORTING HEALTHY MARINE ECOSYSTEMS AND STRONG COASTAL COMMUNITIES.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION PROMOTES FISHERMEN

TO JOIN THE ORGNIZATION.

FORM 990, PART VI, SECTION B, LINE 11: BOARD MEMBERS ARE GIVEN THE

OPORTUNITY TO FEVIEW FORM 990 BEFORE IT IS TRANSMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 15A: BOARD OF DIRECTORS APPROVES

EXECUTIVE DIRECTORS SALARY.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE FOR REVIEW DURING REGULAR BUSINESS HOURS AT ORGANIZATION OFFICES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12 Schedule O (Form 990 or 990-EZ) (2011)

18

2011.03040 ALASKA LONGLINE FISHERMENS ALFA___1