# COMMITTEE ON NATURAL RESOURCES 113<sup>th</sup> 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

Subcommittee on Energy and Mineral Resources Oversight Hearing "EPA vs. American Mining Jobs: The Obama Administration's Regulatory Assault on the Economy." October 10, 2013

For Individuals:

- 1. Name: Norman Van Vactor
- 2. Address: [Information redacted for privacy]
- 3. Email Address: [Information redacted for privacy]
- 4. Phone Number: [Information redacted for privacy]

\* \* \* \* \*

For Witnesses Representing Organizations:

- 1. Name: Norman Van Vactor
- Name of Organization(s) You are Representing at the Hearing: -Self
   -Bristol Bay Economic Development Corporation
- 3. Business Address: [Information redacted for privacy]
- 4. Business Email Address: [Information redacted for privacy]
- 5. Business Phone Number: [Information redacted for privacy]

# For all Witnesses

Name/Organization: <u>Norman Van Vactor/Bristol Bay Economic Development Corporation</u> Title/Date of Hearing: <u>Oversight Hearing on *"EPA vs. American Mining Jobs: The Obama Administration's* <u>Regulatory Assault on the Economy."</u> / October 10, 2013</u>

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.

NA

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.

Board Member of Nushagak-Mulchatna Wood-Tikchik Land Trust

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.

Yes – 38 Years of working in the Alaska Seafood Industry.

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

No

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.

NA

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.

Extensive knowledge of the Alaska Seafood Industry and a long history of regulatory interaction with EPA as a business manager. Very familiar with Bristol Bay, the Region, and the Pebble Mine issue.

# Witnesses Representing Organizations

Name/Organization: <u>Norman Van Vactor/Bristol Bay Economic Development Corporation</u> Title/Date of Hearing: <u>Oversight Hearing on "EPA vs. American Mining Jobs: The Obama Administration's</u> <u>Regulatory Assault on the Economy." / October 10, 2013</u>

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

No

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture 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).

No

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).

None

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.

None

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)).

See Attached. I have included 990 Forms for the years 2009, 2010, and 2011 for each of the following organizations:

- Bristol Bay Economic Development Corporation (BBEDC)
- Bristol Bay Science & Research Institute (BBSRI) (a wholly-owned subsidiary of BBEDC)
- Harvey Samuelsen Scholarship Trust (HHST) (a wholly-owned subsidiary of BBEDC)

	<b>99(</b>		Under secti	on 501(c)	benefit	a)(1) of th trust or p	e Internal Rev private founda	enue Code (ex tion)	cept black lung	2009 Open to Publi
Interna	al Revenue Ser	vice				se a copy o			ting requirements.	Inspection
A F	or the 200		dar year, or tax		and the second			nd ending	D Employer Identific	, 20
Bch	eck if applicable:	Please use IRS			TOL BAY ECONOMI	C DEVELOP	MENT CORPORAT	ION		ation number
-	Address change	label or	Doing Business /				CARGON	1 Barristone	92-0142567 E Telephone number	
	Name change	print or type.			ox if mail is not deliv	ered to stre	et address)	Room/suite		
	Initial return	See	P. O. BOX						(907) 842-43	370
	Terminated	Specific Instruc-	City or town, stat							
-	Amended	tions,	DILLINGHAM						G Gross receipts \$	41,254,485
10	Application pending	1. C . C . C			officer: H. RO		MUELSEN, C	JR.	H(a) Is this a group return affiliates?	
_		P.O.		DILLING	GHAM, AK 99	576	1		H(b) Are all affiliates inclu	and the second sec
	Tax-exempt s		1	<ul> <li>(inse</li> </ul>	ert no.) 4947	(a)(1) or	527		If "No," attach a list.	
J	Website: 🕨		BBEDC.COM			_			H(c) Group exemption nur	
	Form of organ	nization:	X Corporation	Trust	Association	Other	•	L Year of forma	tion: 1992 M State	of legal domicile: A
Pai	ntl Su	immary								
Activities & Governance	<ul><li>3 Numb</li><li>4 Numb</li><li>5 Total</li><li>6 Total</li></ul>	per of vot per of ind number number	ing members of the ependent voting roof employees (Pa of volunteers (est	ne governir nembers o rt V, line 2a imate if neo		ine 1a) ody (Part V	1, line 1b)	· · · · · · · · · · · · · · · · · · ·		17 5 55 0
	7 a Total	gross un	related business	revenue fro	om Part VIII, colun	nn (C), line	12			-2,251,673
	b Netu	nrelated	business taxable	income fro	m Form 990-T, lin	ie 34				-2,274,240
									Prior Year	Current Year
0	8 Contr	ibutions	and grants (Part \	/III, line 1h	)				98,000.	1,043,323
nue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)							14,687,452.	15,147,575
Revenue	10 Inves	tment inc	come (Part VIII, co	olumn (A), I	lines 3, 4, and 7d)				14,176,540.	1,302,832
-	11 Other	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							482,745.	617,642
					ust equal Part VIII,				29,444,737.	18,111,372
					column (A), lines				3,092,863.	6,639,360
					olumn (A), line 4)				0.	1 017 644
es					enefits (Part IX, co		lines 5-10)		867,759.	1,917,640
ens	1.				umn (A), line 11e)				0.	
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		1 C 1 1 C 1						•••••		4,620,965
- 00	19 Reve	nue less	expenses. Subtra	ict line 18 f	rom line 12					End of Year
ance			Dart V Kas det							168,096,875
Bala										21,393,721
und										146,703,154
				and a line	er nont inic 20 .					
E Fund Ba	17 Other 18 Total 19 Reve 20 Total 21 Total 22 Net a rt.II Si Unde and	expense expense nue less assets (f liabilities ssets or gnature	es (Part IX, colum s. Add lines 13-1 expenses. Subtra Part X, line 16) (Part X, line 26) fund balances. Su Block	n (A), lines 7 (must equ lot line 18 f	an (D), line 25) 11a-11d, 11f-24f) ual Part IX, column from line 12 21 from line 20 have examined this . Declaration of pro-	)	25)		7,890,423. 11,851,045. 17,593,692. Beginning of Year 166,185,336. 28,968,751. 137,216,585. d statements, and to the promation of which prep	End of Yea 168,096, 21,393, 146,703,
	ere	Signature	e of officer	Vila	ser				Date	
		P	CI FIESER		FINANCE	OFFIC	ER			
			print name and title		2 2111 111012					
	Prer	arer's					Date	Check if self-	Preparer's (see instruct	identifying number ctions)
Paid	sign	ature	m	11.			1151	0 employed	▶ P	00146958
10.00		s name (o		ILP						3-5565207
Use (	addre	f-employed ess, and Z		T 8TH AVE	NUE, SUITE 600	ANCHORAG	E, AK 99501		Phone no. 🕨 🥐 9	07-265-1200
										W
May	the IRS dis	cuss this	return with the pr	eparer sho	own above? (see i	nstructions	s) 🔼 [ . ] [	NI 1. 13	march a back	Yes X I

ACCOMPANY OF

	990 (2009) 92-0142567	Pa
	rt III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission:	
-	ATTACHMENT 2	
-		
-		
t	Did the organization undertake any significant program services during the year which were not listed on he prior Form 990 or 990-EZ?SEE_SCH_OXYes [ If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program	X
l 1 ;	If "Yes," describe these changes on Schedule O. 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.	
	(Code:) (Expenses\$ including grants of \$) (Revenue\$) COMMUNITY AND BUSINESS DEVELOPMENT - THE COMMUNITY BLOCK GRANT	
	(CBG) PROGRAM PROVIDES BBEDC CDQ COMMUNITIES WITH THE OPPORTUNITY FO FUND PROJECTS THAT PROMOTE SUSTAINABLE COMMUNITY AND REGIONAL	
	ECONOMIC DEVELOPMENT. THE FUNDING PER COMMUNITY WAS \$200,000 FOR	
	2009, UP FROM \$159,000 IN 2008. ALL 17 CDQ COMMUNITIES REQUESTED AND WERE AWARDED THE FULL GRANT AMOUNT TOTALING \$3,400,000.	
~	AND WERE AWARDED THE FOLL GRANT AMOUNT TOTALING \$5,400,000.	
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- - - -	Code:) (Expenses\$ <sub>3,399,719</sub> including grants of \$ <sub>134,476</sub> ) (Revenue \$ <u>99,366.</u> ) ATTACHMENT 3	
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	ATTACHMENT 3	

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Par	t IV Checklist of Required Schedules		r	
		ſ	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	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			<u> </u>
5	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? If "Yes," complete			
4	Schedule C, Part II	4	N.	A
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		/	
5	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
Ŭ	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 Schedule D, Part III	8		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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9	X	
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		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
٠	Did the organization report an amount for investmentsother-securitiesin 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.			
•	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.			
•	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.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			1. 1. 1.
٠	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? If "Yes, "complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	3,000,000		
	complete Schedule D, Parts XI, XII, and XIII.	12		Х
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	40	53675	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		A
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	146		Х
45	business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		Λ
16	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10		
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			*,
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
15	If "Yes, "complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 990 (2009)

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Par	t IV Checklist of Required Schedules (continued)	T	I	1
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	04	X	
••	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	22	x	
22	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	x	
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
27 a	\$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 question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/	A
С	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	N/	А
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	N/	A
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>25</b> a		X
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		<u>X</u>
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		<u> </u>
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?		Х	
20	If "Yes," complete Schedule L, Part III	27	A	
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):			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
5	Schedule L, Part IV.	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
_	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u>X</u>
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	22	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? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		
30	Schedule R, Part V, line 2	35	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
50	organization? If "Yes, "complete Schedule R, Part V, line 2	36	N	'A
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	Х	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note, All Form 990 filers are required to complete Schedule O.	38	Х	

Form 990 (2009)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance		
		\ \	res No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of page 1		
	U.S. Information Returns. Enter -0- if not applicable 1a 102		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		
	gaming (gambling) winnings to prize winners?	1c	<u>N/A</u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1.00	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 55		10 - 10 - 14 - 14 - 14 - 14 - 14 - 14 -
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		
	instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		
	this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u>X</u>
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	<u> </u>
b	If "Yes," enter the name of the foreign country: $\blacktriangleright$ N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		
	and Financial Accounts.	1995 B	0.30 93093
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding		
	Prohibited Tax Shelter Transaction?	5c	N/A
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?	<u>6a</u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		ת / זא
	gifts were not tax deductible?	6b	NA
	Organizations that may receive deductible contributions under section 170(c).	100	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	93693 B	
	and services provided to the payor?	<b>7</b> a	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N/A_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
	required to file Form 8282?	7c	X
	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		
	benefit contract?	7e	<u> </u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A_
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	71-	א / דא
	required?	7h	<u>N/A</u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		
_	organization, have excess business holdings at any time during the year?	8	<u>N/A</u>
	Sponsoring organizations maintaining donor advised funds.		א ∕ זא
	Did the organization make any taxable distributions under section 4966?	9a	N/A N/A
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12		
	Section 501(c)(12) organizations. Enter:		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ).		
		12a	N/A
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\dots$ $12b$ $N/A$	120	
b	If Yes, enter the amount of tax-exempt interest received of accrued during the year 12b N/A		

Form 990 (2009)

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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.

# Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body 1a 1	7		
b	Enter the number of voting members that are independent	5		
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	
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		ŀ	
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	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?		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			x
	in D. D. Hair (This Continue Descent information of a distinguishing the data and			

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

			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10a		Х
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	N/	A
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		x
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE $$ SCH $$ O $$			
12 a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this is done</i> SEE. SCH. O.	12c	Х	
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		Х
15 a	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official <u>SEE</u> <u>SCH</u> O	15a	х	
a b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Х	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	Х	
Sect	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed 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 X Another's website X Upon request	)		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.			

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► STACI FIESER 411 FIRST AVENUE EAST DILLINGHAM, AK 99576 907-842-4370

92-0142567

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	P or director	nstitutional trustee	check Officer	Key employee	pp Highest compensated at employee	y) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
FRED BARTMAN										
BOARD MEMBER	.30	X						1,300.	0	0.
HARRY WASSILY, SR.										
BOARD MEMBER	.70	X						3,500.	1,200.	0.
H. ROBIN SAMUELSEN, JR.				ļ						
CHAIRMAN/PRESIDENT/CEO	40.00	Х		Х				108,492.	0.	28,169.
ROBERT HEYANO										
TREASURER/BOARD MEMBER	2.20	X						22,700.	600.	0.
SYLVIA KAZIMIROWICZ										
BOARD MEMBER	.40	Х						2,500.	900.	0.
MARK ANGASAN										
BOARD MEMBER	1.10	Х						10,400.	0	0.
SERGIE CHUKWAK										
BOARD MEMBER	.70	Х						7,000.	0	0.
STEVEN ANGASAN										
BOARD MEMBER	.50	Х						4,500.	0	0.
VICTOR A SEYBERT										
BOARD MEMBER	2.10	Х						12,800.	600.	0.
GERDA KOSBRUK										
BOARD MEMBER	1.00	X						6,050.	750.	0.
MOSES KRITZ										
BOARD MEMBER	2.00	Х						12,500.	600.	0.
FRITZ SHARP										
BOARD MEMBER	.70	Х						3,650.	750.	0.
FRED T. ANGASAN, SR										
VICE PRESIDENT/BOARD MEMBER	1.10	Х						6,650.	750.	0.
LUCY GOODE										
BOARD MEMBER	.90	Х						3,650.	1,050.	0.
MARY ANN JOHNSON										
BOARD MEMBER	.70	Х						3,950.	1,050.	0.
MOSES TOYUKAK, SR.										
BOARD MEMBER	1.20	Х						5,000.	0	0.

JSA

Form 990 (2009)

Form 990 (2009)								92-0142567		Page 8
Part VII Section A. Officers, Directors, Tr	1	ey Er	npl			and	Hig	1	1	1
(A) Name and title	(B) Average		· · · · · · ·	chec		that app		(D) Reportable	(E) Reportable compensation	(F) Estimated amount of
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
RALPH ANGASAN, JR ALTERNATE BOARD MEMBER	.20	X						1,500.	0.	0
MARGIE ALOYSIUS	.20							1,500.		
BOARD MEMBER	.30	X						1,000.	0.	0
PATRICK PATTERSON, JR										
BOARD MEMBER		X					ļ	0.	0.	C
HATTIE ALBECKER SECRETARY/BOARD MEMBER	2 00	v						12 250	450.	C
HELEN SMEATON	2.00	X			<u> </u>			13,350.	450.	
CHIEF OPERATING OFFICER	40.00			X				88,037.	0.	24,458
CHRISTOPHER NAPOLI	-									
CHIEF ADMINISTRATIVE OFFICER	40.00			X				74,961.	0.	13,994
STACI FIESER FINANCE OFFICER	40.00			x				61,327.	o.	8,176
PAUL PEYTON	40.00			<u> </u>				01,527.	0.	0,170
SEAFOOD INVESTMENT OFFICER	40.00					X		132,015.	0.	29,187
1b Total	L	I	l		1			586,832.	8,700.	103,984
2 Total number of individuals (including but not lim reportable compensation from the organization	nited to thos ►	e liste		0016	e) w	ho ree	ceiv			Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 X
4 For any individual listed on line 1a, is the the organization and related organizations	sum of greater th	repor an \$	table 150	e c ,000	omp )?	oensa If "Y	tion 'es, "	and other comp complete Sched	pensation from ule J for such	4 X
<ul> <li><i>individual</i></li> <li>Did any person listed on line 1a receive services rendered to the organization? <i>If "Yes,"</i></li> </ul>	e or accru	le co	omp	ens	atio	n fro	m	any unrelated o	rganization for	5 X
Section B. Independent Contractors	•					,				
1 Complete this table for your five highest compensation from the organization.	compensate	ed in	dep	end	ent	cont	ract	ors that received	more than \$10	0,000 of
(A) Name and business addr	ess							(B) Description of serv	vices C	(C) compensation
ATTACHMENT 6										
										·······
2 Total number of independent contractors (in	cluding bu	it not	lim	ited	to	thos	e li:	sted above) who	received	
more than \$100,000 in compensation from the				_		5				Form <b>990</b> (2009)

art '	VIII	Statement of Revenue			92-0142567		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
s	1a	Federated campaigns					
	b	Membership dues					
amo	с	Fundraising events					
liar	ď	Related organizations					
SIT	e	Government grants (contributions) <u>1e</u>	943,323.				
and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	100,000.				
o p	g	Noncash contributions included in lines 1a-1f: \$					
	9 h	Total. Add lines 1a-1f ATTACHMENT	Г. 12 ト	1,043,323.	and the second second		
			Business Code				
	2a	CDQ ROYALTIES	110000	13,617,186.			13,617,18
	b	IFQ ROYALTIES	110000	1,530,389.	ļ		1,530,38
	с		<u> </u>		<u> </u>		
3	d		[			· ·······	
	e			· · · · · · · · · · · · · · · · · · ·			
2	t g	All other program service revenue	▶	15,147,575.			
	<u> </u>	Investment income (including dividends, interes		15/11/5/5.			
	5	other similar amounts) ATTACHMENT	7 <u></u> ►	2,809,843.	3,318,334.	-2,251,673.	1,743,18
	4	Income from investment of tax-exempt bond pro		0.			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	<u></u>	0.			
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses	~				
	c	Rental income or (loss)	L				
	d	Net rental income or (loss)	(ii) Other	0.			
	7a	Gross amount from sales of 21, 636, 102.					
	b	Assets other than inventory 21, 636, 102.					
	2	and sales expenses <u>23,103,761.</u>	39,352.				
	с	Gain or (loss)	-39,352.				Second State
	d	Net gain or (loss)	<u></u> ▶	-1,507,011.	-37,004.		-1,470,00
2 1	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line 1c).					
		See Part IV, line 18 a					
		Less: direct expenses $\ldots \ldots b$ Net income or (loss) from fundraising events $\ $ .		0.		n 1992 a 1992 a 1994 a 1997 a 1992	
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities		0.			
10	)a	Gross sales of inventory, less					
		returns and allowances a					
		Less: cost of goods sold b					
-	с	Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code	0.			
				400 444	488 446		
11		BBEDC MATCHING FUNDS ICE SALES FROM BARGE	110000 110000	488,446. 99,366.	488,446. 99,366.		
		OTHER REVENUE	900099	29,830.	29,830.		
	c d	All other revenue					
- F							

Form 990 (2009)
Part IX Statement of Functional Expenses

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	o 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	(D) Fundraising expenses
1	Grants and other assistance to governments and			ž	
·	organizations in the U.S. See Part IV, line 21	5,638,761.	5,638,761.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	1,000,599.	1,000,599.		
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	593,125.	186,883.	406,242.	
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	806,928.	488,292.	318,636.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	30,171.	6,341.	23,830.	
9	Other employee benefits	367,723.	151,021.	216,702.	
0	Payroll taxes	119,699.	57,716.	61,983.	
1	Fees for services (non-employees):				
а	Management	0.			
b	Legal	126,885.	115,479.	11,406.	
с	Accounting	120,372.		120,372.	
d	Lobbying	93,609.		93,609.	
е	Professional fundraising services. See Part IV, line 17	0.			
f	Investment management fees	162,135.	154,283.	7,852.	
g	Other	182,969.	115,817.	67,152.	
2	Advertising and promotion	30,032.	25,882.	4,150.	
3	Office expenses	81,780.	17,635.	64,145.	
4	Information technology	21,283.	201.	21,082.	
5	Royalties	0.			
6	Occupancy	85,621.	17,950.	67,671.	
7	Travel	219,619.	122,117.	97,502.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
9	Conferences, conventions, and meetings	12,572.	1,572.	11,000.	
0	Interest	216,215.	216,215.		
1	Payments to affiliates	0.			
2	Depreciation, depletion, and amortization	520,628.	399,290.	121,338.	
3	Insurance	77,568.	43,914.	33,654.	
4	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
	UBI TAX BENEFIT	-460,369.	-460,369.		
b	ADDITIONAL PROGRAM SERVICES	3,375,958.	3,375,958.		
с	STAFF DEVELOPMENT	21,725.		21,725.	
d	DUES AND SUBSCRIPTIONS	23,432.	20,443.	2,989.	·
	MISCELLANEOUS	21,367.	5,696.	15,671.	
	All other expenses				
5	Total functional expenses. Add lines 1 through 24f	13,490,407.	11,701,696.	1,788,711.	
	Joint Costs. Check here ► If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				

Part X **Balance Sheet** (B) (A) Beginning of year End of year 1 Cash - non-interest-bearing 1 15,647,161. 6,139,763. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 13,908,059. 1,572,715. Accounts receivable, net 4 4 Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 6 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Part II of Schedule L Assets 7 Notes and loans receivable, net 7 Inventories for sale or use 8 8 671,716. 94,640. 9 Prepaid expenses and deferred charges .... ATCH. 8.... 9 10 a Land, buildings, and equipment: cost or 10a 5,505,376. other basis. Complete Part VI of Schedule D 4,723,551. 10c 4,228,574. b Less: accumulated depreciation . . . . . . . . . 10b 1,276,802. 42,505,736. 37,506,605. 11 Investments - publicly traded securities ......ATCH .9 ... 11 12 12 72,882,214. 70,103,631. 13 13 Investments - program-related. See Part IV, line 11 ..... 14 14 30,930,504. 33,367,342. 15 15 168,096,875. 166,185,336. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 544,738. 330,497. 17 17 5,608,474. 5,083,368. 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 45,050. Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 persons. Complete Part II of Schedule L 23,097,080. 15,099,142. 23 Secured mortgages and notes payable to unrelated third parties ATCH 10 23 24 Unsecured notes and loans payable to unrelated third parties ..... 24 457,806. 96,317. 25 25 Other liabilities. Complete Part X of Schedule D 21,393,721. 28,968,751. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here  $\blacktriangleright$  X and complete lines 27 through 29, and lines 33 and 34. Fund Balances 146,703,154. 137,216,585. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Net Assets or Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 146,703,154. 137,216,585. Total net assets or fund balances 33 33 168,096,875. 166,185,336. 34 Total liabilities and net assets/fund balances 34 Form 990 (2009)

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Form 990 (2009)

For	n 990 (2009)		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			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 O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
с	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?	2c	X	
	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 consolidated basis, separate basis, or both:			
	Separate basis X 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?	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Х	

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Form 990 (2009)

SCHEDULE D	Suppleme	ntal Financial Statements	OMB No. 1545-0047
(Form 990)			2009
		organization answered "Yes," to Form 990, : IV, line 6, 7, 8, 9, 10, 11, or 12.	Open to Public
Department of the Treasury Internal Revenue Service		Form 990. See separate instructions.	Inspection
Name of the organization	· · · · · · · · · · · · · · · · · · ·		Employer identification number
BRISTOL BAY ECON	IOMIC DEVELOPMENT CORPO	PRATION	92-0142567
Part I Organizat	tions Maintaining Donor Adv	ised Funds or Other Similar Funds or	AccountsComplete if
the organ	ization answered "Yes" to For	m 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1 Total number at en	nd of year		
2 Aggregate contribu	itions to (during year)		
3 Aggregate grants f	rom (during year)		
4 Aggregate value at	tend of year • • • • • • • • • • • • • • • • • • •	L	
•		isors in writing that the assets held in donor a	
•		9	Yes 🛄 No
		donor advisors in writing that grant funds car	
		nefit of the donor or donor advisor, or for any o	
purpose conferring	impermissible private benefit?	the organization answered "Yes" to Forr	
	ervation easements held by the o		11990, Faltiv, lile 7.
· _ · · /			an historically important land area
	of land for public use (e.g., recrea natural habitat		a certified historic structure
	of open space		
		l a qualified conservation contribution in the fo	orm of a conservation
	ast day of the tax year.		
	·····		Held at the End of the Year
a Total number of co	nservation easements		2a
b Total acreage restr	icted by conservation easements		2b
c Number of conserv	ation easements on a certified his	toric structure included in (a)	2c
d Number of conserv	ation easements included in (c) a	cquired after 8/17/06	2d
3 Number of conserv	ation easements modified, transfe	erred, released, extinguished, or terminated by	y the organization during
the tax year 🕨 🔄			
	where property subject to conserva		
		g the periodic monitoring, inspection, handling	
,	preement of the conservation ease		
6 Staff and volunteer	hours devoted to monitoring, insp	pecting, and enforcing conservation easement	ts during the year
•			
		ng, and enforcing conservation easements du	ring the year
►\$		(d) above satisfy the requirements of section	
	•		
9 In Part XIV, describ	be how the organization reports co	nservation easements in its revenue and exp	
		he footnote to the organization's financial stat	
	accounting for conservation easen	-	
Part III Organizat	ions Maintaining Collections	of Art, Historical Treasures, or Other	Similar Assets.
		'Yes" to Form 990, Part IV, line 8.	
1a If the organization art, historical treas provide, in Part XIV	elected, as permitted under S sures, or other similar assets he /, the text of the footnote to its fin	FAS 116, not to report in its revenue stated for public exhibition, education, or reseat nancial statements that describes these item	tement and balance sheet works of arch in furtherance of public service, as.
b If the organization historical treasures provide the following	elected, as permitted under S s, or other similar assets held ng amounts relating to these iter	FAS 116, to report in its revenue stateme for public exhibition, education, or resear ns:	ent and balance sheet works of art, ch in furtherance of public service,
(i) Revenues inclu	ded in Form 990, Part VIII, line 1		· · · · · · · • • • •
(ii) Assets included	d in Form 990, Part X		· · · · · · • • • • • • • • • • • • • •
		t, historical treasures, or other similar as	ssets for financial gain, provide the
following amounts	required to be reported under S	FAS116 relating to these items:	
a Revenues included	in Form 990, Part VIII, line 1		<b>&gt; &gt;</b>
<b>b</b> Assets included in	Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
For Privacy Act and Paper	work Reduction Act Notice, see the I	nstructions for Form 990.	Schedule D (Form 990) 2009

and the second second

Sche	dule D (Form 990) 2009		9	2-0142567	Page 2
-	t III Organizations Maintaining Coll	ections of Art, His	storical Treasure	s, or Other Similar	Assets(continued)
3	Using the organization's acquisition, acces s	sion, and other record	ls, check any of the	following that are a si	gnificant use of its
	collection items (check all that apply):				
а	Public exhibition	d		change programs	
b	Scholarly research	е	Other		
С	Preservation for future generations				
4	Provide a description of the organization's	collections and explai	in how they further t	the organization's exer	npt purpose in
	Part XIV.				
5	During the year, did the organization solici t				
	assets to be sold to raise funds rather than				
Par	t IV Escrow and Custodial Arrange IV, line 9, or reported an amount			answered "Yes" to	Form 990, Part
				·	
1a	Is the organization an agent, trustee, custo				
	included on Form 990, Part X?				Yes X No
b	If "Yes," explain the arrangement in Part XI V	/ and complete the fo	llowing table:	J	
					Amount
с	Beginning balance				
d	Additions during the year				
е	Distributions during the year				
f	Ending balance			\	
2a	Did the organization include an amount on		e 21?		X Yes No
	If "Yes," explain the arrangement in Part XI \				4.0
Par					
4.		rent Year (b) Prior	year (c) Two ye	ars back (d) Three ye	ears back (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains,				
-	and losses.				
	Grants or scholarships				
е	Other expenditures for facilities .				
	and programs			<u>.                                    </u>	
	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the y e		as:		
a	Board designated or quasi-endowment	%			
a	Permanent endowment > %				
	Term endowment > %		ration that are hald	and administered for t	h.c.
Ja	Are there endowment funds not in the pos	session of the organiz	cation that are neit	and administered for t	Yes No
	organization by:				
	(i) unrelated organizations				
Ь	(ii) related organizations If "Yes" to 3a(ii), are the related organizati or				
b					
4	Describe in Part XIV the intended uses of t h tVI Investments - Land, Buildings,	and the second		t X line 10	
Par		T			(-I) Destautur
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		202,39		202,399.
b	Buildings		1,640,88	32. 111,153	1,529,729.
с	Leasehold improvements				
d	Equipment		384,4		. 169,522.
e	Other		3,277,62		2,326,924.
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Pa	rt X, column (B), lin	∋ 10(c).) ►	4,228,574.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009		92-0142567 Pag	e 3
Part VII Investments - Other Securities. See	Form 990, Part X, line 12.		
<ul> <li>(a) Description of security or category         <ul> <li>(including name of security)</li> </ul> </li> </ul>	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other	-		
	-		
	• w		
	-		
	Form 000 Dort V line 13		
Part VIII Investments - Program Related. See (a) Description of investment type	(b) Book value	(c) Method of valuation:	·
(a) Description of investment type	(b) BOOK value	Cost or end-of-year market value	
INVESTMENT IN AFFILIATES	54,789,827.	COST	
INVESTMENT IN IFQS	15,313,804.	COST	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	▶ 70,103,631.		
Part IX Other Assets. See Form 990, Part X,	line 15.		
	a) Description	(b) Book value	
ACCRUED INTEREST		279,63	
DUE FROM AFFILIATES	,,	30,477,06	
GOODWILL INCOME TAXES RECEIVABLE		2,360,38	
INCOME TAXES RECEIVABLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		22.267.24	<u></u>
		33,367,34	<u> </u>
Part XOther Liabilities. See Form 990, Part1.(a) Description of liability	A, III e 25.		<u> .</u>
1. (a) Description of liability Federal income taxes			
FEDERAL AND STATE TAXES PAYABLE	0.		
DUE TO AFFILIATE	96,317.		
· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 96,317.		

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2. FIN 48 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.

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Schedu	lle D (Form 990) 2009 92-0142567		Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,111,372.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,490,407.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,620,965.
4	Net unrealized gains (losses) on investments	4	4,865,604.
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	4,865,604.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		9,486,569.
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	urn	
1	Total revenue, gains, and other support per audited financial statements	. 1	22,976,976.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	4.	
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d		4,865,604.
3	Subtract line 2e from line 1	. 3	18,111,372.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b		10 111 270
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		18,111,372.
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F		12 400 407
1	Total expenses and losses per audited financial statements	. 1	13,490,407.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	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	. <u>2e</u> . 3	13,490,407.
3	Subtract line 2e from line 1		15,490,407.
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         Other (Describe in Part XIV.)       4b	_	
b		4c	
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form</i> 990, <i>Part I, line 18.</i> )	. 5	13,490,407.
5 Dort	Supplemental Information		
Comp and 2t this pa	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I o; 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 art to provide any additional information.	complete	
	PAGE 5		
		Sche	dule D (Form 990) 2009

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Part XIV Supplemental Information (continued)

ESCROW AND CUSTODIAL ARRANGEMENTS

PART IV, LINE 2B

BBEDC'S PERMIT BROKERAGE STRIVES TO RETAIN OWNERSHIP OF PERMITS BY RESIDENTS OF THE REGION. SOME OF THE SERVICES PROVIDED INCLUDE SERVING AS A SATELLITE OFFICE FOR THE AK CFEC TO ASSIST WITH VESSEL LICENSE RENEWALS, PERMIT RENEWALS, PERMIT TRANSFERS, ETC. AND ASSISTING WITH DOCUMENTS FOR THE SALE AND TRANSFER OF PERMITS AND VESSELS. AT 12/31/2009, PERMIT TRANSACTIONS WERE NOT COMPLETED FOR TWO BUYERS OF SET NET PERMITS AND THUS, BBEDC WAS CUSTODIAN OF \$45,050.

Schedule D (Form 990) 2009

Openation         Complete the organization movement Year to Form 900.         Openatory	SCHEDULE I (Form 990)		Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	ince to Organi als in the Unit	zations, ed States		OMB No. 1545-0047
C ECONONIC DEVELOPMENT CORPORATION     92:0142567       Information on Grants and Assistance.     10:00000000000000000000000000000000000	spartment of the Treasury ernal Revenue Service		Complete if the orç	Janization answered "Yes ► Attach to	s" to Form 990, Part IV, Form 990.	line 21 or 22.		Open to Public Inspection
General Information on Grants and Assistance       Contraction on Grants and Assistance       Ves         General Information on Grants and Assistance       Ves       Ves         selection relativity reporting the use of operation in the United States.       Ves       Ves         Grants and Other Assistance to Covernments and Other Assistance in the United States.       Ves       Ves         Grants and Other Assistance to Covernments and Other Assistance in the United States.       Ves       Ves         Grants and Other Assistance to Covernments and Other Assistance in the United States.       Ves       Ves         Grants and Other Assistance to Covernments and Other Assistance in the United States.       Ves       Ves         Form 980, Fat IV and Schedule I-I (Form 980, Fat Advant of an or on a solution of the Assistance in a solu		1		RATION			Employer iden	tification number )1425んフ
es the organization maintain records to substantiate the arrount of the grants or assistance, and object in Fart VI he organization is pergrants or assistance, and object in Fart VI he organization is pergrants or assistance, and object in Fart VI he organization is pergrants or assistance, and ability the rite organization is pergrants or assistance, and object in Fart VI he organization is pergrants or assistance, and ability in the organization is pergrants or assistance, and ability in the organization is pergrants or assistance, and object in Fart VI he organization is pergrants or assistance, and the approximation is a static provision of the organization arroweed "Yes" in the Part IV and Schedule I-11 (Form 930) if additional space is meeded.  Fart IV and Schedule I-11 (Form 930) if additional space is meeded.  Fart IV and Schedule I-11 (Form 930) if additional space is meeded.  Fart IV and Schedule I-11 (Form 930) if additional space is meeded.  Fart IV and Schedule I-11 (Form 930) if additional space is meeded.  Fart IV and Schedule I-11 (Form 930) if additional space is meeded.  Fart IV and Schedule I-11 (Form 930) if additional space is meeded.  Fart IV and Schedule I-11 (Form 930) if additional space is meeded.  Fart IV and Schedule I-11 (Form 930) if additional space is meeded.  Fart IV and Schedule I-11 (Form 930) if additional space is meeded.  For the space is meeded arrower to approximate the space is meeded arrower to additional space is meeded arrower to additional space is meeded arrower the space is meeded arrower to again arrower to additional space is meeded arrower the space is meeded arrower to again arrower to additional space is a space is meeded arrower to additional space is a space is meeded arrower to additional space is a space is meeded arrower torganizations		ormation on Grants a	ind Assistance					100717
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Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered The Assistance to Governments and Organizations in the United States. Complete if the organization answered the assistance and organization and the Zt, form any recipitation and the Zt, form any recipitation and the Zt, and th		a used to award the gran the organization's proce	nts or assistance? dures for monitoring	the use of grant funds	in the United States.	• • • •		
(b) EN     (c) RC sector     (d) Amount of cash grant     (e) Amount of cash grant     (e) Amount of cash grant		<b>Other Assistance to</b> art IV, line 21, for any Schedule I-1 (Form 99	Governments and recipient that rece 0) if additional spa	<b>I Organizations in th</b> ived more than \$5,00 ce is needed	he United States. ( 00. Check this box	Complete if the orge if no one recipient I	anization answered received more thar	"Yes" to 1 \$5,000. Use
E3: SCHEDULE: 1-1       I	1 (a) Name and address of o or government	rganization (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
The total number of section S01(6)(3) and government organizations	i i	T						
Image: Section 50 (16)3) and government organizations       Image: Section 50 (16)3) and government organizations	1							
Inter total number of other corranizations								
International       International       International       International       International								
Enter total number of other normalizations       Image: Section 501(0)(3) and government organizations								
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Schedule I (Form 990) 2009			92-0142567		Page 2	e 2
Part III Grants and Other Assistance to Individuals in the United States. Co Use Part IV and Schedule I-1 (Form 990) if additional space is needed		e United States nal space is nee	. Complete if the eded.	organization answered "	in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Iditional 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	
PERMIT LOAN PROGRAM	4	18,750.				
INTEREST RATE ASSISTANCE	55	102,074.				
TAX ASSISTANCE PROGRAM	1,035	153,510.				
CHILLING IMPROV. PROGRAM-VESSEL HULL INSULATION	0	32,400.				
STUDENT LOAN FORGIVENESS PROGRAM	15	52,677.				
COLLEGE DEVELOPMENT FUND	126	120,898.				
BASIC VOCATIONAL/TECHNICAL TRAINING PROGRAM Part IV Supplemental Information. Complete this part to provide the information required in Part I, line	ete this part to j	<sup>55,202.</sup> provide the info	mation required i	Ń	and any other additional information.	
SCHEDULE L PART I QUESTION 2	<b>*** *** *** *** *** *** *** *** *** **</b>	,,,,,,,, , , , , , , , , , , , , , , , , , , ,				ļ
BBEDC HAS MANY PROGRAMS AVAILABLE	TO THE CDQ	CDQ COMMUNITIES	THAT IT			l !
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ENSURING A GRANTEE'S ELIGIBILITY AN	AND USE OF F	FUNDS WHICH A	ARE MONITORED	-BY		ł
BBEDC'S_FROGRAM_MANAGERS.						
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# BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

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# FORM 990, SCHEDULE I-1, PART 1 - CONTINUATION SHEET FOR SCHEDULE I

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ALEGOLOGIC FORMULA         64-39716         69-252         ECONVECTION CONVECTION FORMULATION FORMULATING FORMULATION FORMUL	BOX 33							
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BOX 88         Control         OPEND Procession           BOX 88         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)           BOX 88         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)           BOX 88         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)           BOX 88         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)           BOX 88         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)           BOX 88         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)           BOX 88         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)           BOX 88         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)           BOX 88         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)           BOX 88         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)           BOX 88         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)         Encode (Linkinski, Korg)           BOX 88         Encode (Linkinski, Korg)		00.000074		179 125				ECONOMIC DEVELOPMENT SEASONAL EMPLOYMENT
DILLINGHAM, AK 1997         DOUBLING THE COUNCIL         DOUBLING T		92-0030074		170,125				OPPORTUNITIES, AND GRANT WRITING ASSISTANCE
BOX 25 II         WOUL, AND PROMUTION OF PROGRAMS           BOX 25 II         PROMUTION OF PROGRAMS           BOX 25 II         PROMUTION OF PROGRAMS           BOX 25 II         PROMUTION OF PROGRAMS AND GRAMS           BOX 25 II         PROMUTION OF PROGRAMS AND GRAMS           BOX 25 II         PROMUTION OF PROGRAMS AND GRAMS           BOX 25 II         PROMUTION OF PROGRAMS AND GRAMS WHITTING           BOX 25 III         PROMUTION OF PROGRAMS AND GRAMS WHITTING           BOX 25 IIII         PROMUTION OF PROGRAMS AND GRAMS WHITTING           BOX 25 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	DILLINGHAM, AK 99576							
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BOX 184         OPPORTUNITIES           DOX 184         PROJECTIVE OPERATIVE         PROJECTIVE OPERATIVE           DAM RECORMER, AVENUEL         92 405332         23,744         ASSISTANCE           DAM RECORMER, AVENUEL         92 405332         23,744         ASSISTANCE           DAM RECORMER, AVENUEL         94 305725         19,777         DOMBINE DEVELOPMENT RESCONT, WRITE POR YOUTH, AND PROMITION OF PROGRAMS           DAVIS AVENUEL         94 305725         19,777         DOMBINE DEVELOPMENT, REACONT, WRITE POR YOUTH, AND PROMITION OF PROGRAMS           DAVIS AVENUEL         95 4114         319 492         DOVIDING DEVELOPMENT, REACONT, EMPORTANTIES OF PORTINITIES ELEXANDIA DEVELOPMENT, REACONT, EMPORTANTIES OF PORTINITIES COUNCIL         96 441124         10,213           DAVIS AVENUEL         96 441124         10,213         SEADOMUE DEVELOPMENT, REACONT, EMPORTANTIES OF PORTINITIES COUNCIL           DAVIS AVENUEL         92 4177273         1,289,190         PORTINITIES OF PORTINITIES FOR YOUTH, AND PROMOTION OF PROGRAMS         SEADOMUE DEVELOPMENT, REACONT, EMPORTINITIES FOR YOUTH, AND PROMOTION OF PROGRAMS           DAVIS AVENUEL         92 417425         221,785         DOPPORTINITIES FOR YOUTH, AND PROMOTION OF PROGRAMS           DAVIS AVENUEL         92 407426         21,785         DOPPORTINITIES FOR YOUTH, AND PROMOTION OF PROGRAMS           DAVIS AVENUEL         92 507426         2		92-0154668		187,564				
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BOX 70         BOX 70<								
EXYOLA, K4 9980         John PROMITING PROGRAMS, LAPPONTANTIES FOR YOUTH, OPPORTUNITIES, SASANAL EMPLOYMENT           BOX 50 AVE 5976         22-05114         319,692         CONDUCTOR EVELOPMENT, SASANAL EMPLOYMENT OPPORTUNITIES, SASANAL EMPLOYMENT SASANAL SMITH           BOX 51 AVE 5917         0-0-071246         10-213         SEASONAL EMPLOYMENT, SASANAL EMPLOYMENT SASANAL SMITH           BOX 71 BOX 71 AVE 5444         10-213         SEASONAL EMPLOYMENT, SEASONAL EMPLOYMENT AVE 50000000         SEASONAL EMPLOYMENT AVE 50000000           BOX 71 BOX 71 AVE 5444         22-077620         221,765         CONDUCTOR EVELOPMENT, SEASONAL EMPLOYMENT AVE 50000000           CEVELOCK VILLAGE COUNCIL EVELOCK VILLAGE VI	EKWOK VILLAGE COUNCIL	94-3057295		193,797				ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT
EDIX MULLAGE TIME         92-018114         316.982         ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OP-DOXINTES, LEARNING OPPORTUNITES OULMARKA, AK 9818           DULLARA, AK 9816         90-0421246         10.213         SEAG000, LLC DEVELOPMENT, SEASONAL EMPLOYMENT OP-DOXINTES, LEARNING OPPORTUNITES           MID SALAND, ILC DOX 91         90-0421246         10.213         SEAG000, LLC DEVELOPMENT, SEASONAL EMPLOYMENT OP-DOXINTES, LEARNING OPPORTUNITES           MID SALAND, ILC DOX 91         90-0421246         12.288,160         ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OP-DOXINTES, LEARNING OPPORTUNITES FOR YOUTH, AND PROMOTION OF PROGRAMS           DOX 81         INCOME SALANDING COMULT, SEASONAL EMPLOYMENT OP-DOXINTES, LEARNING OPPORTUNITES FOR YOUTH, AND PROMOTION OF PROGRAMS         92-007650         35,162         ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OPPORTUNITES, LEARNING OPPORTUNITES FOR YOUTH, AND PROMOTION OF PROGRAMS           DOX 10 DOX	BOX 70							
BOX 580         Operaturities, LEARNING OPPORTUNITIES, LEARNING OPPORTUNITIES FOR YOUTH, AND PRACING, XX, 9578           CILLIGHTAM, XX, 9578         AND PROLINGL.           SIGN 53, MUON ARCUND, LLC         96 4721246         10.213           SIGN 54, MUON XX, 9578         SEAGONAL EXPLOYMENT CPORTUNITIES           KING 54, MUON VILLAGE COUNCIL         92 4017873         1.286, 100           DOX 56         SEAGONAL EXPLOYMENT CALLER         92 4017873           KING 54, MUON XLAGE COUNCIL         92 4017498         221,765           DOX 56         COPPORTUNITIES, LEARNING OPPORTUNITIES FOR YOUTH, AND PROVIDED COUNCIL         92 4017498           DOX 10         PLOTE AND AND CONTINUES FOR YOUTH, AND PROVIDED COUNCIL         92 4017434           LEVEX 10         ALLARE COUNCIL         92 4017434           LEVEX 10         ALLARE COUNCIL         92 4017434           LEVEX 10         ALLARE COUNCIL         92 4017434           MOX 717 K, KK 19828         139,600         ECONOMIC DEVELOPMENT           MOX 717 K, KK 19828         124,000         ECONOMIC DEVELOPMENT           MOX 717 K, KK 19828         92,017434         139,600           MOX 717 K, KK 19828         124,000         ECONOMIC DEVELOPMENT           MOX 716 KK, KK 19828         124,000         ECONOMIC DEVELOPMENT <td< td=""><td></td><td>92-0163114</td><td></td><td>319 982</td><td></td><td></td><td></td><td>ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT</td></td<>		92-0163114		319 982				ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT
Strike SALAMON GROUND, LLC         96-642126         10:213         SEASONAL EMPLOYMENT OPPORTUNITIES           KING SALAMON, KK 9613         24/17/073         1,286,190         COMMENT SEASONAL EMPLOYMENT           KING SALAMON, KK 9613         24/17/073         1,286,190         COMMENT SEASONAL EMPLOYMENT           KING SALAMON, KK 9613         24/17/073         1,286,190         COMMENT SEASONAL EMPLOYMENT           KING SALAMON, KK 9913         32-6074265         221,766         ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT           BOX 70         LEVELOCK ALX 45625         241,766         ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT           BOX 70         LEVELOCK ALX 45625         241,766         ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT           BOX 70         LEVELOCK ALX 45923         35,162         LIN EPROLOTION OF PROGRAMS           BOX 169         20-174434         139,600         ECONOMIC DEVELOPMENT           BOX 169         24-01444         139,600         ECONOMIC DEVELOPMENT           BOX 169         24-01444         139,600         ECONOMIC DEVELOPMENT           BOX 169         24-01444         179,805         ECONOMIC DEVELOPMENT           BOX 169         24-01444         179,805         ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR           BOX 169         26-005614 <t< td=""><td>BOX 530</td><td>32-0100114</td><td></td><td>010,002</td><td></td><td></td><td></td><td>OPPORTUNITIES, LEARNING OPPORTUNITIES FOR YOUTH,</td></t<>	BOX 530	32-0100114		010,002				OPPORTUNITIES, LEARNING OPPORTUNITIES FOR YOUTH,
DOX 244         Control         Contro <thcontrol< th=""> <thc< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>AND PROMOTION OF PROGRAMS</td></thc<></thcontrol<>								AND PROMOTION OF PROGRAMS
KIND S.ALMON, AK 98513         \$2-0177073         1.28.190         ECONOMIC DEVELOPMENT SCACOULL, EMPLOYMENT OPPORTUNITES, LOP PROGRAMS, AND ROUTINN THES, LOP PROGRAMS, AND ROUTINN THES FOR YOUTH, OPPORTUNITIES, LOP PROGRAMS, AND ROUTINN THESPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS, AND SCALE SPECTRUM           DOX 70         92-0074265         221,765         OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS, AND PROMOTION OF PROGRAMS, AND PROMOTION OF PROGRAMS, AND DOX 70           DOX 70         92-0174434         139.600         ECONOMIC DEVELOPMENT BOX X65           DOX 76         92-0174434         139.600         ECONOMIC DEVELOPMENT BOX X65           DOX 76         92-0174434         139.600         ECONOMIC DEVELOPMENT BOX X66           DOX 76         92-0174434         139.600         ECONOMIC DEVELOPMENT BOX X66           DOX 76         92-0174434         178.825         CONOMIC DEVELOPMENT BOX X66           DIOT FOR FIGURATION DE PROGRAMS, AND GRAMIT WRITING SAUGHT AK 48649         FOR FIGURATION OF PROGRAMS, AND GRAVIT WRITING ASSISTANCE           DIOT FIGURATION DE PROGRAMS, AND GRAVIT WRITING SAUGHT AK 464         FOR FIGURATION OF PROGRAMS, AND GRAVIT WRITING ASSISTANCE           DIOT FIGURATION DE PROGRAMS, AND GRAVIT WRITING SAUGHT AK 464         FOROT HUNTES           DI		90-0421246		10,213				SEASONAL EMPLOYMENT OPPORTUNITIES
KING SALKON VILLAGE COUNCIL         92-0177073         1.298.196         ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT           KING SALKON VK 69613         22.0074265         221,765         COPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS, SALKON VK 69613           KING SALKON VK 69613         22.0074265         221,765         COPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS, AND GRAVE           LEVELOCK AK 99625         35.162         LEARNING OPPORTUNITIES FOR YOUTH AND PROMOTION OF PROGRAMS, AND GRAVE           BOX 170         MAXXXXXXXXXX         92-017434         139,800         ECONOMIC DEVELOPMENT           MAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							1	
Kind G. ALLONI, AK 99513         AND PROMOTION OF PROGRAMS           ICEVELOCK VILLAGE COUNCIL         92-0074206         221,765         COUNTIES, LEARNING OPPORTUNITES FOR YOUTH, AND PROMOTION OF PROGRAMS           ICEVLOCK, KA 99623         ICEVLOCK, KA 99623         ICEVLOCK, KA 99623         ICEVLOCK, KA 99623           OTY OF MANOKOTAK         92-003760         33,162         ICEVLOCK, KA 99623           INTO KANOKOTAK         92-003760         33,162         ICEANNING OPPORTUNITIES FOR YOUTH AND PROMOTION OF PROGRAMS           INTO FOR AND KOTAK VILLAGE COUNCIL         92-012434         139.909         ICE OF ONOLIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WITTING ASSISTANCE           INANKER, KA 19823         92-003566         54,082         ICE CONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WITTING ASSISTANCE           INANER, AK 9803         92-005566         54,082         ICE CONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WITTING ASSISTANCE           INANER, AK 9803         92-005404         73.83         ICE CONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WITTING ASSISTANCE           INCO TONT, AK, 9849         92-0055146         323,524         ICE CONOMIC DEVELOPMENT, ICENNING OPPORTUNITIES FOR YOUTH, ANS 9849           INTER COLUNCIL OF YOT FORK HEIDEN         92-0065146         323,524         ICENTANCE           INTER COLUNCIL OF PORT HEIDEN         92-0065146         323,52		92-0177073		1,298,190				ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT
EEVELOCK VILLAGE COUNCIL         92-077206         221,765         ECONOMIC DEVELOPMENT, EASONAL EMPLOYMENT OPPORTUNITES, LEARNING POPORTUNITES FOR YOUTH, AND PROMOTION OF PROGRAMS           EEVELOPK AK 99623         35,162         ELANARIS CONVOLTA, AND PROMOTION OF PROGRAMS           DATY OF MANAXONTAK, AK 99628         92-0037650         35,162           MANKOTAK, AK 99628         92-0037450         82-0037450           MANKOTAK, AK 99628         92-0036661         54,082           MANKOTAK, AK 99628         92-0036661         54,082           MANKOTAK, AK 99628         92-0036661         54,082           PILOT POINT TRIBAL COUNCIL         92-0036661         54,082           PILOT POINT TRIBAL COUNCIL         92-0036661         7,383           PILOT POINT AK 9849         7,383         ECONOMIC DEVELOPMENT, LEAINING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING ASISTANCE           PILOT POINT, AK 9849         92-005992         115.374         YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING ASISTANCE           PORT HEIDEN         92-005992         115.374         ECONOMIC DEVELOPMENT, LEAINING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING ASISTANCE           PORT HEIDEN         92-005992         115.374         ECONOMIC DEVELOPMENT, LEAINING OPPORTUNITIES FOR YOUTH, AND YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING ASISTANCE           PORT HEIDEN <td>BOX 68</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	BOX 68							
DOX 70         Operatumities, Learning operatumities, Learning, Audio Gravity, Audio Science, Sci		92,0074206		221 765				ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT
LEVELOCK, AK 9823         AND PROMOTION OF PROGRAMS           DITY OF MANOKOTAK, AK. 9823         S3,162         LEARNING OPPORTUNITIES FOR YOUTH AND PROMOTION OF PROGRAMS           MANOKOTAK, AK. 9823         S2,017264         139,600         ECONOMIC DEVELOPMENT           MANOKOTAK, VILLAGE COUNCIL         92-0124134         139,600         ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WITING ASSISTANCE           MANOKOTAK, VILLAGE COUNCIL         92-0124134         139,600         ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WITING ASSISTANCE           MANKER, NATIVE COUNCIL         92-0124134         178,825         ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR TOUTH, RING ADPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND GRANT WITING ASSISTANCE           MONTOTAK, MARKER         92-0609671         7,333         SEAGONAL EMPLOYMENT, LEARNING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND GRANT WITING ASSISTANCE           DOT HEIDEN         92-0609671         7,333         SEAGONAL EMPLOYMENT, PROMOTION OF PROGRAMS, AND GRANT WITING ASSISTANCE           DOT HEIDEN         92-0609671         7,333         SEAGONAL EMPLOYMENT, LEARNING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND GRANT WITING ASSISTANCE           DOT HEIDEN         92-0605962         115,374         YOUTH, PROMOTION OF PROGRAMS, AND GRANT WITING ASSISTANCE           DOT HEIDEN, KK 9543         92-0605962         115,374         COUNCIL OF PORT HEIDEN <t< td=""><td></td><td>52-0074200</td><td></td><td>221,703</td><td></td><td></td><td></td><td>OPPORTUNITIES, LEARNING OPPORTUNITIES FOR YOUTH,</td></t<>		52-0074200		221,703				OPPORTUNITIES, LEARNING OPPORTUNITIES FOR YOUTH,
DOX 170         PROGRAMS           MANOKOTAK, XILAGE COUNCIL         92-0124434         139,600         ECONOMIC DEVELOPMENT           MANOKOTAK, XILAGE COUNCIL         92-0124434         139,600         ECONOMIC DEVELOPMENT           MANKER, KAYLE, KAY 59628         SECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE         ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           RANCEX, KAY 5963         92-0143318         179,825         ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           CITY OF PORT HEIDEN SOX 49001         92-0059922         115,374         SEASONAL EMPLOYMENT OPPORTUNITIES FOR HEIDEN, AK 9549           PORT HEIDEN, KS 9549         92-005146         39,524         ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           NATIVE COLUNCIL OF PORT HEIDEN SOX 49007         92-0047402         118,793         ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           CITY OF TOGIAK         92-0047402         118,793         ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           COMAC DEVELOPMENT, SARGA         92-0047402         118,793         ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           COMAC DEVELOPMENT, SARGA         92-0047402         118,793 <td< td=""><td>LEVELOCK, AK 99625</td><td></td><td></td><td></td><td></td><td></td><td></td><td>AND PROMOTION OF PROGRAMS</td></td<>	LEVELOCK, AK 99625							AND PROMOTION OF PROGRAMS
NANCOTAK, KK 19958         Solution         Solution         Solution           MANCOTAK, KK 19928         Solution         Solution         Solution         Solution           MANCATAK, KK 19933         Solution         Solution         Solution         Solution           PIO T PONT, KK 19948         Solution		92-0037650		35,162				
MANOROTAK VILLAGE COUNCIL         92-0124434         139,000         ECONOMIC DEVELOPMENT           MANDROTAK, AK 98928         S2-0058651         54,082         ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           BOX 160         99-0143318         179,825         ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           CITY OF PORT HEIDEN         92-0098071         7,393         SEASONAL EMPLOYMENT OPPORTUNITIES PORT HEIDEN, AK 99549           OPT HEIDEN, AK 99549         92-005702         115,374         ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES PORT HEIDEN, AK 9549           NATIVE COLUNCIL OF PORT HEIDEN BOX 49007         92-0057146         393,524         ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           MARTIVE KOVINCIO OF PORT HEIDEN BOX 49007         92-0047402         118,793         ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           MASIL A AK 9554         92-0047402         118,793         ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           TOGIAK, AK 9578         92-001385         695,907         ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OPPORTUNITIES, LEARNING OPPORTUNITIES FOR YOUTH, AK 9578         92-001385           TOGIAK, AK 9576         92-0062286         264,014         OPPORTUNITIES, LEARNING OPPORTUNITIES FOR YOUTH, AK 95678 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PROGRAMS</td>								PROGRAMS
MANDROCTAK, AK 99528         Construct         Secondation         Secondation <td>MANOKOTAK VILLAGE COUNCIL</td> <td>92-0124434</td> <td></td> <td>139,600</td> <td></td> <td></td> <td></td> <td>ECONOMIC DEVELOPMENT</td>	MANOKOTAK VILLAGE COUNCIL	92-0124434		139,600				ECONOMIC DEVELOPMENT
NAKKEK NATIVE COUNCIL         92.035861         54.082         ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           NAKKEK, AK 59833         99.0143318         179.625         GRANT WRITING ASSISTANCE           PIOLT FOINT TIRBLA COUNCIL BOX 449         99.0143318         179.625         ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           BOX 4490         92.0055922         115.374         SEASONAL EMPLOYMENT OPPORTUNITIES BOX 49007           PORT HEIDEN BOX 49007         92.0055922         115.374         SEASONAL EMPLOYMENT OPPORTUNITIES BOX 49007           PORT HEIDEN BOX 49007         92.0055922         115.374         SEASONAL EMPLOYMENT OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           PORT HEIDEN BOX 49007         92.0055146         393.524         ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           WOY ED, ADEXED         92.0047402         118,793         ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           WOY ED, ADEXED         92.0047402         118,793         ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           WOY ED, ADEXED         92.0047402         118,793         ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           WOY ED, ADEXED         92.00174         92.0013865         <	BOX 169							
BOX 106     GRANT WRITING ASSISTANCE       BOX 106     GRANT WRITING ASSISTANCE       PLOT FOINT TRIBAL COUNCIL     99-0143318       DIOT FOINT, KK 99633     PLOT POINT, KK 99639       PLOT FOINT, KK 99649     SEASONAL EMPLOYMENT OPPORTUNITIES FOR YOUTH, PROMITION OF PROGRAMS, AND GRANT WRITING ASSISTANCE       DOTT HEIDEN     92-009671       ROX 49950     SEASONAL EMPLOYMENT OPPORTUNITIES       PORT HEIDEN, KK 99549     SEASONAL EMPLOYMENT OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE       NATIVE COUNCIL OF PORT HEIDEN     92-0055146       SOX 49907     YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE       NATIVE COUNCIL OF PORT HEIDEN     92-0055146       SOX 49973     COUNTIN OF PROGRAMS, AND GRANT WRITING ASSISTANCE       NATIVE VILLAGE OF SOUTH HAKNEK     92-005146       SOX 4907     COUNCIL CEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE       OCITY OF TOGIAK     92-005146       SOX 4907     COUNCIL OF TOGIAK       SOX 190     GRANT WRITING ASSISTANCE       TOGIAK, AK 9878     SECONOMIC DEVELOPMENT, REAGONAL EMPLOYMENT OPPORTUNITIES LEARNING OPPORTUNITIES FOR YOUTH, ROBORDAN, AND FROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE       SOX 190     SO2-0047402     118,763       CITY OF TOGIAK     92-013885       GEZ COUNCIL OF TOGIAK     92-005296       ZOUNT, ROBORDAN, AND FRANTIKA		02.0058661		54 082				ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND
PILOT FOINT TRIBAL COUNCIL         99-0143318         179,825         ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           PILOT FOINT, AK 99649         92-6009671         7,393         SEASONAL EMPLOYMENT OPPORTUNITIES SEASONAL EMPLOYMENT OPPORTUNITIES PORT HEIDEN, AK 99549           NATIVE COLNOLI OF PORT HEIDEN         92-0059922         115,374         ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           DORT HEIDEN, AK 99549         92-0059922         115,374         ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           BOX 48007         92-0065146         393,524         ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           ITY OF TOGIAK         92-0047402         118,793         ECONOMIC DEVELOPMENT, FROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           ITRADITIONAL COUNCIL OF TOGIAK         92-0113885         695,907         GONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OCIAK, AK 98678           TOGIAK, AK 98678         92-0113885         695,907         GONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OPORTUNITIES, AND PROMOTION OF PROGRAMS, AND CONTUNE ULS ALLOPE COUNCIL         92-0160597         40,411         ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS         GEDIADULT BASIC EDUCATION AND TRAINING UASASISTANCE         GEDIADULT BASIC EDUCATION AND TRAINING UASASISTANCE	BOX 106	52-0050001		04,002				
BOX 449     YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING       PILOT POINT, AK. 99549     92-6009671       CITY OF PORT HEIDEN     92-0059922       PORT HEIDEN, AK. 99549     SEASONAL EMPLOYMENT OPPORTUNITIES       PORT HEIDEN, AK. 99549     92-0059922       NATIVE COUNCIL OF PORT HEIDEN     92-0059922       PORT HEIDEN, AK. 99549     SEASONAL EMPLOYMENT, LEARNING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING PORT HEIDEN, AK. 99549       NATIVE VILLAGE OF SOUTH NAKINEK     92-0065146       130 E. PARKS HWY, SUITE A-113, PMB 388     SEASONAL EMPLOYMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE       VOITY OF FORT HEIDEN, KK 99549     92-0047402       118, 793     ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE       VOITY OF FORT HEIDEN, KK 99578     92-0047402       118, 793     ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OPPORTUNITIES, LEARNING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND ECHINCAL ASSISTANCE       10GIAK, AK 98678     92-0062296       10TWIN HILLS XILLAGE CONORIL     92-0062296       10GAS, KK 49878     264,014       10TWIN HILLS XILLAGE CONORIL     92-0062296       10GASHK TRADITIONAL VILLAGE     92-0160597       10GASHK TRADITIONAL VILLAGE     92-0160597       10GASHK TRADITIONAL VILLAGE     92-0160597       10GASHK TRADITIONAL VILLAGE     92-0160597       10GASHK TRADITIO	NAKNEK, AK 99633							
PILOT FONT, AK. 9949         Assistance           OTTY OF PORT HEIDEN         92-600971         7,393         SEASONAL EMPLOYMENT OPPORTUNITIES           BOX 49050         92-0059922         115,374         ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR 90071 HEIDEN, AK. 99549           NATIVE COUNCIL OF PORT HEIDEN         92-0059922         115,374         ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR 90071 HEIDEN, AK. 99549           NORT HEIDEN, AK. 99549         92-005146         393,524         ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           NATIVE VILLAGE OF SOUTH NAKNEK         92-0065146         393,524         ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           IS30 E- PARKS HWY, SUITE A-113, PMB 388         92-0047402         118,793         ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE           IS30 E- PARKS HWY, SUITE A-13, PMB 388         92-0013885         695,907         GRANT WRITING ASSISTANCE           IS30 AL EMPLOYMENT, COUNCIL OF TOGIAK         92-0113885         695,907         GRANT WRITING ASSISTANCE           IS30 AL EMPLOYMENT, LEARNING OPPORTUNITIES FOR YOUTH, HILM LILLS ALGRE COUNCIL         92-0062296         264,014         DPOROTION OF PROGRAMS, AND ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, DOYALLAGE SCOUNCIL         92-0062296         264,014         DPOROTION OF PROGRAMS, STOT HUN HILLS, AK 9876         ECONOMIC DEVELOPMENT, LEAR		99-0143318		179,825				ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR
CITY OF PORT HEIDEN       92-6009671       7.393         SEASONAL EMPLOYMENT OPPORTUNITIES       92-0059922       115,374         PORT HEIDEN, AK 99549       20059922       115,374         PORT HEIDEN, AK 99549       22-0059922       115,374         PORT HEIDEN, AK 99549       22-0059922       115,374         PORT HEIDEN, AK 99549       22-0059922       115,374         PORT HEIDEN, AK 99549       22-0059122       115,374         NATIVE VILLAGE OF SOUTH NAKNEK       92-005146       383,524         Isabe, PARKS HWY, SUITE A-113, PMB 388       92-0047402       118,793         WASILLA AK 9854.       92-0047402       118,793         CITY OF TOGIAK       92-0047402       118,793         BOX 190       GRANT WRITING ASSISTANCE         TOGIAK, AK 98678       92-0013885       695,907         CITY OF TOGIAK       92-0113885       695,907         DOGIAK, AK 98678       20-0000000       PROMOTION OF PROGRAMS, AND PROMOTION OF PROGRAMS, AND POPORTUNITIES, LEARNING OPPORTUNITIES FOR YOUTH, OPPORTUNITIES, LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS, AND PROMOTION OF PROGRAMS, AND PROMOTION OF PROGRAMS, AND PROMOTION OF PROGRAMS								
PORT HEIDEN, AK 99649     ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE       PORT HEIDEN, AK 99549     92-0055146       NATIVE CVILLAGE OF SOUTH NAKNEK     92-0055146       1830 E, PARKS HWY, SUITE A-113, PMB 388     92-0047402       MATURE COLVICUL OPPORTUNITIES, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE       CITY OF TOGRAK     92-0047402       SOX 190     GRANT WRITING ASSISTANCE       TOGIAK, AK 99678     92-0047402       TOGIAK, AK 99678     GRANT WRITING ASSISTANCE       DOGIAK, AK 99678     92-0047402       TOGIAK, AK 99678     GRANT WRITING ASSISTANCE       DOGIAK, AK 99678     PORTUNITIES, LEARNING OPPORTUNITIES FOR PORTUNITIES, LEARNING OPPORTUNITIES FOR OPPORTUNITIES, AND PROGRAMS, AND CHURAL ASSISTANCE       DOGIAK, AK 99678     92-0113885       GONT VALUE     92-0160597       TWIN HILLS, VILLAGE COUNCIL     92-0160597       YOUTH, LS, AK 99576     CONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS       DOGIAK, AK 99576     GEDIADULT BASIC EDUCATION AND TRAINING YOUTH, AND PROMOTION OF PROGRAMS       DOGIAK, AK 99576     92-0160597       YOUTH, AND PROMOTION AF PROGRAMS       DYUER FOR YOUTH, AND PROMOTION AF PROGRAMS       DYUE FOR FOR SUME     92-0160597       YOUTH, AND PROMOTION AF PROGRAMS       DYUE FOR SUMENTIC AND TRAINING OPPORTUNITIES FO	CITY OF PORT HEIDEN	92-6009671		7,393				
NATURE COUNCIL OF PORT HEIDEN 92-0055922 115,374 PORT HEIDEN AK 99549 PORT HEIDEN AK 99578 TRADITIONAL COUNCIL OF TOGIAK 92-00113885 PORT HEIDEN AK 99578 TRADITIONAL COUNCIL OF TOGIAK 92-0062296 PORT HEIDEN AK 99578 TVIN HILLS VILLAGE COUNCIL 92-0062296 PORT HEIDEN AK 99578 TVIN HILLS VILLAGE COUNCIL 92-0062296 PORT HEIDEN AK 99578 TVIN HILLS VILLAGE COUNCIL PROMOTION OF PROGRAMS, AND TECHINCAL ASSISTANCE ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OPPORT UNITIES, LEARNING OPPORT UNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND TECHINCAL ASSISTANCE ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OPPORT UNITIES, LEARNING OPPORT UNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND PROMOTION OF PROGRAMS TVIN HILLS VILLAGE COUNCIL PROMOTION OF PROGRAMS, AND PROMOTION OF PROGRAMS TVIN HILLS VILLAGE POROMIC DEVELOPMENT, LEARNING OPPORT UNITIES FOR VOUTH, AND PROMOTION OF PROGRAMS TVIN HILLS, VILLAGE POROMIC DEVELOPMENT, LEARNING OPPORT UNITIES FOR VOUTH, AND PROMOTION OF PROGRAMS TVIN HILLS, VILLAGE PROMOTION OF PROGRAMS TVIN HILLS, VILLS, VILLAGE PROMOTION OF PROGRAMS TVIN HILLS, VILLAGE PROMOTION OF PROGRAMS TVIN HILLS, VILLS, VILLAGE PROMOTION OF PROGRAMS TVIN HILLS, VILLS, VILLAGE PROMOTION OF PROGRAMS TVIN HILL	BOX 49050							
DOX 4907       YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING         PORT HEIDEN, AK 99540       SSISTANCE         PORT HEIDEN, AK 99540       SSISTANCE         NATIVE VILLAGE OF SOUTH NAKNEK       S2-0065146         1330 E. PARKS HWY, SUITE A-113, PMB 388       SSISTANCE         MASILLA AK 99540       SSISTANCE         CITY OF TOGIAK       S92-0047402         DOX 150       S2-0047402         TRADITIONAL COUNCIL OF TOGIAK       S92-0017885         GOX 150       S2-0017885         TRADITIONAL COUNCIL OF TOGIAK       S92-0017885         GOX 150       S2-0017885         TRADITIONAL COUNCIL OF TOGIAK       S92-0017885         GOX 150       S2-0017885         TOGIAK, AK 99578       S2-0017885         TOMIN HILLS VILLAGE COUNCIL       S2-0062296         S02-01022       264,014         DOPORTUNITIES, AK 99576       SCIONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND TECHINCAL ASSISTANCE         UGASHIK TRADITIONAL VILLAGE       S2-0160597         S02 FIREWED LN, SUITE 204       S2-0160597         ANCHORAGE, AK 99576       SCONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS         UAF-BRISTOL BAY CAMPUS       S2-6000147         S02 FIREWED LN, SUITE 204       S		02.0050022		115 374				ECONOMIC DEVELOPMENT LEARNING OPPORTUNITIES FOR
PORT HEIDEN, AK 99549       ASSISTANCE         NATIVE VILLAGE OF SOUTH NAKNEK       92-0065146         393,524       ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE         WASILLA, AK 99554       118,793         CITY OF TOGIAK       92-0047402         TRADITIONAL COUNCIL OF TOGIAK       92-0113885         GOS, 190       GRANT WRITING ASSISTANCE         TOGIAK, AK 99678       92-0062296         TRADITIONAL COUNCIL OF TOGIAK       92-0062296         DOS 100       PPROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE         BOX 310       DOPORTUNITIES, LEARNING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND TECHINCAL ASSISTANCE         DOX TWA       92-0062296         DOX TWA       92-0160597         UGASHIK TRADITIONAL VILLAGE       92-0160597         UGASHIK TRADITIONAL VILLAGE       92-00010         UGASHIK TRADITIONAL VILLAGE       92-00017         UAF-BRISTOCIC BAY CAMPUS       92-60		32-0033322		110,074				YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING
1830 E. PARKS HWY, SUITE A-113, PMB 388       GRANT WRITING ASSISTANCE         WASIL A. AK 99654       118,793       ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE         IOCITA F. FOGIAK       92-00173885       695,907       ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OPPORTUNITIES LEARNING OPPORTUNITIES LOR YOUTH, PROMOTION OF PROGRAMS, AND TECHINCAL ASSISTANCE         ITRADITIONAL COUNCIL OF TOGIAK       92-0113885       695,907       ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OPPORTUNITIES LOR YOUTH, PROMOTION OF PROGRAMS, AND TECHINCAL ASSISTANCE         ITVIN HILLS, XK 99678       92-0062296       264,014       ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OPPORTUNITIES, LAND PROMOTION OF PROGRAMS         INTERNIE       92-0160597       40,411       ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, NULLAGE         IUGASHIK TRADITIONAL VILLAGE       92-0160597       40,411       ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS         IUGASHIK TRADITIONAL VILLAGE       92-0160597       40,411       ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS         IUGASHIK TRADITIONAL VILLAGE       92-0160597       40,411       ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS         IUGASHIK TRADITIONAL VILLAGE       92-01600597       40,411       INTERNSHIPS         IUGASHIK TRADITIONAL VILLAGE       92-0000147       47,228       INTERNSHIP	PORT HEIDEN, AK 99549							ASSISTANCE
Induct PARING PARING VIEW PArticipants     92-0047402     118,793     ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE       CITY OF TOGIAK     92-011385     695,907     ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OPPORTUNITIES, LEARNING OPPORTUNITIES, SEASONAL EMPLOYMENT OPCONTUNITIES, LEARNING OPPORTUNITIES, SEASONAL EMPLOYMENT OPPORTUNITIES, LEARNING OPPORTUNITIES, SEASONAL EMPLOYMENT OPPORTUNITIES, LEARNING OPPORTUNITIES, SEASONAL EMPLOYMENT OPPORTUNITIES, AK 99576       TWIN HILLS, AK 99576     92-0160597     40,411     ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS       DG6 E FIREWED LN, SUITE 204     92-0160597     40,411     YOUTH, AND PROMOTION OF PROGRAMS       DG7 EVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS     92-0160597     40,411       DG6 E FIREWED LN, SUITE 204     92-0600147     47,228       DUAF-BRISTOL BAY CAMPUS     92-6000147     47,228       DUAF-BRISTOL BAY CAMPUS     92-00032180     13,661       DULLINGHAM, AK 99576     13,628     INTERNSHIPS       ARCTIC STORM MANAGEMENT GROUP     91-2155264     13,661       OCEAN BEAUTY SEAFOODS     92-0032180     13,661       DOX 70303     92-0032180     13,661       OCEAN BEAUTY SEAFOODS, LLC     20-8899430     60,823		92-0065146		393,524				
CITY OF TOGIAK       92-0047402       118,793       ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE         TRADITIONAL COUNCIL OF TOGIAK       92-0113885       695,907       GRANT WRITING ASSISTANCE         DOX 190       92-0013885       695,907       OPPORTUNITIES, LEARNING OPPORTUNITIES, DEARNING OPPORTUNITIES, DEARNING OPPORTUNITIES, DEARNING OPPORTUNITIES, DEARNING OPPORTUNITIES, AND TECHINCAL ASSISTANCE         TVWIN HILLS VILLAGE COUNCIL       92-0062296       264,014       ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OPPORTUNITIES, AND TECHINCAL ASSISTANCE         SOX TWA       92-0062296       264,014       ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OPPORTUNITIES, AND PROMOTION OF PROGRAMS         BOX TWA       92-00662596       264,014       ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OPPORTUNITIES, AND PROMOTION OF PROGRAMS         UGASHIK TRADITIONAL VILLAGE       92-0160597       40,411       ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS         206 E FIREWEED LN, SUITE 204       92-06005147       47,228       GED/ADULT BASIC EDUCATION AND TRAINING         DULLINGHAM, AK 99576       91-2155264       13,628       INTERNSHIPS       INTERNSHIPS         CICICLE SEAFOODS       92-0032180       13,561       INTERNSHIPS       INTERNSHIPS       GEOX 7390         OCEAN BEAUTY SEAFOODS, LLC       20-8899430       60,823       INTERNSHIPS       <								GRANT WRITING ASSISTANCE
BOX 190       GRANT WRITING ASSISTANCE         TOGIAK, AK 99678       S2-0113885       695,907       ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT         DOX 100       OPPORTUNITIES, LEARNING OPPORTUNITIES, CEARNING OPPORTUNITIES FOR         DOX TWA       S2-0160597       40,411       ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR         DGA EFIREWEDL IN, SUITE 204       ANCHORAGE, AK 99503       S2-0160597       40,411       YOUTH, AND PROMOTION OF PROGRAMS         DGA EFIREWEDL IN, SUITE 204       ANCHORAGE, AK 99503       S2-01600597       40,411       YOUTH, AND PROMOTION OF PROGRAMS         MCHORAGE, AK 99576       S2-01600597       47,228       GED/ADULT BASIC EDUCATION AND TRAINING       S2-0002147         MCH-BRISTICL EAY CAMPUS       92-6000147       47,228       GED/ADULT BASIC EDUCATION AND TRAINING       S2-0160597         SCATTLE, WA 98121       S2-01032180       13,661       INTERNSHIPS       S2-0032180       S2-0032180       S2-0032180       S2-0032180       S2-0032180       S		92-0047402		118,793				ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS, AND
TRADITIONAL COUNCIL OF TOGIAK     92-0113885     695,907     ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OPPORTUNITIES, LEARNING OPPORTUNITIES, CARNING OPPORTUNITIES, CARNING, CA	BOX 190							GRANT WRITING ASSISTANCE
Inconstruction     Deconstruct     Deconstruct     Deconstruct     Deconstruct     Deportunities, Learning opportunities, Learning opportunities, and technol, and t		00.0110000		COE 007				SCONOMIC DEVELOPMENT SEASONAL EMPLOYMENT
Original, AK. 99678     PROMOTION OF PROGRAMS, AND TECHINCAL ASSISTANCE       TWIN INILLS VILLAGE COUNCIL BOX TWA     92-0062296     264,014     ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OPPORTUNITIES, AND PROMOTION OF PROGRAMS       UGASHIK TRADITIONAL VILLAGE     92-0160597     40,411     ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS       206 E FIREWEED LN, SUITE 204     92-0160597     40,411     ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS       206 E FIREWEED LN, SUITE 204     92-0160597     40,411     ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS       206 E FIREWEED LN, SUITE 204     92-0160597     40,411     ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS       206 E FIREWEED LN, SUITE 204     92-0160597     40,411     ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS       207 AUGA-BRISTIC LEAY CAMPUS     92-05000147     47,228     GED/ADULT BASIC EDUCATION AND TRAINING       207 ALASKAN WAY, PIER 69     SEATTLE, WA 88121     INTERNSHIPS     SEATTLE, WA 88129       208 ATTUS EAFOODS     92-0032180     13,661     INTERNSHIPS       207 AUGA     60,823     INTERNSHIPS       207 AUGA     60,823     INTERNSHIPS		92-0113885		895,907				
TWIN INLEG TELEOROGINGLE     DE GORANG     DE GORANG     OPPORTUNITIES, AND PROMOTION OF PROGRAMS       DUGASHIK TRADITIONAL VILLAGE     92-0160597     40,411     ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS       206 E FIREWEED LN, SUITE 204     92-0160597     40,411     YOUTH, AND PROMOTION OF PROGRAMS       206 E FIREWEED LN, SUITE 204     92-6000147     47,228     GED/ADULT BASIC EDUCATION AND TRAINING       URJ-BRISTOC BAY CAMPUS     92-6000147     47,228     GED/ADULT BASIC EDUCATION AND TRAINING       DULLINGHAM, AK 99576     13,628     INTERNSHIPS     INTERNSHIPS       2727 ALASKAN WAY, PIER 69     92-0032180     13,661     INTERNSHIPS       SEATTLE, WA 98121     92-0032180     13,661     INTERNSHIPS       OCEAN BEAUTY SEAFOODS, LLC     20-8899430     60,823     INTERNSHIPS       OCEAN BEAUTY SEAFOODS, LLC     20-8899430     60,823     INTERNSHIPS								
UGASHIK TRADITIONAL VILLAGE 20-0160597 40,411 CECNOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR 200 F FIREWEED LN, SUITE 204 ACCORAGE, AK 99576 CEDUCATION AND TRAINING 200177 47,228 CEDUCATION AND TRAINING 200177 CEDUCATION AND TRAINING 20017 CEDUCATION AND TRAINING 20017 CEDUCATION AND TRAINING 200177 CEDUCATION AND TRAINING 200177 CEDUCATION AND TRAINING 200177 CEDUCATION CEDUCATIO	TWIN HILLS VILLAGE COUNCIL	92-0062296		264,014				
UGASHIK TRADITIONAL VILLAGE       92-0160597       40,411       ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS ANCHORAGE, AK 99503         UAF-BRISTOL BAY CAMPUS       92-6000147       47,228       GED/ADULT BASIC EDUCATION AND TRAINING BOX 1070         DILLINGHAM, AK 99576       91-2155264       13,628       INTERNSHIPS         2727 ALASKAN WAY, PIER 69       92-0032180       13,661       INTERNSHIPS         BOX 7070       92-0032180       13,661       INTERNSHIPS         BOX 7903       92-0032180       13,661       INTERNSHIPS         BOX 7079       0000,823       60,823       INTERNSHIPS							1	OFFORIONISIES, AND PROMOTION OF PROGRAMS
208 E FIREWEED LN, SUITE 204 ANCHORAGE, AK 99503     YOUTH, AND PROMOTION OF PROGRAMS       ANCHORAGE, AK 99503     92-6000147       UMAF-BRISTOC BAY CAMPUS     92-6000147       BOX 1070     13.628       DILLINGHAM, AK 99576     INTERNSHIPS       SEATTLE, WA 98121     92-0032180       SEATTLE, WA 98159     92-0032180       SCATTLE, WA 98159     20-8899430       GOX 70703     INTERNSHIPS	UGASHIK TRADITIONAL VILLAGE	92-0160597		40,411			-	
UAF-BRISTOL BAY CAMPUS         92-6000147         47.228         GED/ADULT BASIC EDUCATION AND TRAINING           BOX 1070         DILLINGHAM, AK 99576         INTERNSHIPS         INTERNSHIPS           2727 LASKAN WAY, PIER 69         91-2155264         13,628         INTERNSHIPS           2727 LASKAN WAY, PIER 69         92-0032180         13,661         INTERNSHIPS           BOX 79003         92-0032180         13,661         INTERNSHIPS           BOX 79003         92-0032180         13,661         INTERNSHIPS           BOX 79003         92-0032180         13,661         INTERNSHIPS           BOX 7979         00EAN BEAUTY SEAFOODS, LLC         20-8899430         60,823         INTERNSHIPS	206 E FIREWEED LN, SUITE 204							YOUTH, AND PROMOTION OF PROGRAMS
BOX 1070         BIX 1000000000000000000000000000000000000	ANCHORAGE, AK 99503	02 6000112		17 000				GED/ADULT BASIC EDUCATION AND TRAINING
DILLINGHAM, AK 99576         Image: Constraint of the second		92-600014/		41,228				OF DUP DUP FOR FOR THE THE THE THE
ARCTIC STORM MANAGEMENT GROUP         91-2155264         13,628         INTERNSHIPS           2727 ALASKAN WAY, PIER 69         SEATTLE, WA 98121         INTERNSHIPS           ICICLE SEAFOODS         92-0032180         13,661         INTERNSHIPS           DOX 79003         92-0032180         13,661         INTERNSHIPS           OCEAN BEAUTY SEAFOODS, LLC         20-8899430         60,823         INTERNSHIPS           BOX 70730         20-8899430         60,823         INTERNSHIPS	DILLINGHAM, AK 99576						l	
SEATTLE, WA 98121         Important           ICICLE SEAFOODS         92-0032180         13,661         INTERNSHIPS           INTERNSHIPS         00273903         13,661         INTERNSHIPS           OCEAN BEAUTY SEAFOODS, LLC         20-8899430         60,823         INTERNSHIPS           BOX 7039         20-8899430         60,823         INTERNSHIPS	ARCTIC STORM MANAGEMENT GROUP	91-2155264		13,628				INTERNSHIPS
LICICLE SÉAFOODS         92-0032180         13,661         INTERNSHIPS           BOX 79003         SEATTLE, WA 98199         INTERNSHIPS         INTERNSHIPS           OCEAN BEAUTY SEAFOODS, LLC         20-8899430         60,823         INTERNSHIPS           BOX 70103         BOX 70130         INTERNSHIPS         INTERNSHIPS								
BOX 79003         SEATLE, WA 98199         INTERNSHIPS           OCEAN BEAUTY SEAFOODS, LLC         20-8899430         60,823         INTERNSHIPS           BOX 7039         BOX 7039         INTERNSHIPS         BOX 7039         INTERNSHIPS		92-0032180		13.661			<u> </u>	INTERNSHIPS
OCEAN BEAUTY SEAFOODS, LLC 20-8899430 60,823 INTERNSHIPS BOX 70739	BOX 79003	1						
Solar Market Market School Sch	SEATTLE, WA 98199							INTERNIEUIDE
		20-8899430		60,823				נאון בתווסרוואס
	BOX 70739 SEATTLE, WA 98119							

Schedule I-1 (Form 990) 2009		92-(	92-0142567		Page 2
Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule 1 (FOITH 990), Part III.)	SSISTANCE TO INDIVIDUAL		ed states (Scredule	I (FOITH 990), Part III.)	(f) Description of some such accidence
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	(1) Description of non-cash assistance
ADVANCED VOCATIONAL/TECHNICAL TRAINING PROGRAM	117	351,725.			
CHILLING IMPROVEMENTS PROGRAM - TOTES	30		47,367.	EMV	TOTES FOR ICING FISH
CHILLING IMPROVEMENTS PROGRAM - SLUSH BAGS	67		54,709.	N N N L	SLUSH BAGS FOR ICING
TPCHNITAL ASSISTANCE PROCEAM	-	787.11			
					Schedule I-1 (Form 990) 2009

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sсн	EDULE J			ation Information		OMB	No. 1	545-004	47
(For	n 990)			, Trustees, Key Employees, and Highest nsated Employees		2	20	09	
			aniza	tion answered "Yes" to Form 990,				o Puk	
	ent of the Treasury	Attach to Form 9		rt IV, line 23. ▶See separate instructions.				ctio	
	Revenue Service of the organization				Employer ide				
	-	CONOMIC DEVELOPMENT CORPORA	ATI	ON	92-01	42567			
Part		ons Regarding Compensation							
								Yes	No
1a		propriate box(es) if the organization prov							
	990, Part VII,	Section A, line 1a. Complete Part III to p	orovia						
	First-cla	ss or charter travel		Housing allowance or residence for p					
		or companions		Payments for business use of persor					
		emnification and gross-up payments	<u> </u>	Health or social club dues or initiation					
	Discretion	onary spending account		Personal services (e.g., maid, chauff	eur, chef)				
b	If any of the b	oxes on line 1a is checked, did the orgai	nizat	ion follow a written policy regarding pay	yment				
, C	or reimburser	nent or provision of all of the expenses d	descr	ibed above? If "No," complete Part III to	, D		1b		
~	explain	ization require substantiation prior to reir	•••	reing or allowing expenses incurred by	 all	••• -			
2		tors, trustees, and the CEO/Executive Di					2		
	officers, direc		11000	or, regularing the kerne should a marte		· · · F			
3	Indicate which	n, if any, of the following the organization	ו use	es to establish the compensation of the					
		CEO/Executive Director. Check all that					1		
	Comper	nsation committee	X	Written employment contract					
	Indepen	dent compensation consultant	X						
	Form 99	00 of other organizations	X	Approval by the board or compensat	ion committee	e			
4	During the ve	ar, did any person listed in Form 990, Pa	art VI	II, Section A, line 1a, with respect to the	e filing				
	organization of	or a related organization:					4		x
a		verance payment or change-of-control pa				· · · -	4a 4b		X
b		or receive payment from, a supplementation or receive payment from, an equity-base				··· ⊢	4c		X
с		or receive payment from, an equity-base iy of lines 4a-c, list the persons and p			 tem in Part I	••• ⊢			
	ii ies to ai	ly of lifes 4a-c, list the persons and p	il O Vic	te the applicable amounts for each i					
	Only section	501(c)(3) and 501(c)(4) organizations m	nust	complete lines 5-9.					
5		sted in Form 990, Part VII, Section A, lin			у				
-	•	contingent on the revenues of:							
а	The organizat	O				L	5a		X
b	Any related of	rganization?				_	5b		<u>X</u>
		e 5a or 5b, describe in Part III.							
6		sted in Form 990, Part VII, Section A, lin	າe 1a	a, did the organization pay or accrue an	у	ļ			
		n contingent on the net earnings of:					<b>.</b> .		v
а		ion?				· · · ⊢	6a 6b		X
b		rganization?				$\cdots$	00		
-		e 6a or 6b, describe in Part III.	ao 1c	did the organization provide any non-	fixed				
7		sted in Form 990, Part VII, Section A, lin described in lines 5 and 6? If "Yes," des					7		X
8		ounts reported in Form 990, Part VII, pai				· · ·  -			
U	subject to the	initial contract exception described in Re	eas	section 53,4958-4(a)(3)? If "Yes." desc	ribe				
							8		X
9	If "Yes" to line	8, did the organization also follow the re	ebut	table presumption procedure described	in				
	Regulations s	ection 53.4958-6(c)?					9		<u> </u>
For Pr		aperwork Reduction Act Notice, see the Ins				Schedule	J (Foi	rm 990	) 2009

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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. Interaction (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, line 1a.	on m indivi	nust be reported i	in Schedule J, report	compensation from	m the organization o	n row (i) and from n	related organizations	s, described in the
e. The sum of columns (B)(i)-(iii) must (A) Name		MUNAIS เกลเ are not	listed on Form 990,	Рап VII.				
(A) Name	st equ	ual the applicable o		(E) amounts on For	(D) or column (E) amounts on Form 990, Part VII, line 1a.	a.		
(A) Name	l	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
NOR YEAR	• •	131,515.	500.		3,942.	25, 697.	161,654.	141,313
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# Schedule J (Form 990) 2009

Schedule J (Form 990) 2009	92-0142567 Page 3
Part III Supplemental Information	
Complete this part to provide the information, explanation, for any additional information.	, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part

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									1	ОМВ	No. 15	45-004	7
SCHEDULE L (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	"Yes" on	► Co Form 9 or	omplete 90, Part Form 99	<b>5 With In</b> If the organiz IV, line 25a, 90-EZ, Part V, or Form 990-E	zation ans 25b, 26, 27 , line 38a d	wered 7, 28a, 28b, ( or 40b.	or 28c,	ns.		۵ ۱ ۵	20	09 Pub	
Name of the organization	PAttaon						En	nployer	<sup>,</sup> ident				
BRISTOL BAY ECONOM								92-	-014	2567			
Part I Excess Benefit Complete if the or	Transacations	s(section red "Ye	n 501(c) s" on Fo	(3) and sectio orm 990, Part	on 501(c)(4 IV. line 25	) organizatio a or 25b. or	on <mark>s only</mark> ). Form 990-8	EZ, Pa	rt V, li	ne 40	b.		
· · · · · · · · · · · · · · · · · · ·	disqualified person					) Description						(C) Co	r
												Yes	No
						······································			~				
2 Enter the amount of										- ¢			
under section 4958 3 Enter the amount of	tax if any on line	 2 abov	····		organizati	on		· · ·	· · P				
		2, 400								·			
	or From Intere				rt IV line 2	6 or Form	90-E7 Pa	rt V lin	ne 38a	۹.			
(a) Name of interested pers	-	(b) Loan	to or from	(c) Orig principal a	inal		ince due (e) In default? (f) Approve by board o committee'		ard or	r agreement?			
		То	From					Yes	No	Yes	No	Yes	No
		10	FIOIN			· · · · · · · · · · · · · · · · · · ·		103		163		103	110
												-	
Part III Grants or Ass	sistance Benef	itting l	nterest	ed Persons		27.		<u> </u>					
(a) Name of intereste	ed person	(b) Re	elationshi	p between inte organizat		on and the	(c) A	mount	and ty	pe of a	assista	ance	
ATTACHMENT 11													
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Deut IV Ducing of Tree		huinal		ad Daraana									
Part IV Business Trai Complete if the	nsactions Invo organization ansv	vered "\	es" on l	Form 990, Pa	rt IV, line 2	28a, 28b, or	28c.						
(a) Name of intereste	ed person	(b) R intere	Relationship between (c) Amount of (d) Description of transaction organization		action (e) Sharir organizatio revenue		zation's						
									<u>.</u>			Yes	No
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- No													
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

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# SCHEDULE O (Form 990)

# Supplemental Information to Form 990

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



Department of the Treasury Internal Revenue Service Name of the organization

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

92-0142567

ATTACHMENT 1

## AVAILABILITY OF DOCUMENTS

PART VI SECTION C QUESTIONS 18 AND 19 BBEDC'S FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST BY CONTACTING US AT 1-907-842-4370 OR WRITING TO US AT P.O. BOX 1464, DILLINGHAM, AK 99576-1464. IN ADDITION, OUR FORM 990 IS AVAILABLE FOR VIEWING ON THE WEBSITE GUIDESTAR.ORG.

MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY PART VI SECTION B QUESTION 12C BOARD MEMBERS ARE REQUIRED TO DECLARE A CONFLICT OF INTEREST ON EACH AND EVERY VOTE THEY TAKE IF ONE EXISTS.

DETERMINING COMPENSATION FOR OTHER OFFICERS OR KEY EMPLOYEES PART VI SECTION B QUESTION 15B THE BOARD SETS THE BEGINNING SALARY RANGE FOR THE POSITIONS AT BBEDC BASED ON A LOCAL SALARY SURVEY. THIS SALARY RANGE IS ADJUSTED PERIODICALLY AS LOCAL SALARIES IN THE REGION CHANGE. ANNUALLY ON THE EMPLOYEE'S ANNIVERSARY DATE, THE IMMEDIATE SUPERVISOR PERFORMS AN EVALUATION. IN ADDITION, THE SUPERVISOR TAKES INTO CONSIDERATION THE BOARD'S POLICY OF UP TO A 4% MERIT INCREASE EACH YEAR. THE SUPERVISOR MAKES ITS RECOMMENDATION ON THE COMPENSATION FOR THE NEXT YEAR, WITH THE CEO HAVING FINAL APPROVAL FOR ALL EMPLOYEES. IN ADDITION, FORMAL CONTRACTS ARE REQUIRED ANNUALLY FOR THE FOLLOWING POSITIONS: CHIEF

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567
	ATTACHMENT 1 (CONT'D)

OPERATING OFFICER, FINANCE OFFICER, AND SEAFOOD INVESTMENTS OFFICER.

PROCESS FOR THE REVIEW OF THE FORM 990

PART VI SECTION B, LINE 11A

PRIOR TO FILING THE RETURN, A DRAFT OF THE 990 TAX RETURN WILL BE SUBMITTED TO THE FINANCE OFFICER BY THE TAX PREPARER. THIS DRAFT WILL BE REVIEWED BY THE FINANCE OFFICER AND STAFF. THE FINANCE OFFICER WILL THEN HAVE THE CEO/BOARD PRESIDENT AND COO REVIEW THE DRAFT BEFORE AUTHORIZING THE TAX PREPARER TO FINALIZE THE RETURN. A COPY OF THE TAX RETURN WILL BE PROVIDED TO BOARD MEMBERS UPON REQUEST.

FAMILY AND BUSINESS RELATIONSHIPS OF BOARD MEMBERS

PART VI SECTION A QUESTION 2

BOARD MEMBERS - H. ROBIN SAMUELSEN, JR. AND MOSES KRITZ SIT ON THE BOARD OF ANOTHER CORPORATION THUS CREATING A BUSINESS RELATIONSHIP. CURRENT YEAR BOARD MEMBERS - MARK ANGASAN, FRED ANGASAN, SR., STEVEN ANGASAN, AND ALTERNATE BOARD MEMBER - RALPH ANGASAN, JR. HAVE A FAMILY RELATIONSHIP.

## DETERMINING COMPENSATION FOR CEO

PART VI SECTION B QUESTION 15A

THE BOARD SETS THE BEGINNING SALARY RANGE FOR THE POSITION OF THE CEO BASED ON A LOCAL SALARY SURVEY. THIS SALARY RANGE IS ADJUSTED PERIODICALLY AS LOCAL SALARIES IN THE REGION CHANGE. EACH YEAR THE BOARD GOES INTO EXECUTIVE SESSION TO TAKE UP THE CEO'S CONTRACT RENEWAL AND COMPENSATION FOR THE NEXT YEAR. AN EVALUATION IS PERFORMED. IN ADDITION, THE BOARD TAKES INTO CONSIDERATION ITS POLICY OF UP TO A 4%

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567
<u>I</u>	ATTACHMENT 1 (CONT'D)
MERIT INCREASE EACH YEAR. AT THE CONCLUSION OF THE CEO'S EVALUATION	DN, THE
CEO IS REQUIRED TO LEAVE THE ROOM SO THAT THE REMAINING BOARD MAY H	IAVE
CONFIDENTIAL DISCUSSIONS. MOTION IS MADE TO COME OUT OF THE EXECUT	TIVE
SESSION AND THE BOARD'S DECISION ON THE CONTRACT AND COMPENSATION	IS .

PRESENTED AND DOCUMENTED IN THE MINUTES.

# PROGRAM SERVICES UNDERTAKEN

### PART III QUESTION 2

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION (BBEDC) BEGAN A GRANT WRITING ASSISTANCE PROGRAM IN 2009, WHEREBY BBEDC PROVIDES NON-PROFITS AND GOVERNING ENTITIES THAT ARE PRIMARILY LOCATED IN ONE OF BBEDC'S 17 CDQ COMMUNITIES WITH THE OPPORTUNITY TO RECEIVE GRANT WRITING SERVICES FROM EXPERTS IN ORDER TO ASSIST THE ENTITIES WITH THE DEVELOPMENT OF A GRANT APPLICATION.

# FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ATTACHMENT 2

IT IS THE PURPOSE OF THE BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION TO PROMOTE ECONOMIC GROWTH AND OPPORTUNITIES FOR RESIDENTS OF ITS MEMBER COMMUNITIES THROUGH SUSTAINABLE USE OF THE BERING SEA RESOURCES.

ATTACHMENT 3

# 4B PROGRAM SERVICE

REGIONAL FISHERIES - CHILLING THE CATCH HAS BEEN THE NUMBER ONE

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 3 (CONT'D)

PRIORITY OF THIS PROGRAM. THIS FALLS RIGHT IN LINE WITH THE GOALS OF THE PROGRAM, MORE FISH, LOWER OPERATING COSTS, AND INCREASED INCOME FOR BBEDC'S CDQ RESIDENTS WHICH IN TURN IMPROVES THE ECONOMIC CONDITIONS OF THE REGION. IN 2009, THE TWO ICE BARGES SET A NEW RECORD OF 2.4 MILLION POUNDS OF ICE DELIVERED, UP 17% FROM 2008. BBEDC ALSO CONTINUED WITH ITS CHILLING IMPROVEMENTS PROGRAM BY ASSISTING 6 FISHERMEN WITH INSULATING THEIR VESSELS FOR A TOTAL OF \$32,400 (SAME AS 2008), PURCHASING 104 TOTES FOR 30 FISHERMEN (DOWN FROM 206 FOR 71 FISHERMEN IN 2008) AND 205 SLUSH BAGS FOR 67 FISHERMEN (UP FROM 33 FISHERMEN IN 2008). THESE SMALL MEASURES HELP CDQ FISHERMEN CHILL THEIR CATCH AND IMPROVE THE QUALITY OF THEIR SALMON THEREBY INCREASING THE PRICE.

ATTACHMENT 4

### 4C PROGRAM SERVICE

TRAINING AND EMPLOYMENT - THIS PROGRAM OFFERS EMPLOYMENT AND TRAINING OPPORTUNITIES TO BBEDC'S CDQ RESIDENTS BY HELPING THEM DEVELOP THEIR SKILLS AND IMPROVE THE ECONOMIC CONDITIONS OF THE REGION. BBEDC'S INTERNSHIP PROGRAMS CONTINUED WITH 12 RESIDENTS BENEFITING FROM THE SEATTLE-BASED INTERNSHIPS (UP FROM 9 IN 2008), 3 RESIDENTS BENEFITING FROM THE IN-REGION INTERNSHIPS (UP FROM 2 IN 2008), AND 15 YOUTH BENEFITING FROM YOUTH INTERNSHIPS (UP FROM 13 IN 2008). BBEDC'S EMPLOYMENT OPPORTUNITIES CONTINUED PROVIDING SEASONAL EMPLOYMENT TO 18 RESIDENTS OVER THE SUMMER MONTHS (SAME

# Schedule O (Form 990) 2009 Page 2 Name of the organization Employer identification number

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

92-0142567

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 4 (CONT'D)

AS 2008) AND PROVIDING BERING SEA EMPLOYMENT TO 3 RESIDENTS (DOWN FROM 24 RESIDENTS IN 2008). IN 2009, BBEDC'S BASIC VOCATIONAL/TECHNICAL TRAINING PROGRAM PROVIDED OVER \$54,000 WORTH OF ASSISTANCE TO AREA RESIDENTS (UP FROM 2008) AND THE ADVANCED VOCATIONAL/TECHNICAL PROGRAM ASSISTED 117 RESIDENTS (DOWN FROM 147 IN 2008). BBEDC CONTINUED ITS \$40,000 OF FINANCIAL SUPPORT TO THE UAF-BRISTOL BAY CAMPUS.

FORM 990, PART III, LINE 4D	- ATUED DDACDAM SEDVICES		ACHMENT 5
FORM 990, PARI III, LINE 4D	- OTHER PROGRAM SERVICES		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
PERMIT BROKERAGE		353,707.	
PERMIT LOAN PROGRAM	18,751.	22,762.	
CDQ OUTREACH		124,810.	
TECHNICAL ASSISTANCE PROGRA	AM 25,966.	62,746.	
QUOTA MANAGEMENT		161,227.	
COMMUNITY LIAISON	422,125.	491,010.	
INVESTMENT MANAGEMENT		222,870.	
EDUCATION INITIATIVE	173,573.	360,594.	
GRANT WRITING ASSISTANCE	19,019.	77,900.	
TOT	ALS 659,434.	1,877,626.	

ATTACHMENT 6

Schedule O (Form 990) 2009

Schedule O (Form 990) 2009 Name of the organization	E	mployer ide	ntification number
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION		92-01	42567
	ATI	<b>FACHMEN</b>	T 6 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS.			
NAME AND ADDRESS	DESCRIPTION OF SERVI	ICES	COMPENSATION
AHTNA GOVERNMENT SERVICES CORPORATION 4341 B STREET SUITE 403 ANCHORAGE, AK 99503	DESIGN/INSTALLAT	TION	787,245.
ALASKA SHIP & DRYDOCK, INC. 3801 TONGASS AVENUE KETCHIKAN, AK 99901	REPAIRS/MAINTENA	ANCE	259,693.
ARCHITECTS ALASKA, INC. 905 W 5TH AVE., SUITE 403 ANCHORAGE, AK 99501	DESIGN SERVICES		235,000.
KPMG, LLP 701 W. 8TH AVE., SUITE 600 ANCHORAGE, AK 99501	ACCOUNTING SERVI	CES	142,722.
JAMES BARNETT 10050 PROSPECT DRIVE ANCHORAGE, AK 99507	LEGAL SERVICES		107,310.
TOTAL COMPENSATION			1,531,970.

FORM 990, PART VIII - INVESTMENT INCC	ME		ATTACHMENT 7	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
EQUITY IN INCOME OF AFFILIATES	1,066,661.	3,318,334.	-2,251,673.	
INTEREST AND DIVIDEND INCOME	1,743,182.			1,743,182.
TOTALS	2,809,843.	3,318,334.	2,251,673.	1,743,182.

ATTACHMENT 8

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Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567
	ATTACHMENT 8 (CONT'D)
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES	
	ENDING
DESCRIPTION	BOOK VALUE
PREPAID INSURANCE	53,935.
PREPAID EXPENSES	20,639.
PREPAID RENT	13,651.
PREPAID RENI	10,001.
PREPAID WORKERS' COMP INS.	11,651.
PREPAID BROKERAGE TRANSACTIONS	7,184.
	357,638.
PREPAID FEDERAL INCOME TAX	557,050.
PREPAID STATE INCOME TAX	207,018.
TOTALS	671,716.

CONTRACTOR NO.

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES	ATTACHMENT 9
DESCRIPTION	ENDING BOOK VALUE
SECURITIES & MUTUAL FUNDS	15,380,700.
GOVERNMENT & AGENCY SECURITIES	13,060,094.
CORPORATE BONDS	12,711,989.
FOREIGN BONDS	1,352,953.
OTHER FIXED INCOME	0.
TOTALS	42,505,736.

ATTACHMENT 10

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FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE LENDER: GOVERNMENTAL ENTITY INTEREST RATE: 2.000000 MATURITY DATE:

CONTRACTOR CONTRACTOR

Schedule O (Form 990) 2009

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567
	ATTACHMENT 10 (CONT'D)
11/01/2011REPAYMENT TERMS:PAYABLE IN ANNUAL INS	TALLMENTS OF \$33,398
BEGINNING BALANCE DUE	~~~~~

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LENDER: BANK OF AMERIC	A, N.A	
ORIGINAL AMOUNT: 24,	.000,000.	
DATE OF NOTE: 06/1	9/2007	
MATURITY DATE: 05/0	1/2012	
REPAYMENT TERMS:	VARIABLE RATE (LIBOR+0.35%) INT ONLY	MONTHLY PYMTS
SECURITY PROVIDED:	CAPITAL INVESTMENT ACCOUNT	
PURPOSE OF LOAN:	REVOLVING PROMISSORY NOTE	
		20,000,000.
ENDING BALANCE DUE		15,000,000.

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Schedule O (Form 990) 2009 Name of the organization	Employer identification number
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567
	ATTACHMENT 10 (CONT'D)
LENDER: BANK OF AMERICA, N.A ORIGINAL AMOUNT: 18,000,000. DATE OF NOTE: 06/19/2007 MATURITY DATE: 05/01/2012 REPAYMENT TERMS: MONTHLY INTEREST PYMTS SECURITY PROVIDED: CAPITAL INVESTMENT ACC PURPOSE OF LOAN: REVOLVING PROMISSORY N	
BEGINNING BALANCE DUE	$\cap$

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LENDER: CORPORATION ORIGINAL AMOUNT: 33,579. MATURITY DATE: 11/20/2012 REPAYMENT TERMS: SUBJECT TO NPFMC FINAL ACION REGARDING	CREW ALLOC.
BEGINNING BALANCE DUE ENDING BALANCE DUE	0. <u>33,579.</u>
TOTAL REGINNING MORTGAGES AND OTHER NOTES PAYABLE	23,097,080.

TOTAL BEGINNING	MORTGAGES A	ND OTHER NO	TES PAYABLE	23,097,080.
TOTAL ENDING MO	RTGAGES AND	OTHER NOTES	PAYABLE	15,099,142.

SCHEDULE L, PART III

Preferringeneties of the pre-

ATTACHMENT 11

(A) INTERESTED PERSON NAME	(B) RELATIONSHIP	(C) GRANT AMOUNT	AND TYPE
SAMANTHA BLUE	IN-LAW TO BOARD MEMBER	4,168.	TRAINING ASSIST
MATTHEW JOHNSON	SON-IN-LAW TO BOARD MEMBER	1,286.	TRAINING ASSIST
MARK KOSBRUK, SR	SPOUSE OF BOARD MEMBER	350.	TRAINING ASSIST
CHRIS KOSBRUK	IN-LAW TO BOARD MEMBER	350.	TRAINING ASSIST
GERDA KOSBRUK	BOARD MEMBER	350.	TRAINING ASSIST
DANNY WASSILY	BROTHER OF BOARD MEMBER	3,733.	TRAINING ASSIST
JOSEPH WASSILY	BROTHER OF BOARD MEMBER	1,320.	TRAINING ASSIST

vame of the organization	Employer identification number
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567
	ATTACHMENT 11 (CONT'D)

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2,500. TRAINING ASSIST

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ation answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.         > Form 990.         > Frimary activity       See separate instructions.         ation answered "Yes" on Form 990, Part IV, line 33,)         ation answered "Yes" on Form 990, Part IV, line 33,)         ation answered "Yes" on Form 990, Part IV, line 33,)         ation answered "Yes" on Form 990, Part IV, line 33,)         ation answered "Yes" on Form 990, Part IV, line 33,)         ation answered "Yes" on Form 990, Part IV, line 34,         ation answered "Yes" on Form 990, Part IV, line 34,         ation answered "Yes" on Form 990, Part IV, line 34,         ation answered "Yes" on Form 990, Part IV, line 34,         ation answered "Yes" on Form 990, Part IV, line 34,         ation answered "Yes" on Form 990, Part IV, line 34,         ation answered "Yes" on Form 990, Part IV, line 34,         ation answered "Yes" on Form 990, Part IV, line 34,         ation answered "Yes" on Form 990, Part IV, line 34,         ation answered "Yes" on Form 990, Part IV, line 34,         ation answered "Yes" on Form 900, Part IV, line 34,         ation answered "Yes" on Form 900, Part IV, line 34,         ation answered "Yes" on Form 900, Part IV, line 34,         ation answered "Yes" on Form 900, Part IV, line 34,         ation answered "Yes" on Form 900, Part IV, line 34,         ation answered "Yes" on Form 900, Part IV, l	SCHEDULE R (Form 990)	Related Organizations	ganizations and Unrelated Partnerships	ed Partners	nips		0MB No. 1545-0047
OL. BAY ECONNEC DEVELOPRIM: CORPORTION       OL. BAY ECONNEC DEVELOPRIM: CORPORTION       Identification     Eleveloprication       Mane, addeut     Pinney actiny     Pinney acting     Pinney acting<	Department of the Treasury Internal Revenue Service	<ul> <li>Complete if the organization answered "' Attach to Form 990.</li> </ul>	(es" to Form 990, Part IV ► See separat	line 33, 34, 35, 36 oi e instructions.	- 37.		Open to Public Inspection
Identification of Disregarded Entities (Complete i         Name, address, and ElN of disregarded entity         OLL BAY_ICE, LLC       DILLINGHAM, AK         OL BAY_ICE, LLC       DILLINGHAM, AK         OL BAY_ICE, LLC       DILLINGHAM, AK         OL BAY_ICE, LLC       DILLINGHAM, AK         Name, address, and ElN of disregarded entity       20         Name, address, and ElN of related organization       1464         Name, address, and ElN of related organization       3         Name, address, and ElN of related organization       3         OL BAY_SCIENCE & RESEARCH INSTITUTE       9         OL BAY_SCIENCE & RESEARCH INSTITUTE       3         X 1464       DILLINGHAM, AK	Name of the organization BRISTOL BAY EC(	DEVELOPMENT				Employer identifice 92-0142567	Employer identification number 92–0142567
ICE       LLC       20         ICE       DILLINGHAM, AK         DILLINGHAM, AK       AK         DILLINGHAM, AK       AK         ICE       DILLINGHAM, AK         ICE       DILLINGHAM, AK         ICE       DILLINGHAM, AK         ICE       AK         Inffication of Related Tax-Exempt Organization       9         Inffication of Related Tax-Exempt Organization       3         Inffication of Related Tax-Exempt Organization       3         Inffication of Related Tax-Exempt Organization       3         ICE       ELSEN       SCHOLARSHIP       7         ICE       PILLINGHAM, AK       3         DILLINGHAM, AK       DILLINGHAM, AK       3		ation of Disregarded Entities (Complete if the organization	n answered "Yes" or	ı Form 990, Part	IV, line 33.)		
ICE, LLC DILLINGHAM, AK DILLINGHAM, AK AK DILLINGHAM, AK A ntification of Related Tax-Exempt Organizations one or more related tax-exempt Organizations and ElN of related tax-exempt organizations an		(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling
Identification of Related Tax-Exempt Organization had one or more related Tax-Exempt Organizations (a) Name, address, and ElN of related organization BAY_SCIENCE & RESEARCH_INSTITUTE 9 664 664 964 964 91LLINGHAM, AR DILLINGHAM, AR DILLINGHAM, AR		LLCDILLINGHAM, P	COMM.FISHING	AK	199,366.	2,404,448.	N/A
Identification of Related Tax-Exempt Organization had one or more related tax-exempt Organizations and an							
Identification of Related Tax-Exempt Organization had one or more related tax-exempt Organizations name, address, and EN of related organization BAY_SCIENCE & RESEARCH_INSTITUTE 9 464 DIILLINGHAM, AK AMUELSEN_SCHOLARSHIP_TRUST 9 164 DIILLINGHAM, AK AMUELSEN_SCHOLARSHIP_TRUST 9 464 DIILLINGHAM, AK							
Identification of Related Tax-Exempt Organizations had one or more related tax-exempt Organizations (a) Name, address, and EIN of related organization BAY SCIENCE & RESEARCH INSTITUTE 9.464 DILLINGHAM, AK AAMUELSEN SCHOLARSHIP TRUST 33464 DILLINGHAM, AK					4		
Identification of Related Tax-Exempt Organizations (had one or more related tax-exempt organizations) BAY SCIENCE & RESEARCH INSTITUTE 9: 464 DILLINGHAM, AK SAMUELSEN SCHOLARSHIP TRUST 3 464 DILLINGHAM, AK SAMUELSEN SCHOLARSHIP TRUST 3 564 DILLINGHAM, AK							
Identification of Related Tax-Exempt Organizations of had one or more related tax-exempt organizations of had one or more related tax-exempt organization (a) Name, address, and ElN of related organization BAY SCIENCE & RESEARCH INSTITUTE 9: 464 DILLINGHAM, AK SAMUELSEN SCHOLARSHIP TRUST 33 464 DILLINGHAM, AK 33 464 DILLINGHAM, AK 33 464 DILLINGHAM, AK 34 64 DILLINGHAM, AK 34 64 DILLINGHAM, AK 35 464 DILLINGHAM, AK 35 464 DILLINGHAM, AK 36 464 DILLINGHAM, AK 36 464 DILLINGHAM, AK 37 464 DILLINGHAM, AK 36 464 DILLINGHAM, AK 37 464 DILLINGHAM, AK 36 464 DILLINGHAM, AK							
Name, address, and ElN of related organization     Primary activity     Legal domcie (state     Exempt Code section       EBAY_SCIENCE & RESEARCH INSTITUTE     92_0168036     SCIENCE/EDUC     AK     501 (C) (3)       464     DILLINGHAM, AK 99576     SCIENCE/EDUC     AK     501 (C) (3)       2464     DILLINGHAM, AK 99576     SCIENCE/EDUC     AK     501 (C) (3)       2464     DILLINGHAM, AK 99576     SCHOLARSHIPS     AK     501 (C) (3)		cation of Related Tax-Exempt Organizations (Complete if t or more related tax-exempt organizations during the tax ye	he organization ans ar.)	wered "Yes" on I	<sup>r</sup> orm 990, Part IV	V, line 34 becaus	e it
BAY SCIENCE & RESEARCH INSTITUTE92-0168036SCIENCE/EDUCAK501 (C) (3)464DILLINGHAM, AK99576SCHOLARSHIPSAK501 (C) (3)AMUELSEN SCHOLARSHIP TRUST30-0065137SCHOLARSHIPSAK501 (C) (3)464DILLINGHAM, AK99576SCHOLARSHIPSAK501 (C) (3) <tr<tr>464DILLINGHAM, AK</tr<tr>		(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(if section 501(c)(3))	(f) Direct controlling entity
0065137SCHOLARSHIPS AK 501(C)(3)	BRISTOL BAY SC PO BOX 1464	& RESEARCH INSTITUTE DILLINGHAM,	SCIENCE/EDUC	AK	501 (C) (3)	7	N/A
	HARVEY SAMUELS PO BOX 1464	SCHOLARSHIP TRUST DILLINGHAM,	SCHOLARSHIPS	AK	501 (C) (3)	보더	N/A
FOR PRIVACY ACT AND PAPERWORK REQUICION ACT NOTICE, SEE THE INSTRUCTIONS FOR FORM 350.	For Privacy Act and Paper	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	_		_	Sched	Schedule R (Form 990) 2009

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Schedule R (Form 990) 2009						92-0142567	7			Page 2
Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization because it had one or more related organizations treated as a partnership during the tax year.)	elated Organizati	ons Tax	able as a Partn tions treated as	as a Partnership(Complete if the organization answered "Yes" treated as a partnership during the tax year.)	e if the organiza ring the tax yea	tion answere r.)	d "Yes" on For	on Form 990, F	Part IV, line 34	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, excluded from tax under sections sections	(f) Share of total income		(g) Share of end-of-year assets		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	
ITA,		:						Yes No		Yes No
	COMM. FISHING	WA	N/A	RELATED	-11-	-117,844.	18,480,027.	×	. o	×
LYNDEN, WA 98264 ALASKAN IFADER SFAFOODS IIC	COMM. FISHING	AK	N/A	RELATED	-10	-100,131.	-18,616.	×	0	×
LYNDEN, WA 98264	FISH MARKETING	AK	N/A	RELATED	m	34,722.	68,683.	×	0.	×
ALASKAN LEADER VESSEL, LLC LYNDEN, WA 98264	COMM. FISHING	AK	N/A	RELATED	1	-56,931.	1,473,932.	×	0.	×
ALEUTIAN LEADER FISHERIES, LLC	COMM BISUINC	ц к	4 / IV	1001 ATED		0C9 9C	20C V02	~	. c	>
		UN IN	W/W	A a T u nav	7-	. 020.	.007 / 600	<		
LYNDEN, WA 98264	COMM. FISHING	AK	N/A	RELATED		15,074.	3, 786, 373.	×	0	×
BRISTOL LEADER FISHERIES, LLC.		;	***					:		
]	telated Organizat	ions Tax re relate	loïc	s a Corporation or Trust(Complete if the organization answered "Yes" on Form 990, Part nizations treated as a corporation or trust during the tax year.)	(Complete if the poration or trust	e organization	answered "Ye x year.)	ss" on Fo		
(a) Name, address, and EIN of related organization	of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp, or trust)	(f) Share of total income	eme	(g) Share of end-of-year assets	(h) Percentage ownership
ALASKA SEAFOOD INVESTMENT MGMT CO.	464	92-0148997	FISHING MGMT	AK	A/A	C CORPORATION				100_0000
										=
								-	Schedule R (Form 990) 2009	990) 200 <b>9</b>

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Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34,	ine 34, 35, or 36.)	
Note. C 1 Dur a Rec	h th d	ts II–IV?	Yes No 11 X X X
	Gift, grant, or capital contribution to outer organization(s)	· · · · · · · · · · · · · · · · · · ·	
e Log	Loans or loan guarantees to or tor other organization(s)		
f Sal	Sale of assets to other organization(s)	· · · · · ·	
n Bu Ev Ev	Purchase of assets from other organization(s)		
	Lease of facilities, equipment, or other assets to other organization(s)		: 11 X
j Lea	Lease of facilities, equipment, or other assets from other organization(s)	· · · · · · · · · ·	
k Pe	Performance of services or membership or fundraising solicitations for other organization(s)		×
	Performance of services or membership or fundraising solicitations by other organization(s)		
u u u u u u	Sharing of facinities, equipment, maining lists, or outer assets		_
о Ке Ке	Keimbursement paid to other organization for expenses		×
	-		×
δĒ	Other transfer of cash or property to other organization(s)	· · · · · · · · · · · · · · · · · · ·	
2 If ti	ns for information on who must complete this line,	d transaction three	holds.
	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) B	BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE	щ	250,000.
(2) B	BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE	Δ.	140,426.
(3) B	BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE	Σ	26,620.
( <b>4</b> ) B	BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE	Ж	26,620.
(2)	CASCADE MARINER, LLC	щ	335,000.
(e) W	WESTERN MARINER, LLC	B	75,000.
-		Sche	Schedule R (Form 990) 2009

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Schedule R (Form 990) 2009

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# he organization answered "Yes" on Form 990, Part IV, line 37.)

organization conducted more than five percent of its activities (measured by total assets

(a) Name, address, and EIN of entity		( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(a) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1	(h) General or managing partner?
				Yes No		Yes No	(Form 1065)	Yes
PACIFIC MARINER, LLC 5470 SHILSHOLE AVENUE N SEATTLE, WA 98107	91-1424629	COMM. FISHIN	WА	×	360,785.	×	.0	
								_
	1997 yang ang ang ang ang ang ang ang ang ang							

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SCHEDULE R-1 (Form 990) Department of the Treasury Internal Revenue Service	<ul> <li>Continuation Sheet for Schedule R (Form 990)</li> <li>Attach to Form 990 to list additional information for Schedule R (Form 990), Part II; Part II; Part IV; Part V, line 2; or Part V.</li> <li>See instructions for Schedule R (Form 990).</li> </ul>	ule R (Form 990) tion for Schedule R t V, line 2; or Part VI.		O	OMB No. 1545-0047 2009 Open to Public Inspection
Name of filing organization BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION				Employer identifica 92-0142567	Employer identification number 92–0142567
Part I Continuation of Identification of Disregarded Entities	ed Entities				
(a) Name, address, and EIN of disregarded entity	y Primary activity	vity Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ctions for Form 990.			Schedule R-1 (Form 990) 2009	<sup>-</sup> orm 990) 2009

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-1 (F					Page 2
Part II Continuation of Identification of Related Tax-Exempt Organizations					
(a) Name, address, and EIN of related organization	(b) Primary activity	<ul> <li>(c)</li> <li>Legal domicile (state or foreign country)</li> </ul>	(d) (e) Exempt Code section Public charity status ((ff section 501(c)(3))	<b>(e)</b> Public charity status (if section 501(c)(3))	(f) Direct controlling entity
			-		
		-		Schedule R-	Schedule R-1 (Form 990) 2009

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Schedule R-1 (Form 990) 2009									Page 3
Part III Continuation of Identification of Related Organizations Taxable	entification of Re	elated O	rganizations Ta	ıxable as a Partnership	92-01	42567			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514.)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprationate alkcations? Yes No	(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner? Yes No
ATECH SERVICES, LLC 26-2712575 LYNDEN, WA 98264	FABRICATION	WA	N/A	UNRELATED	173.605.	035.310		c	
LC 20-0499337	COMM. FISHING	MA	A/N	BELATED	471.5RD	735, 243	×		× ×
MARINER, LLC	3	MA	e/N	RELATED	186.83	509.950	: ×		< ×
RINER, LLC 91-1530408 WA 98107	-	MA	A/N	RELATED	217,858.	313.424	: ×		< ×
ARINER LLC 91-1812263 WA 98107		AK	A/A	RELATED	276,131.	742,735.	; ×		< ×
<u> 14RINER_LLC_91-2095173</u> WA_98107		МА	N/A	RELATED	44,650.	1,042,008.	×	0	×
RINER, LLC 91-1837754 WA 98107	COMM. FISHING	ЧĀ	N/A	RELATED	276,423.	707.897.	×	C	×
MARINER, LLC WA 98107	Ι.	MA	A/N	RELATED	335,968.	21,382.	×	. 0	×
WESTERN MARINER LLC 80-0074651 SEATTLE, WA 98107	COMM. FISHING	WA	N/A	RELATED	- 9, 386.	1,190,455.	×	. 0	×
AHNI	1	MA MA	N/A	RELATED	728,655.	1,265,025.	×		×
UTY WA	1 8	AK	N/A	UNRELATED	2,154,911.		×	. 0	×
							Ň	Schedule R-1 (Form 990) 2009	90) 2009

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Schedule R-1 (Form 990) 2009			F				Page 4
Name, address, and EIN of related organization Primary activity Legal domicile Direct controlling (state or entity foreign country) foreign country)	Primary activity	(c) Legal domicile (state or foreign country)	Direct controlling entity	(e) Type of entity (C corp. S corp. or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
						Schedule R-1 (Form 990) 2009	m 990) 2009

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(B) Transaction type (a-r)	Amount involved

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Schedule R-1 (Form 990) 2009			92-0142567	2567			Pa	Page 6
Continuation of Unrelated Organizations Taxable a	Taxable as a Partnership	hip						
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate alliocations?	(g) Code V-UBI amount on Box 20 of K-1	(h) General or managing partner?	ing c
			Yes No		Yes No		Yes	No
								Very very service and the
								VE AND
						Schedule R-1 (Form 990) 2009	-orm 990)	2009

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FORM 5471 FILED ON BEHALF OF BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION (BBEDC) HAS SATISFIED ITS FILING REQUIREMENT FOR FORM 5471.

FORM 5471 WAS FILED ON BEHALF OF BBEDC BY:

OCEAN BEAUTY SEAFOODS LLC (EIN: 20-8899430) 1100 W EWING STREET SEATTLE, WA 98119

THE FORM 5471 WAS FILED WITH OCEAN BEAUTY'S AMENDED 2009 FORM 1065 WITH THE IRS SERVICE CENTER IN OGDEN, UT.

		Page 2
e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box complete Part II if you have already been granted an automatic 3-month extension on a previously filed For		
e filing for an Automatic 3-Month Extension, complete only Part I ( on page 1). Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no cop	ies neede	d).
Name of Exempt Organization Employer identified	cation number	
BRIDICE DIT LOONCHED DECEMBENT CONCERNMENT	57	
	1 10	
e of return to be filed (File a separate application for each return):	Form	n 6069
m 990-B L Form 990-T (sec. 401(a) or 408(a) tr ust) Form 4720	Form	n 8870
n 990-EZ Form 990-T (trust other than above) Form 5227	Calle Clark F	
	ously filed Fo	orm 8868.
for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the		
	ch a	
	e in accounti	ng period
in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE	ΕA	
JRATE RETURN IS NOT YET AVAILABLE.	_	
s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	8a \$ 1	N/A
application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated payments made. Include any prior year overpayment allowed as a credit and any amount paid		N/A
ously with Form 8868.	8b \$	
	8c 5 1	J/A
		UIR
ies of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best o ect, and complete, and that I am authorized to prepare this form.	of my knowledg 8/8/	
		2010
Title Date ]		
	Name of Exempt Organization       Employer identified         BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION       92-014256         Number, street, and room or suite no. If a P.O. box, see instructions.       For IRS use only         P. O. BOX 1464       For some or suite no. If a P.O. box, see instructions.       For IRS use only         DILLINGHAM, AK 99576       Form 990-PF       Form 990-PF         a of return to be filed (File a separate application for each return):       Form 990-T (sec. 401(a) or 408(a) tr ust)       Form 4720         n 990-EZ       Form 990-T (trust other than above)       Form 5227         not complete Part II if you were not already granted an automatic 3-month extension on a previce       Ks are in the care of ► STACI FIESER         ne No. ► 907       842-4370       FAX No. ► 907       842-4336         ganization does not have an office or place of business in the United States, check this box	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies neede         Name of Exempt Organization       Employer identification number         BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION       92-0142567         Number, street, and noom or suite no. If a P.O. box, see instructions.       For IRS use only         P. O. BOX 1464       For Suse only         City, town or post office, state, and ZIP code. For a foreign address, see instructions.       Form 1041- A         DILLINGHAM, AK 99576       Form 990-PF         a of return to be filed (File a separate application for each return):       Form 990-T (rust other than above)         n 990       Form 990-T (rust other than above)       Form 720         not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 900-T (rust other than above)       Form 5227         not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is is not a form of the group, check this box         en armes and ElNs of all members the extension is for.

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Form <b>8868</b> (Rev. April 2009)		Application for Extension of Time To File an Exempt Organization Return	OMB No. 1545-1709
Department of the Internal Revenue S		File a separate application for each return.	
<ul> <li>If you are f</li> <li>If you are f</li> </ul>	iling for an iling for an	Automatic 3-Month Extension, complete only Part I and check this box Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this nlessou have already been granted an automatic 3-month extension on a previously filed F	
Part I Auto	omatic 3-M	onth Extension of Time. Only submit original (no copies needed).	
Part I only		le Form 990-T and requesting an automatic 6-month extension - check this box and comple	🕨 📖
time to file inc	ome tax retu		
one of the re electronically returns or a c	eturns notec if (1) you w composite o	Generally, you can electronically file Form 8868 if you want a 3-month automatic ex below (6 months for a corporation required to file Form 990-T). However, you cont the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, r consolidated From 990-T. Instead, you must submit the fully completed and signed p the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities &	annot file Form 8868 6069, or 8870, group bage 2 (Part II) of Form
Type or		(empt organization)	r identification number
<b>print</b> File by the due date for	Number, st	reet, and room or suite no. If a P.O. box, see instructions.	0142567
filing your return. See instructions.	City, town	D. BOX 1464 or post office, state, and ZIP code. For a foreign address, see instructions. JINGHAM, AK 99576	AL REVENUE SERVIC
X Form 990 Form 990 Form 990 Form 990	0-BL 0-EZ	Form 990-T (corporation)         Form 4/20*           Form 990-T (sec. 401(a) or 408(a) trust)         Form 5227           Form 990-T (trust other than above)         Form 6069           Form 1041-A         Form 8870	HORAGE, AK 99508
		are of ► STACI FIESER	RECEIVED
<ul> <li>If the organ</li> <li>If this is for</li> <li>for the whole</li> </ul>	nization doe: r a Group Re group, checl	s not have an office or place of business in the United States, check this box	
1 I reque until	st an aut	pmatic 3-month (6 months for a corporation required to file Form 990-T $08/15$ , $2010$ , to file the exempt organization return for the organization named $3$	) extension of time above. The extension is
		ear <u>2009</u> or gginning, and ending	_ ' '
2 If this tax	k year is for I	ess than 12 months, check reason: 🔄 Initial return 🦳 Final return 🗌 Chang	e in accounting period
nonrefun	dable credi	for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any s. See instructions.	3a \$ N/A
made. In	clude any p	for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments rior year overpayment allowed as a credit. act line 3b from line 3a. Include your payment with this form, or, if required, deposit	3b \$ N/A
with FT instructio	D coupon	or, if required, by using EFTPS (Electronic Federal Tax Payment System). See	3c \$ N/A
	u are going t	o make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8	379-EO
		rwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 4-2009)

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Form	990	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (		2010
	tment of the Tr		tota reporting requirements	Open to Public Inspection
	al Revenue Ser	The organization may have to use a copy of this return to satisfy s 0 calendar year, or tax year beginning , 2010, and end		, 20
A	or the 201	C Name of organization	D Employer identifica	
B ch	eck if applicable:	BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567	
	Address	Doing Business As	A	
-	Name change	Number and street (or P.O, box if mail is not delivered to street address) Room/suit	E Telephone number	
	Initial return	P. O. BOX 1464	(907) 842-43	70
	Terminated	City or town, state or country, and ZIP + 4	and the second se	
	Amended return	DILLINGHAM, AK 99576	G Gross receipts \$	60,588,882
	Application	F Name and address of principal officer: H. ROBIN SAMUELSEN, JR.	H(a) Is this a group return for affiliates?	
		P.O. BOX 1464 DILLINGHAM, AK 99576	H(b) Are all affiliates includ	
	Tax-exempt s		527 If "No," attach a list. (s	
		WWW.BBEDC.COM	H(c) Group exemption num ar of formation: 1992 M State of	
	and the second se		ar of formation: 1992 W State of	legal domicile. A
1		ummary v describe the organization's mission or most significant activities:		
Activities & Governance	TO MEM	IS THE PURPOSE OF THE BRISTOL BAY ECONOMIC DEVELOPM PROMOTE ECONOMIC GROWTH AND OPPORTUNITIES FOR RESID IBER COMMUNITIES THROUGH SUSTAINABLE USE OF THE BERI is this box I if the organization discontinued its operations or disposed of more the	ENTS OF ITS NG SEA RESOURCES.	
0 00			3	1
ies	4 Numb	ber of independent voting members of the governing body (Part VI, line 1b)	4	1(
tivit		number of individuals employed in calendar year 2010 (Part V, line 2a)		4
Ac		number of volunteers (estimate if necessary)	6	808,301
		gross unrelated business revenue from Part VIII, column (C), line 12		654,482
-	b Netu	nrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year
	9 Cont	ibutions and grants (Part )/III line 1b)		68,000
anu	8 Contr 9 Progr	ributions and grants (Part VIII, line 1h) ram service revenue (Part VIII, line 2g)		16,486,855
Revenue	10 Inves	stment income (Part VIII, column (A), lines 3, 4, and 7d)		12,910,231
ž	11 Other	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		172,237
		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		29,637,323
		ts and similar amounts paid (Part IX, column (A), lines 1-3)	6,639,360.	4,291,643
	14 Bene	fits paid to or for members (Part IX, column (A), line 4)	0.	
S	15 Salar	ries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,917,646.	1,868,994
Expenses	16 a Profe	essional fundraising fees (Part IX, column (A), line 11e)		
xb		fundraising expenses (Part IX, column (D), line 25)	-	0 700 200
		r expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		2,728,308
- 1		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	. 13,490,407. 4,620,965.	20,748,378
	19 Reve	nue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
anc	20 Total	assets (Part X, line 16)	168,096,875.	181,723,948
2		liabilities (Part X, line 26)	21 203 721	12,224,180
nnc		assets or fund balances. Subtract line 21 from line 20	• •	169,499,768
Pai	tll Si	ignature Block		
Lind	or populline	of perjury, I declare that I have examined this return, including accompanying schedules and staten plete. Declaration of preparer (other than officer) is based on all information of which preparer has	nents, and to the best of my knowledg	je and belief, it is true,
corri	ect, and com	ipete. Declaration of preparer (other than oncer) is based on all information of which preparer has	I I	
	ign	Signature of officer	Date 0	11
		STACI FIESER FINANCE OFFICER Type or print name and title		
-	Print	/Type preparer's signature Date	Check if	PTIN
aid	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EI-CHUN A WANG	Ist self- employed	P00999191
	arer	sname > KPMG LLP	0/11	565207
se	Unity	's address ► 701 WEST BTH AVENUE, SUITE 600 ANCHORAGE, AK 99501		265-1200
				Yes X N
Aav	the ino us			

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orm (	90 (2010) 92-0142567	Pa
_	III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
E	riefly describe the organization's mission: I IS THE PURPOSE OF THE BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	
	O PROMOTE ECONOMIC GROWTH AND OPPORTUNITIES FOR RESIDENTS OF ITS	
	EMBER COMMUNITIES THROUGH SUSTAINABLE USE OF THE BERING SEA	
R	ESOURCES.	
th	id the organization undertake any significant program services during the year which were not listed on e prior Form 990 or 990-EZ? Yes "Yes," describe these new services on Schedule O.	X
E s	id the organization cease conducting, or make significant changes in how it conducts, any program	X
. E S	"Yes," describe these changes on Schedule O. escribe the exempt purpose achievements for each of the organization's three largest program services by expenses. ection 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and llocations to others, the total expenses, and revenue, if any, for each program service reported.	
<b>a</b> (	Code:) (Expenses\$, 655, 767 including grants of \$, 655, 767) (Revenue \$)	)
	ATTACHMENT 1	- '
_		
_		
-		
_		
_		
_		
_		
	Code:) (Expenses\$ <sub>1,289,485.</sub> including grants of \$) (Revenue \$	_)
	Code:) (Expenses\$	_)
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	ATTACHMENT 2	_)
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	ATTACHMENT 2	_)
            	ATTACHMENT 2	_)
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	ATTACHMENT 2 	_)
	ATTACHMENT_2	_)
- - - - - - - - - - - - - - - - - - -	ATTACHMENT 2 	

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92-0142567 Page 3 Form 990 (2010) **Checklist of Required Schedules** Part IV Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . . . . . . 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 N/A 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts where donors have 6 the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х 7 the environment, historic land areas, or historic structures? If "Yes, "complete Schedule D, Part II. . . . . . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part 9 X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," Х 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or 10 10 Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 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 Х 11a Schedule D, Part VI b Did the organization report an amount for investments-othersecurities in Part X, line 12 that is 5% or more Х 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Х 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 11d Х Х 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," Х 12a complete Schedule D, Parts XI, XII, and XIII.... b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Х the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional ........ 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ..... 13 Х 13 Х 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Х business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV. 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 Х 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV ..... Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 Х to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV ..... 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Х 19 Х 20a b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form N/A 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) 20h Form 990 (2010)

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Form 9	990 (2010) 92-0142567		I	Page <b>4</b>
Pari				
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
21	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 -	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a	<b>a</b>			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		х
	through 24d and complete Schedule K. If "No," go to line 25	24b	N	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240	11/	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24.0	N	
	to defease any tax-exempt bonds?	24c	N	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	/	<u>A</u>
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			v
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
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?	0.51		v
	If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			v
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		<u>X</u>
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	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):			17
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
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		<u>X</u>
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 contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
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	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			-
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	_N/	Α
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	

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Form 990 (2010)

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Form	990 (2010) 92-0142567		F	Page 5
Par	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u>· · · ·</u>		
		0000000000	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	SELECT:	222202	933399 / ~
	reportable gaming (gambling) winnings to prize winners?	1c	N	<u>A</u>
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 47	No.	63333	80,883
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	Regeleration
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		1999 1997 1997	1999255
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
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	1.100.000	X
b	If "Yes," enter the name of the foreign country: $\blacktriangleright N/A$			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<u>N</u> ,	<u>A</u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	N,	A_
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	_7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N/	A
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
-	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u>N</u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	N,	<u>(A</u>
9	Sponsoring organizations maintaining donor advised funds.		1988	
а	Did the organization make any taxable distributions under section 4966?	9a	N,	1
b	and the second	9b	N,	(A
10	Section 501(c)(7) organizations. Enter:			
а				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities $\dots$ 10b $N/A$	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	- - -		108/0020
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N	/A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1-22/20	1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	N	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 organization is licensed to issue qualified health plans $13b \mathbb{N}/A$			
с	Enter the amount of reserves on hand	<u>Malaki</u>	187836	
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	NT	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		A

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Form 990 (2010)

Form 99	92-0142567			age 6
Part	/I Governance Management and Disclosure For each "Yes" response to lines 2 through 7th	belo	ΟW, έ	nd
u elle	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or	cha.	nges	: in
	Schedule O. See instructions.		-	
	Check if Schedule O contains a response to any question in this Part VI			X
0				_ ليستعيل
Secu	on A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year $\dots$ $1a$ $17$			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	Х	
	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	_		Х
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>x</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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		Χ
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	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	Х	
9	to 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		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	·····
0000			Yes	No
4.0	Does the organization have local chapters, branches, or affiliates?	10a		Х
10 a	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
b	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	N	A
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			-
11 a		11a		X
	form?			
	Describe in Schedule O the process, if any, used by the organization to review this 1 officiate.	12a	X	
12 a	Does the organization have a written conflict of interest policy? If "No," go to line 13			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	X	
	describe in Schedule O how this is done	13	1	X
13	Does the organization have a written whistleblower policy?	14		X
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	x	
а	The organization's CEO, Executive Director, or top management official		X	
b	Other officers or key employees of the organization	15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	4.0	V	
	with a taxable entity during the year?	<u>16a</u>	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	y)		
	available for public inspe <u>c</u> tion. Indicate how you ma <u>ke t</u> hese available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	t		
13	policy, and financial statements available to the public.			
20	and the second second telephone number of the person who possesses the books and records of the			
20	organization: ► STACI FIESER 411 FIRST AVENUE EAST DILLINGHAM, AK 99576			
	organization: • 907-842-4370			
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Form 990 (2010	(2010) 92-0142567	Page <b>7</b>
Part VII	II 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.		
	nplete this table for all persons required to be listed. Report compensation for the calendar year endin ation's tax year.	ig with or within the

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

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

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

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

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

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

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

(A)	(B)			-	C)			(D)	(E)	(F) Estimated
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	P or director	n Institutional trustee	Officer	all t Key employee	ap Highest compensated employee	y) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	estimated amount of other compensation from the organization and related organizations
(1) H. ROBIN SAMUELSEN, JR. CHAIRMAN/PRESIDENT/CEO	40.00	х		Х				112,510.	0.	28,752.
(2) FRED T. ANGASAN, SR. VICE PRESIDENT/BOARD MEMBER	1.30	Х						8,050.	550.	0.
(3) HATTIE ALBECKER SECRETARY/BOARD MEMBER	1.90	Х						11,900.	500.	0.
(4) ROBERT HEYANO TREASURER/BOARD MEMBER	1.90	X						14,500.	500.	0
(5) MARK ANGASAN BOARD MEMBER	1.10	Х						5,300.	0	0
(6) PATRICK PATTERSON, JR. BOARD MEMBER	.90	X						3,800.	0	0
(7) MARGIE ALOYSIUS BOARD MEMBER	.70	X						3,400.	0	0
(8) SERGIE CHUKWAK BOARD MEMBER	.70	X						3,900.	0	0
(9) RAYMOND APOKEDAK BOARD MEMBER	.30	X						1,000.	0	0
(10)LUCY GOODE BOARD MEMBER	1.20	X						4,650.	850.	0
(11)MARY ANN JOHNSON BOARD MEMBER	1.00	X						4,400.	900.	0
(12)SYLVIA KAZIMIROWICZ BOARD MEMBER	60	X						2,800.	300.	0
(13)GERDA KOSBRUK BOARD MEMBER	1.10	x						6,150.	250.	0
(14)MOSES KRITZ BOARD MEMBER	1.90	X						10,000.	500.	0
(15)VICTOR A. SEYBERT BOARD MEMBER	1.70	x						9,800.	500.	0
(16) FRITZ SHARP BOARD MEMBER	.70	X						3,400.	900.	0

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Form **990** (2010)

Form 990 (2010)	untoon Ka					and		92-0142567	ted Emplo	VPPS	Page 8
Part VII Section A. Officers, Directors, Tri (A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	Posit		)) checł	C)	and a Highest compensated hat employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportat compensa from relat organizati (W-2/1099-M	ole tion ed ons	(F) Estimated amount of other compensation from the organization and related organizations
(17) MOSES TOYUKAK, SR.						Ĕ		F (00		0.	0.
BOARD MEMBER (18) HARRY WASSILY, SR.	1.30	X			-			5,600.			
BOARD MEMBER	.90	Х						4,400.	1,	200.	0.
(19) HELEN SMEATON	10.00			v				01 600	9	648.	26,205.
CHIEF OPERATING OFFICER (20) CHRISTOPHER NAPOLI	40.00			X				91,699.	0,	040.	20,203.
CHIEF ADMINISTRATIVE OFFICER	40.00			Х				77,932.		0.	15,671.
(21) STACI FIESER								00 400		ο.	17,647.
FINANCE OFFICER (22) PAUL PEYTON	40.00			X				90,422.			17,047.
SEAFOOD INVESTMENT OFFICER	40.00					Х		136,586.		0.	29,786.
(23)											
(24)							-				
(25)					-						
(26)	-							3			
(27)	+										
(28)	-	1									
1b Sub-total c Total from continuation sheets to Part VII, Sec	ction A				• •			612,199.		,598. ,598.	118,061.
d Total (add lines 1b and 1c)	nited to thos	se list	ed a	 abov		vho re	ceiv				
reportable compensation from the organization			Ζ								Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	lule J for su	ch inc	livid	ual	•••					•••	3 X
4 For any individual listed on line 1a, is th the organization and related organizations individual	greater th	nan 🖇	5150	0,00	0?	lf "Y	′es,	" complete Sched	dule J for .	such	4 X
<ul> <li>5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i></li> </ul>	accrue co	mpen	sati	on	fror	n any	/ un	nrelated organizati	on or indivi	dual	5 X
Section B. Independent Contractors											0.000 -6
1 Complete this table for your five highest compensation from the organization.	compensat	ted in	ndep	peno	dent	t con	trac	tors that receive	d more tha	an \$10	0,000 01
(A)								(B)			(C) Compensation
Name and business add KPMG LLP 701 W 8TH AVE STE 600 ANC		AK	99	501			Ī	Description of se ACCOUNTING SE			104,793.
							_				
2 Total number of independent contractors (i more than \$100,000 in compensation from the	ncluding b ne organiza	ut no tion	it lir ►	nite	d t	o tho: 1	se	listed above) who	received		
JSA											Form <b>990</b> (2010)

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rt VIII	Statement of Rever	nue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
1a F	ederated campaigns	<u>1a</u>					
b N	Membership dues	41					
c F	Fundraising events	<u>1c</u>		u daga			
1 a F b M c F d F e C f A a g N	Related organizations	<u>1</u> d					
e G	Government grants (contributi	ons) <u>1e</u>	8,000.				
n f A	All other contributions, gifts, grants						
5  a	and similar amounts not included a		60,000.				
g N	Noncash contributions included in	lines 1a-1f: \$	10				
	Total. Add lines 1a-1f A	TTACHMENI	Business Code	68,000.			
2a <u>C</u> b <u>I</u> c _ d _ e _ f A g T				14 421 665			14,421,66
2a ⊆	DQ ROYALTIES		110000 110000	14,421,665. 2,065,190.			2,065,19
bĿ	FQ ROYALTIES		110000	2,003,190.		·····	
с _							
d _							
e _	A 11 11						
'  † <i>P</i>   g T	All other program service reve	nue		16,486,855.			
····	nvestment income (including			10/			
3 11	other similar amounts) $\dots$ A	TTACHMENT	5	12,617,071.	10,154,964.	808,301.	1,653,80
4 1	ncome from investment of tax		reeds ►	0.			
5 F	Royalties · · · · · · · · · ·		· · · · · · · · •	0.			
	(Oyanies	(i) Real	(ii) Personal				
6a (	Gross Rents						
	_ess: rental expenses						
	Rental income or (loss)						
	Net rental income or (loss)			0.			
	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory	31,244,719.					
bL	Less: cost or other basis						
a	and sales expenses	30,951,559.					A. W. BARKS
c (	Gain or (loss)	293,160.				경지 관련 전망권들이다.	
d N	Net gain or (loss) • • • • •		<u> &gt;</u>	293,160.			293,1
8a (	Gross income from fu	undraising					
( e	events (not including \$						
	of contributions reported on lir	ne 1c).					
	See Part IV, line 18	a					
	Less: direct expenses			and the state of the		all an	a frankrigen (h. s. s. s.
1	Net income or (los <b>s</b> ) from fund			<u> </u>			
1	Gross income from gaming ac						
1	See Part IV, line 19		)				
bl	Less: direct expenses • • • Net income or (loss) from gan	b		0.	1.188 9.1973 8.1 1994 (1.1997) - 1997 (1.199		
							C. S.
	Gross sales of invento returns and allowances						
	Less: cost of goods sold						NE TRANS
	Less: cost of goods sold • • • Net income or (loss) from sale	es of inventory		0.			
	Miscellaneous Reven		Business Code				- The second second
11a B	BEDC MATCHING FUNDS		110000	30,578.	30,578.		<u> </u>
1.1.	ICE SALES FROM BARGE		110000	122,833.	122,833.		<u> </u>
	OTHER REVENUE		900099	18,826.	18,826.		
	All other revenue						
	Total. Add lines 11a-11d			172,237.			
6	Total revenue. See instructio		•	29,637,323.	10,327,201.	808,301	. 18,433,

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Form 990 (2010)

C 2 Condemont Services

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). (D) Fundraising expenses (B) Program service expenses (C) Management and (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses 1 Grants and other assistance to governments and 3,366,583. 3,366,583. organizations in the U.S. See Part IV, line 21 . . 2 Grants and other assistance to individuals in 925,060. 925,060. the U.S. See Part IV, line 22 . . . . . . . . . Grants and other assistance to governments, 3 organizations, and individuals outside the 0 U.S. See Part IV, lines 15 and 16 0. Benefits paid to or for members 4 Compensation of current officers, directors, 5 451,888. 615,619. 163,731. trustees, and key employees . . . . . . . . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 778,635. 452,691 325,944. Other salaries and wages . . . . . . . . . . . . . 7 Pension plan contributions (include section 401(k) 5,083 27,068. 32,151 and section 403(b) employer contributions) . . . . . 127,099. 207,583. 334,682. Other employee benefits . . . . . . . . . . . . 9 60,021. 47,886. 107,907. 10 11 Fees for services (non-employees): 0 a Management 6,477. 142,408. 148,885. 120,487. 120,487. c Accounting . . . . . . . . . . . 93,527. 93,527. 0 e Professional fundraising services. See Part IV, line 17 8,026. 177,285. 169,259. f Investment management fees 12,975. 39,208 26,233. 5,464. 37,588. 32,124. Advertising and promotion . . . . . 12 64,577. 21,316. 85,893. Office expenses . . . . . . . . . 13 25,905. 339. 26,244. Information technology . . . . . . 14 0. Rovalties 15 17,949. 55,913. 73,862. 16 67,973. 112,417. 180,390. 17 Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 7,340. 1,309. 8,649 Conferences, conventions, and meetings . . . . 19 101,400 101,400. 20 0. 21 399,290. 97,683. 496,973. 22 Depreciation, depletion, and amortization .... 50,632. 32,312. 82,944. 23 Other expenses. Itemize expenses not covered 24 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.) 442,382. 442,382. a UBI\_TAX\_EXPENSE\_ 641,758. 641,758. b PROGRAM EXPENSES 12,446. 12,446. c TRAINING & STAFF DEVELOPMENT 3,721. 22,727. 26,448. d DUES AND SUBSCRIPTIONS -72,949. -72,949. e ALLOCATED\_OVERHEAD\_\_\_\_ 5,385. 4,888. -497. f All other expenses \_\_\_\_\_ 1,619,766. 7,269,179. 8,888,945. 25 Total functional expenses. Add lines 1 through 24f if following Joint Costs. Check here 🕨 26 SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational

Form 990 (2010)

# Page 10

92-0142567

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orm 990 (2	2010) 92	-0142567		Page 11
Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	15 (17 1(1	1	12 707 472
2	Savings and temporary cash investments	15,647,161.	2	13,707,472.
3	Pledges and grants receivable, net	1 570 715	3 4	6,623,209.
4	Accounts receivable, net	1,572,715.	4	0,023,203.
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of		5	
	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		6	
s	section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0.	7	3,000,000.
Assets 8 2	Notes and loans receivable, net	·····	8	
	Inventories for sale or use	671,716.	9	546,832.
9	Prepaid expenses and deferred charges			
10 a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 5,515,071.	4,228,574.	10c	3,741,297.
1	Less: accumulated depreciation       10b       1,773,774.         Investments - publicly traded securities       ATCH.8.	42,505,736.	11	45,086,197.
11	Investments - other securities. See Part IV, line 11		12	
12	Investments - other securities. See Part IV, line 11	70,103,631.	13	77,125,397
13	Intangible assets		14	
14	Other assets. See Part IV, line 11	33,367,342.	15	31,893,544
15	Total assets. Add lines 1 through 15 (must equal line 34)	168,096,875.	16	181,723,948.
<u>    16    </u> 17	Accounts payable and accrued expenses	544,738.	17	493,131
	Grants payable	5,608,474.	18	4,651,593.
18 19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D	45,050.	21	0
21	Payables to current and former officers, directors, trustees, key			
Liabilities	employees, highest compensated employees, and disqualified persons.			
Lia	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties ATCH. 9.	15,099,142.	23	7,067,055
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	96,317.	25	12,401
26	Total liabilities. Add lines 17 through 25	21,393,721.	26	12,224,180
ŝ	Organizations that follow SFAS 117, check here  X and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	146,703,154.	27	169,499,768
<u>e</u> 28	Temporarily restricted net assets		28	
ന്ന് പ്ര29	Permanently restricted net assets		29	
Net Assets or Fund Balances 6 8 2 2 6 8 2 2 6 8 2 2 7 8 2 2 6 8 2 2 7 8 2 2 6 8 2 2 7 8 2 6 8 2 2 7 8 2 6 8	Organizations that do not follow SFAS 117, check here  And complete lines 30 through 34.			
ດ ທ 30	Capital stock or trust principal, or current funds		30	
18 St	Paid-in or capital surplus, or land, building, or equipment fund		31	
∛ 32	Retained earnings, endowment, accumulated income, or other funds		32	1.60 400 7.60
Not	Total net assets or fund balances	146,703,154.	33	169,499,768
34	Total liabilities and net assets/fund balances	168,096,875.	34	181,723,948 Form <b>990</b> (2010

For	n 990 (2010) 92-0142567				Pa	ge <b>12</b>
	Reconciliation of Net Assets           Check if Schedule O contains a response to any question in this Part XI	••			X	
		1		29,6	37,3	23.
1	Total revenue (must equal Part VIII, column (A), line 12)	2			88,9	
2	Total expenses (must equal Part IX, column (A), line 25)	3	~	20,7		
3	Revenue less expenses. Subtract line 2 from line 1	4	1	46,7		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5			48,2	
5	Other changes in net assets or fund balances (explain in Schedule O)	<u> </u>				
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	]	69,4	99,7	68.
Pa	Int XII         Financial Statements and Reporting           Check if Schedule O contains a response to any question in this Part XII				X	
					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 O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
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 audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	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 X 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					
÷ 41	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b	X	

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Form 990 (2010)

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/ <b>F</b>		Supplemen	ntal Financial Sta	liements		
(For	n 990)		organization answered "Ye			2010
Depar	ment of the Treasury		IV, line 6, 7, 8, 9, 10, 11, or orm 990. ► See separate			Open to Public Inspection
	I Revenue Service of the organization	Attach to F			Employer identifica	
	-	OMIC DEVELOPMENT CORPO	RATION		92-01425	
Par	Organizat	ions Maintaining Donor Advi	ised Funds or Other Sir	nilar Funds or		
Fall	organizati	on answered "Yes" to Form 99	90, Part IV, line 6.			I.
	0.gaa.		(a) Donor advised f	unds	(b) Funds and	other accounts
4	Total number at on	d of year				
1 2	Aggrogato contribu	tions to (during year)				
		rom (during year)				
	<b>0</b> 0 <b>0</b> -	end of year				
5	Did the organizatio	n inform all donors and donor advi	isors in writing that the asse	ets held in donor a	dvised	
0	funds are the organ	nization's property, subject to the c	organization's exclusive leg	al control?		Yes No
6	Did the organizatio	n inform all grantees, donors, and	donor advisors in writing th	at grant funds car	n be	
-	used only for chari	able purposes and not for the ben	efit of the donor or donor a	dvisor, or for any o	other	
	nurnose conferring	impermissible private benefit?				
Parl	II Conserva	tion Easements. Complete if I	he organization answer	ed "Yes" to Forr	<u>n 990, Part IV,</u>	line 7.
1	particular in the second se	ervation easements held by the or				
	Preservation	of land for public use (e.g., recrea	tion or education)		an historically imp	
	Protection of	natural habitat	L	Preservation of a	a certified historic	structure
	Preservation	of open space			_	
2		through 2d if the organization held	a qualified conservation co	ontribution in the f	orm of a conserva	ation
	easement on the la	ast day of the tax year.			Held at the	End of the Tax Year
а	Total number of co	nservation easements			2a	
b	Total acreage rest	ricted by conservation easements		· · · · · · · · · -	2b 2c	
С		vation easements on a certified his			20	
d	Number of conserv	vation easements included in (c) a	cquired after 8/17/06, and r	lot on a	24	
	historic structure li	sted in the National Register , .		••••••••••••••••••••••••••••••••••••••	2d	n during the
3		vation easements modified, transfe	erred, released, extinguishe	d, or terminated b	y the organizatio	in during the
	tax year ►		the encount is loosted			
4	Number of states v	where property subject to conservation	ation easement is localed	►		
5		tion have a written policy regarding proement of the conservation ease	g the periodic monitoring, in	spection, nanding	9 01	Yes No
		r hours devoted to monitoring, insp	enternis it notas?	envation easemen	ts during the yea	
6			becang, and enforcing cons	ervation easemen	to during the yea	•
-	►	 es incurred in monitoring, inspectir	a and enforcing conserva	tion easements du	uring the vear	
7	► S		ig, and emotoring concerta			
8		vation easement reported on line 2	P(d) above satisfy the requi	ements of sectior	n 170(h)(4)(B)	
0		)(ii)?				Yes No
9	In Part XIV descri	be how the organization reports co	onservation easements in it	s revenue and exp	pense statement,	and
5	balance sheet, and	include, if applicable, the text of t	he footnote to the organiza	tion's financial sta	tements that des	cribes the
	organization's acc	ounting for conservation easemen	ts.			
Par	: III Organiza	tions Maintaining Collections	s of Art, Historical Trea	sures, or Other	r Similar Asset	s.
	Complete	if the organization answered	"Yes" to Form 990, Part	IV, line 8.		
1a	If the organization	n elected, as permitted under S torical treasures, or other simila vide, in Part XIV, the text of the f	FAS 116 (ASC 958), not	to report in its re	evenue statemer	it and balance shee
	works of art, his	torical treasures, or other simila	ar assets held for public optimate to its financial stat	ements that desc	ribes these items	SI III IUITHERANCE O
b	If the organizatio	a elected as permitted under	SEAS 116 (ASC 958), to	report in its re	venue statemen	t and balance shee
b	works of art his	torical treasures, or other simila	ar assets held for public	exhibition, educ	ation, or resear	ch in furtherance o
	nublic service pro	wide the following amounts relati	ing to these items:			
	(i) Revenues incl	uded in Form 990, Part VIII, line 1				; 
	(iii) Assets include	d in Form 990. Part X			🕨 🖌 🕨 🤇	▶
2	If the organizatio	n received or held works of a	rt, historical treasures, or	other similar a	ssets for financi	al gain, provide the
	following amounts	s required to be reported under S	SFAS116 (ASC 958) relatir	ng to these items		
~	Revenues include	d in Form 990, Part VIII, line 1 . Form 990, Part X				>
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Schoo	lule D (Form 990) 2010			92	2-01425	567			Page <b>2</b>
Par		na Collection	ns of Art. Histo				ssets(C	ontinue	
ГСЦ		<u>.</u>			,				
3	Using the organization's acquisition collection items (check all that apply		and other recor	ds, check any of	the follo	owing that are	e a signi	ficant u	use of its
а	Public exhibition		d	Loan or excl	hange pr	ograms			
b	Scholarly research		e	Other					
c	Preservation for future gene	erations							
4	Provide a description of the organi	ization's colled	tions and expl	ain how they furth	her the	organization's	exempt	purpos	e in Part
	XIV.								
5	During the year, did the organization	n solicit or rec	eive donations o	of art, historical tre	asures, o	or other similar			
-	assets to be sold to raise funds rathe	er than to be r	naintained as pa	art of the organizat	tion's col	llection? • • •	· · · [	Yes	No
Par	t IV Escrow and Custodial A							), Part I	IV,
8 6.0	line 9, or reported an amo	ount on Form	990, Part X, li	ne 21.					
1a	Is the organization an agent, trustee,	custo dian or	other intermedia	ary for contributions	s or othe	r assets not			
	included on Form 990, Part X?						[	Yes	X No
b	If "Yes," explain the arrangement in I	Part XI V and c	omplete the follo	owing table:					
				Γ		Am	nount		
с	Beginning balance			[	1c				
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amou							X Yes	No
	If "Yes," explain the arrangement in I								
Par		plete if orgar	ization answe	red "Yes" to For	m 990,	Part IV, line 1	0.		
		(a) Current yea				(d) Three year	s back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains,								
	and losses								
di	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 y ear end	balance held as	:					
a	Board designated or quasi-endowme		%						
b	Permanent endowment	%							
с	Term endowment	%							
3a	Are there endowment funds not in th	e pos session	n of the organiza	tion that are held a	and <mark>a</mark> dmi	nistered for the	9	_	
	organization by:	·							Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related orga	inizati ons liste	d as required or	Schedule R?				3b	
4	Describe in Part XIV the intended us	es of the orga	nization's endov	vment funds.					
Pa	t VI Land, Buildings, and Eq	uipmentSee	Form 990, Pa	rt X, líne 10.					
	Description of investment		Cost or other basis (investment)	(b) Cost or other bas (other)		Accumulated lepreciation	(0	l) Book va	llue
1a	Land			202,39	99.			20	02,399.
b	Buildings			1,640,88		152,175.		1,48	38,707.
c	Leasehold improvements	}			0.	0.			0.
d	Equipment			394,16	59.	271,612.		12	22,557.
e	Other			3,277,62		,349,987.		1,92	27,634.
	I. Add lines 1a through 1e. (Column		Form 990, Part	X, column (B), line	e 10(c).)			3,74	41,297.

Schedule D (Form 990) 2010

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Schedule D (Form 990) 2010		92-0142567	Page 3
Part VII Investments - Other Securities. See For	m 990, Part X, line <sup>-</sup>	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	<u>}</u>
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
<u>(C)</u>			
(D)			
<u>(E)</u>			
(F)			
(G) (H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. See For	rm 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu	e
(1) INVESTMENT IN AFFILIATES	61,811,593.	COST	
(2) INVESTMENT IN IFQS	15,313,804.	COST	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		· · · · · · · · · · · · · · · · · · ·	
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	77,125,397.		
Part IX Other Assets. See Form 990, Part X, line		(1)	) Book value
	escription		266,287.
(1) ACCRUED INTEREST (2) DUE FROM AFFILIATES			297,683.
(3) GOODWILL			30,477,067.
(4) INCOME TAXES RECEIVABLE			852,507.
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			21 002 544
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		<u>·····</u>	31,893,544.
Part X Other Liabilities. See Form 990, Part X,			
1. (a) Description of liability	(b) Amount		
(1) Federal income taxes	5,7	00	
(2) FEDERAL AND STATE TAXES PAYABLE	6,6		
(3) DUE TO AFFILIATE	0,0	<u>++++</u>	
(4)			
(5)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 12,4	01.	

Professional Contraction

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).

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Schedul	e D (Form 990) 2010 92-0142567		Page 4
Part		nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		29,637,323.
2		2	8,888,945.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	20,748,378.
4		1	2,048,236.
5	Donated services and use of facilities	5	
6	Investment expenses	3	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	3	
9	1 otal adjustments (net). Add mes 4 through 0	9	2,048,236.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 1		22,796,614.
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	rn	
1	Total revenue, gains, and other support per audited financial statements	1	31,685,559.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	-	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)	_	
е	Add lines 2a through 2d		2,048,236.
3	Subtract line 2e from line 1	3	29,637,323.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	-	
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	29,637,323.
Part			0.000.045
1	Total expenses and losses per audited financial statements	1	8,888,945.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_	
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV.)	4_	
e	Add lines 2a through 2d	. <u>2e</u>	8,888,945.
3	Subtract line 2e from line 1		0,000,945.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)	-	
С	Add lines 4a and 4b	. <u>4c</u>	8,888,945.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	0,000,943.
	XIV Supplemental Information		
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, line	es 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 comple	te this	part to provide
any ac	Iditional information.		
SEE	PAGE 5		
		Sch	edule D (Form 990) 2010

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# Part XIV Supplemental Information (continued)

ESCROW AND CUSTODIAL ARRANGEMENTS

PART IV, LINE 2B

BBEDC'S PERMIT BROKERAGE STRIVES TO RETAIN OWNERSHIP OF PERMITS BY RESIDENTS OF THE REGION. SOME OF THE SERVICES PROVIDED INCLUDE SERVING AS A SATELLITE OFFICE FOR THE AK CFEC TO ASSIST WITH VESSEL LICENSE RENEWALS, PERMIT RENEWALS, PERMIT TRANSFERS, ETC. AND ASSISTING WITH DOCUMENTS FOR THE SALE AND TRANSFER OF PERMITS AND VESSELS. AT 12/31/2009, PERMIT TRANSACTIONS WERE NOT COMPLETED FOR TWO BUYERS OF SET NET PERMITS AND THUS, BBEDC WAS CUSTODIAN OF \$45,050. THOSE TRANSACTIONS WERE COMPLETED IN 2010. ALL 2010 PERMIT TRANSACTIONS WERE COMPLETED PRIOR TO 12/31/2010.

	Governments,		uals in the l	and Individuals in the United States	(0)	2010
Department of the Treasury Internal Revenue Service	Complete if the orga	ization answered "Yes" to Fo ▶ Attach to Form 990.	Yes" to Form 990, Form 990.	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.		Open to Public Inspection
U FWORO	ערביי איז איז איז איז איז איז איז איז איז א				Employ	Employer identification number
- 1	CENTRAL CONFUNATION				76	/ 0 C 7 F T N -
<ul> <li>Control deneral Information of</li></ul>	General Information on Grants and Assistance	of of the econter of	sociotonos the s	material allation for	the averte or conjectore	
the selection criteria used to award the grants or assistance?	Does the organization maintecords to substantiate the anitounit of the grants of assistance, the grantees engionity for the grants of assistance; and the selection criteria used to award the grants or assistance?					e,allu · · ⊠Yes ⊡No
Describe in Part IV the organizat	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	the use of grant fur	nds in the United			3
<b>II</b> Grants and Other Assi Form 990, Part IV, line 2 can be duplicated if ado	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	Organizations in the United States.	n the United St 5,000. Check thi	ates. Complete if s box if no one rec	Complete if the organization answered "Yes" to if no one recipient received more than \$5,000. P.	vered "Yes" to than \$5,000. Part II
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) 						
	· · · · · · · · · · · · · · · · · · ·					
Enter total number of section 501(c)(3) and	Enter total number of section 501(c)(3) and government organizat	tions	•			. • 24.
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Schedule I (Form 990) (2010)		92-	92-0142567		. Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	<b>Juals in the Un</b> ace is needed.	ited States. Con	nplete if the or	ganization answered "	
(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 PERMIT LOAN PROGRAM		38,169.			
2 INTEREST RATE ASSISTANCE PROGRAM	46.	61,342.			
3 TECHNICAL ASSISTANCE PROGRAM	22.	17,044.			
4 TAX ASSISTANCE PROGRAM	1,156.	140,067.			
5 CHILLING IMPROV. PROGRAM-VESSEL HULL INSULATION	11.	60,385.			
6 STUDENT LOAN FORGIVENESS PROGRAM	16.	54,511.			
GE	145.	140,793.			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	nis part to provi	de the informatio	on required in F	Part I, line 2, and any c	other additional information.

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Schedule I (Form 990) (2010)

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: I (For		92	92-0142567	· · · ·	Page 2
Part III Grants and Other Assistance to Individuals in the Ur Part III can be duplicated if additional space is needed.	<b>luals in the Un</b> i ace is needed.	ted States. Cor	nplete if the or	ganization answered "Y	in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. s 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 BASIC VOCATIONAL/TECHNICAL TRAINING PROGRAM	41.	45,716.			
2 ADVANCED VOCATIONAL/TECHNICAL TRAINING PROGRAM	119.	272,381.			
3 CHILLING IMPROVEMENTS PROGRAM - TOTES	48.		62,512.	EMV	TOTES FOR ICING FISH
4 CHILLING IMPROVEMENTS PROGRAM - SLUSH BAGS	26.		32,140.	EMV	SLUSH BAGS FOR ICING
5					
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۲					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2,	nis part to provid	de the information	on required in I		and any other additional information.
SCHEDULE I PART I QUESTION 2					
BBEDC HAS MANY PROGRAMS AVAILABLE TO T	THE CDQ COMMUNITIES	IUNITIES THAT	r it		
REPRESENTS INCLUDING THOSE THAT PROVIDE	DE GRANTS AND	OTHER	ASSISTANCE TO		
INDIVIDUALS, ORGANIZATIONS, AND GOVERNMEN	NMENTS. ALL	PROGRAMS	HAVE SPECIFIC	U	
PROGRAM REQUIREMENTS AS WELL AS ESTABLISH	LISHED POLICIES	AND	PROCEDURES FOR		
ENSURING A GRANTEE'S ELIGIBILITY AND U	USE OF FUNDS	WHICH ARE	MONITORED B	ВҮ	
BBEDC'S PROGRAM MANAGERS.					

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Schedule I (Form 990) (2010)

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## BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

### FORM 990, SCHEDULE I-1, PART 1 - CONTINUATION SHEET FOR SCHEDULE I

92-0142567

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		IRC		Amount of	Method of Valuation	Description of	
Name and Address of Organization or Government	EIN	Section if applicable	Amount of Cash Grant	Non-Cash Assistance	(book, FMV, appraisal, other)	Non-Cash Assistance	Purpose of Grant or Assistance
CITY OF ALEKNAGIK BOX 33	92-0079021		150,000				ECONOMIC DEVELOPMENT
BOX 115	94-2857786		31,763				PROMOTION OF PROGRAMS
ALEKNAGIK, AK 99555 BRISTOL BAY BOROUGH BOX 189	92-0029832		20,884				SEASONAL EMPLOYMENT OPPORTUNITIES
NAKNEK, AK 99633 CLARKS POINT VILLAGE COUNCIL BOX 90	92-0073206		181,762				ECONOMIC DEVELOPMENT AND PROMOTION OF PROGRAMS
CLARKS POINT, AK 99569	92-0030674		167,855				ECONOMIC DEVELOPMENT AND SEASONAL EMPLOYMENT OPPORTUNITIES
DILLINGHAM, AK 99576 CURYUNG TRIBAL COUNCIL	92-0069902		37,763				LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION
BOX 216 DILLINGHAM, AK 99576 CITY OF EGEGIK	92-0154668		112,810				OF PROGRAMS ECONOMIC DEVELOPMENT AND SEASONAL EMPLOYMENT
BOX 189 EGEGIK, AK 99579 DILLINGHAM CITY SCHOOL DISTRICT	92-0031132		8,160				OPPORTUNITIES SEASONAL EMPLOYMENT OPPORTUNITIES
BOX 170 DILLINGHAM, AK 99576	92-0063332		78,763				ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR
6348 NIELSON WAY, UNIT B ANCHORAGE, AK 99518	-						YOUTH, AND PROMOTION OF PROGRAMS
BOX 70 EKWOK, AK 99580	94-3057295		200,139				OPPORTUNITIES, LEARNING OPPORTUNITIES FOR YOUTH, GRANT WRITING ASSIST., AND PROMOTION OF PROGRAMS
BOX 530 DILLINGHAM, AK 99576	92-0163114		185,967				ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OPPORTUNITIES, AND PROMOTION OF PROGRAMS
KING SALMON GROUND, LLC BOX 214 KING SALMON, AK 99613	90-0421246		14,040				SEASONAL EMPLOYMENT OPPORTUNITIES
	92-0177073		181,762				ECONOMIC DEVELOPMENT AND PROMOTION OF PROGRAMS
	92-0074206		191,765				ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OPPORTUNITIES, TECHNICAL ASSISTANCE, AND PROMOTION OF PROGRAMS
	92-0037650		110,063				ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH AND PROMOTION OF PROGRAMS
MANOKOTAK VILLAGE COUNCIL BOX 169	92-0124434		75,000				ECONOMIC DEVELOPMENT
BOX 106	92-0058661		181,762				ECONOMIC DEVELOPMENT AND PROMOTION OF PROGRAMS
BOX 449	99-0143318		191,988				ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND GRANT WRITING
BOX 49007	92-0059922		181,762				ASSISTANCE ECONOMIC DEVELOPMENT AND PROMOTION OF PROGRAMS
1327 E. 72ND, UNIT B	92-0070857		150,043				ECONOMIC DEVELOPMENT AND TECHNICAL ASSISTANCE
ANCHORAGE, AK 99518 NATIVE VILLAGE OF SOUTH NAKNEK 1830 E PARK HWY. SUITE A-113 PMB 388	92-0065146		181,762				ECONOMIC DEVELOPMENT AND PROMOTION OF PROGRAMS
WASILLA, AK 99654 SOUTHWEST ALASKA VOC ED CENTER BOX 615	92-0174741		15,066				SEASONAL EMPLOYMENT OPPORTUNITIES
KING SALMON, AK 99613 CITY OF TOGIAK BOX 190	92-0047402		79,382				ECONOMIC DEVELOPMENT AND SEASONAL EMPLOYMENT OPPORTUNITIES
TOGIAK, AK 99678	92-0113885		126,486				ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, TECHINCAL
TOGIAK, AK 99678	92-0062296		190,123				ASSISTANCE, AND GRANT WRITING ASSISTANCE ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS, AND TECHINCAL
TWIN HILLS, AK 99576 UGASHIK TRADITIONAL VILLAGE	92-0160597		194,063				ASSISTANCE ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OPPORTUNITIES, LEARNING OPPORTUNITIES FOR YOUTH,
	92-6000147		40,000				AND PROMOTION OF PROGRAMS GED/ADULT BASIC EDUCATION AND TRAINING
	91-2155264		25,672				INTERNSHIPS
2727 ALASKAN WAY, PIER 69 SEATTLE, WA 98121 OCEAN BEAUTY SEAFOODS, LLC	20-8899430		34,305				INTERNSHIPS
BOX 70739 SEATTLE, WA 98127-1539	91-1443701		25,673				INTERNSHIPS
2101 FOURTH AVE., SUITE 1700 SEATTLE, WA 98121-2377							

		Companyation Information	MB No. 1	545-00	47
	EDULE J	Compensation Information         Compensation           For certain Officers, Directors, Trustees, Key Employees, and Highest         Compensation			
(For	n 990)	Compensated Employees	20	10	
Deporter	ant of the Treasury	► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.	open t	o Pul	olic
	ent of the Treasury Revenue Service	► Attach to Form 990. ►See separate instructions.	Insp	ectio	n
Name	of the organization	Employer identificat	on numt	ber	
		CONOMIC DEVELOPMENT CORPORATION 92-014256	7		
Part	Questio	ns Regarding Compensation			<b></b>
	<b>.</b>	in the state of the state of the fall with the state of t	[	Yes	No
1a	Check the app	propriate box(es) if the organization provided any of the following to or for a person listed in Form Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
		r			
		ss or charter travel Housing allowance or residence for personal use or companions Payments for business use of personal residence			
		nary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the or reimburse	boxes on line 1a are checked, did the organization follow a written policy regarding payment ment or provision of all of the expenses described above? If "No," complete Part III to			
	explain		dt		
2	Did the organ	ization require substantiation prior to reimbursing or allowing expenses incurred by all officers,	2		
	directors, trus	tees, and the CEO/Executive Director, regarding the items checked in line 1a?			
3	Indicate which	, if any, of the following the organization uses to establish the compensation of the			
Ū		CEO/Executive Director. Check all that apply.			
	<u> </u>	sation committee X Written employment contract			
		dent compensation consultant X Compensation survey or study			
		0 of other organizations X Approval by the board or compensation committee			
4		ar, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing r a related organization:			
2	organization o	r a related organization. erance payment or change-of-control payment from the organization or a related organization?	4a		X
a b		or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
c		or receive payment from, an equity-based compensation arrangement?	4c		Х
Ū		y of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only anotion	501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
Ę		sted in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
5		contingent on the revenues of:			
а		ion?	5a		X
	Any related or	ganization?	5b		Х
~	If "Yes" to line	5a or 5b, describe in Part III.			
6		sted in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
		contingent on the net earnings of:			
а		ion?	6a		X
b	Any related or	ganization?	6b	<u> </u>	X
		6a or 6b, describe in Part III.			
7		listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
		described in lines 5 and 6? If "Yes," describe in Part III	7		X
8		nounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
		contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	8		x
~		And the exercise tion also follow the reputtable programming procedure described in		-	
9		8, did the organization also follow the rebuttable presumption procedure described in ection 53.4958-6(c)?	9		
			ule J (Fo	rm 990	) 2010

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

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$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	ule J, report compensation from r Form 990, Part VII. ) or column (E) amounts on Form (iii) Other s & incentive (iii) Other compensation 500. 500. 500. 	the organization of 990, Part VII, line 1a (C) Retirement and other deferred compensation		(E) Total of columns (B)(i)-(D) (B)(i)-(D) (B)(i)-(D) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	, described in the (F) Compensation reported in prior Form 990-E2 161. 654.
Iote. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or control         (A) Name       (B) Breakdown (W2 and/or 1098-         (B) Decompensation       (B) Decompensation         2       (B) Decompensation         3       (B) Decompensation         3       (B) Decompensation         3       (B) Decompensation         4       (B) Decompensation         5       (B) Decompensation         6       (B) Decompensation         7       (B) Decompensation         9       (B) Decompensation         10       Decompensation         9       (B) Decompensation         10       Decompensation         10       Decompensation         10       Decompensation         10       Decompensation	olumn (E) amounts on Form antive (iii) Other compensation 500. 	990, Part VII, line 18 (C) Retirement and other deferred compensation	(D) Nonti bene		(F) Compensation reported in prior Form 990 or Form 990-EZ
(A) Name     (B) Breakdown of W-2 and compensation       (A) Name     (I) Base       (A) Name     (I) Base       (I) PEYTON     (I) Pase       (I) PEYTON     (I) Pase       (I) PEYTON     (I) Pase       (I) Pase     (I) Pase	C compensation (iii) Other reportable compensation 0 0 0 0 0 0	(C) Retirement and other deferred compensation	(D) Nontaxable benefits 25, 707.		(F) Compensation reported in prior Form 990-cr Form 990-E2
(A) Name         (i) Base         (ii) Base         (ii) Base         (ii) Base           PAUL PEYTON         (i)              (ii)          (i)             (ii)          (ii)             (ii)          (ii)             (iii)          (iii)             (ii)          (iii)             (ii)               (ii)               (ii)               (ii)                (ii)	(iii) Other reportable compensation	other deferred compensation	benefits		reported in prior Form 990 or Form 990-EZ
PAUL PEYTON (1) 136,086. (1) 0. (1)				372	161,654
PAUL PEYTON (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					
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Page 3	lete this part for				Schedule J (Form 990) 2010
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	5b, 6a, 6b, 7, al			,	
	1a, 1b, 4c, 5a,				
92-0142567	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.				51625
92-0	iptions required				51
	nation, or descr				V 10-7.2
	ormation, expla				
Schedule J (Form 990) 2010	provide the info ttion.				t
J (Form 990) 2010 Supplement	ete this part to ditional informa				54N033 1832
Schedule Part	Compl any ad				JSA 0E1505 1.000

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ernal Revenue Service me of the organization RISTOL BAY ECONOM art I Excess Benefit	(Form 990 or 990-EZ)       ► Complete if the organization answered         "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.         Department of the Treasury Internal Revenue Service       ► Attach to Form 990 or Form 990-EZ.							2010 Open To Public					
me of the organization RISTOL BAY ECONOMI art I Excess Benefit						ructions				pecti			
art I Excess Benefit						·····	nployer	identif		_			
art I Excess Benefit	C DEVELOPMENT CO	RPORA	TION				92-	-014	2567				
	Transactions(section				ganizatior	is only).							
Complete if the or	ganization answered "Yes	s" on F	orm 99	90, Part IV, line 25a	or 25b, or	Form 990	D-EZ, F	Part V	, line 4	40b.			
1 (a) Name o	f disgualified person			(	b) Descriptio	on of trans	action					Corrector	
					· · ·						Y	es No	
(1)												+	
(2)	· · · · · · · · · · · · · · · · · · ·												
(3)(4)	·····												
(5)													
(6)													
	x imposed on the organiz	ation m	anage	ers or disqualified pe	rsons duri	ng the ye	ar						
3 Enter the amount of ta	x, if any, on line 2, above,	reimbi	ursed b	by the organization	· · · · ·	· · · · · ·			• \$				
	organization answered "Ye			90, Part IV, line 26,	or Form 9	90-EZ, P	art V, I	ine 38	За.				
(a) Name of interested	person and purpose	1	n to or from ganization?	(c) Original principal amount	(d) Bala	nce due			? (f) Approved (			(g) Written agreement	
		То	From				Yes	No	Yes	No	Yes	No	
(1)		- 10	FIOIN				103		100		100		
(2)													
(3)													
(4)													
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0)				<u> </u>								L	
otal	istance Benefiting Int	<u></u> orosta	d Par	<u> </u>			1		L				
art III Grants or Ass Complete if the c	organization answered "Ye	ereste es" on l	Form 9	90, Part IV, line 27.									
(a) Name of interes				between interested persor organization	n and the	(c)	Amour	nt and	type of	fassist	ance		
1) SAMANTHA BLUE				BOARD MEMBER				75.		JC.			
2) MARGARET ACTIVE				BOARD MEMBER				75.		JC.			
3) ANISHIA ELBIĒ				BOARD MEMBER				966.		JC.			
(4) MINDY HEYANO				F BOARD MEMBEL			·····	$\frac{000}{010}$		JC.			
5) KIMBERLY SEYBER				F BOARD MEMBER	×			812.		AINI			
6) DANNY WASSILY				BOARD MEMBER				028. 012.		AINI			
7) JOSEPH WASSILY		N OF					·	$\frac{012}{000}$ .		AINI			
8) CHARLES SMEATON 9) MOSES TOYUKAK, 3		ARD						<u>342.</u>		AINI			
(9) MOSES IDIORAR, . (9)						<u>.</u>	- / -						
or Paperwork Reduction A	ct Notice, see the Instruc	tions	for For	m 990 or 990-EZ		4	Sche	dule L	(Form !	990 or 9	990-EZ	) 201	

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Part IV	Business Transactions Invo Complete if the organization answ	Iving Interested Persons. /ered "Yes" on Form 990, Part IV	, line 28a, 28b, or	28c.		<u></u>
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organiz rever	zation's
					Yes	No
(1)						
(2)						
(3)	·					
(4)						
(5)						<u> </u>
(6)						
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Professional Contents

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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#### SCHEDULE O (Form 990 or 990-EZ)

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## 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.



92-0142567

Department of the Treasury Internal Revenue Service Name of the organization

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

#### AVAILABILITY OF DOCUMENTS

PART VI SECTION C QUESTIONS 18 AND 19 BBEDC'S FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST BY CONTACTING US AT 1-907-842-4370 OR WRITING TO US AT P.O. BOX 1464, DILLINGHAM, AK 99576-1464. IN ADDITION, OUR FORM 990 IS AVAILABLE FOR VIEWING ON THE WEBSITE GUIDESTAR.ORG.

MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY PART VI SECTION B QUESTION 12C BOARD MEMBERS ARE REQUIRED TO DECLARE A CONFLICT OF INTEREST ON EACH AND EVERY VOTE THEY TAKE IF ONE EXISTS.

DETERMINING COMPENSATION FOR OTHER OFFICERS OR KEY EMPLOYEES PART VI SECTION B QUESTION 15B THE BOARD SETS THE BEGINNING SALARY RANGE FOR THE POSITIONS AT BBEDC BASED ON A LOCAL SALARY SURVEY. THIS SALARY RANGE IS ADJUSTED PERIODICALLY AS LOCAL SALARIES IN THE REGION CHANGE. ANNUALLY ON THE EMPLOYEE'S ANNIVERSARY DATE, THE IMMEDIATE SUPERVISOR PERFORMS AN EVALUATION. IN ADDITION, THE SUPERVISOR TAKES INTO CONSIDERATION THE BOARD'S POLICY OF UP TO A 4% MERIT INCREASE EACH YEAR. THE SUPERVISOR MAKES ITS RECOMMENDATION ON THE COMPENSATION FOR THE NEXT YEAR, WITH THE CEO HAVING FINAL APPROVAL FOR ALL EMPLOYEES. IN ADDITION, FORMAL CONTRACTS ARE REQUIRED ANNUALLY FOR THE FOLLOWING POSITIONS: CHIEF

Schedule O (Form 990 or 990-EZ) 2010	Page 2
Name of the organization	Employer identification number
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567

OPERATING OFFICER, FINANCE OFFICER, AND SEAFOOD INVESTMENTS OFFICER.

PROCESS FOR THE REVIEW OF THE FORM 990

PART VI SECTION B, LINE 11B

PRIOR TO FILING THE RETURN, A DRAFT OF THE 990 TAX RETURN WILL BE SUBMITTED TO THE FINANCE OFFICER BY THE TAX PREPARER. THIS DRAFT WILL BE REVIEWED BY THE FINANCE OFFICER AND STAFF. THE FINANCE OFFICER WILL THEN HAVE THE CEO/BOARD PRESIDENT AND COO REVIEW THE DRAFT BEFORE AUTHORIZING THE TAX PREPARER TO FINALIZE THE RETURN. A COPY OF THE TAX RETURN WILL BE PROVIDED TO BOARD MEMBERS UPON REQUEST.

FAMILIY AND BUSINESS RELATIONSHIPS OF BOARD MEMBERS

PART VI SECTION A QUESTION 2

BOARD MEMBERS - H. ROBIN SAMUELSEN, JR. AND MOSES KRITZ SIT ON THE BOARD OF ANOTHER CORPORATION THUS CREATING A BUSINESS RELATIONSHIP. CURRENT YEAR BOARD MEMBERS - MARK ANGASAN AND FRED ANGASAN, SR. HAVE A FAMILY RELATIONSHIP.

DETERMINING COMPENSATION FOR CEO PART VI SECTION B QUESTION 15A THE BOARD SETS THE BEGINNING SALARY RANGE FOR THE POSITION OF THE CEO BASED ON A LOCAL SALARY SURVEY. THIS SALARY RANGE IS ADJUSTED PERIODICALLY AS LOCAL SALARIES IN THE REGION CHANGE. EACH YEAR THE BOARD GOES INTO EXECUTIVE SESSION TO TAKE UP THE CEO'S CONTRACT RENEWAL AND COMPENSATION FOR THE NEXT YEAR. AN EVALUATION IS PERFORMED. IN ADDITION, THE BOARD TAKES INTO CONSIDERATION ITS POLICY OF UP TO A 4%

Schedule O (Form 990 or 990-EZ) 2010

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Name of the organization	Employer identification number
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567

MERIT INCREASE EACH YEAR. AT THE CONCLUSION OF THE CEO'S EVALUATION, THE CEO IS REQUIRED TO LEAVE THE ROOM SO THAT THE REMAINING BOARD MAY HAVE CONFIDENTIAL DISCUSSIONS. MOTION IS MADE TO COME OUT OF THE EXECUTIVE SESSION AND THE BOARD'S DECISION ON THE CONTRACT AND COMPENSATION IS PRESENTED AND DOCUMENTED IN THE MINUTES.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES PART XI, LINE 5 NET UNREALIZED GAIN ON INVESTMENTS \$2,048,236 \_\_\_\_\_

OTHER CHANGE IN NET ASSETS \$2,048,236

HOURS WORKED FOR RELATED ORGANIZATIONS

PART VII, SECTION A, COLUMN B

BOARD MEMBER OR OFFICER	AVERAGE HOURS PER WEEK RELATED ORGANIZATIONS
H. ROBIN SAMUELSEN, JR.	0.1 HOURS/WEEK FOR BBSRI & HSST
FRED T. ANGASAN, SR.	0.1 HOURS/WEEK FOR BBSRI & HSST
HATTIE ALBECKER	0.1 HOURS/WEEK FOR BBSRI & HSST
ROBERT HEYANO	0.1 HOURS/WEEK FOR BBSRI & HSST
LUCY GOODE	0.1 HOURS/WEEK FOR BBSRI & HSST
MARY ANN JOHNSON	0.1 HOURS/WEEK FOR BBSRI & HSST
SYLVIA KAZIMIROWICZ	0.1 HOURS/WEEK FOR BBSRI & HSST
GERDA KOSBRUK	0.0 HOURS/WEEK FOR BBSRI & HSST
MOSES KRITZ	0.1 HOURS/WEEK FOR BBSRI & HSST
VICTOR SEYBERT	0.1 HOURS/WEEK FOR BBSRI & HSST
FRITZ SHARP	0.1 HOURS/WEEK FOR BBSRI & HSST

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Schedule O (Form 990 or 990-EZ) 2010	Page 2
Name of the organization	Employer identification number
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567

HARRY WASSIL	Y, SR.	0.1	HOURS/WEEK	FOR	BBSRI	&	HSST
HELEN SMEATO	N	3.75	HOURS/WEEK	( FOF	R BBSRI	[	

#### CHANGE IN THE AUDIT OVERSIGHT PROCESS

PART XII, LINE 2C

THE BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION BOARD OF DIRECTORS HAS THE AUTHORITY TO CREATE AND DISSOLVE COMMITTEES AND APPOINT PERSONS TO SERVE ON COMMITTEES. IN 2010, THE BOARD DECIDED TO SEPARATE OUT THE AUDIT COMMITTEE FROM THE FINANCE & AUDIT COMMITTEE IN ORDER TO INCREASE AND IMPROVE BOARD GOVERNANCE BEST PRACTICES. THE FINANCE & AUDIT COMMITTEE WAS RENAMED THE FINANCE & BUDGET COMMITTEE AND IS RESPONSIBLE FOR THE BUDGET, FINANCIAL STATEMENT REVIEW, AND MONITORING OF THE PERFORMANCE OF INVESTMENT FUNDS. THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE ANNUAL AUDIT AND OTHER ISSUES GOVERNING CORPORATE GOVERNANCE, DISCLOSURE, AND RESPONSIBILITY.

ATTACHMENT 1

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

COMMUNITIES AND ECONOMIC DEVELOPMENT - THE COMMUNITY BLOCK GRANT (CBG) PROGRAM PROVIDES BBEDC'S CDQ COMMUNITIES WITH THE OPPORTUNITY TO FUND PROJECTS THAT PROMOTE SUSTAINABLE COMMUNITY AND REGIONAL ECONOMIC DEVELOPMENT. THE FUNDING PER COMMUNITY WAS \$150,000 FOR 2010, DOWN FROM \$200,000 IN 2009. ALL 17 CDQ COMMUNITIES REQUESTED AND WERE AWARDED THE FULL GRANT AMOUNT TOTALING \$2,550,000. THE ARCTIC TERM PROGRAM PROVIDES FUNDING FOR COMMUNITIES TO SUPPORT EMPLOYMENT AND EDUCATIONAL ACTIVITIES FOR RESIDENT YOUTH UNDER THE AGE OF 17. IN 2010, \$44,425 WAS AWARDED

Page 2

Employer identification number 92-0142567

ATTACHMENT 1 (CONT'D)

(DOWN FROM \$62,940 IN 2009). THE TAX ASSISTANCE PROGRAM INVESTED MORE THAN \$140,000 IN TAX PREPARATION ASSISTANCE BENEFITING 1,156 RESIDENTS (UP FROM BENEFITING 1,035 RESIDENTS IN 2009).

ATTACHMENT 2

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4B

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

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Name of the organization

Schedule O (Form 990 or 990-EZ) 2010

EDUCATION, EMPLOYMENT, AND TRAINING - THIS PROGRAM OFFERS EDUCATION, EMPLOYMENT, AND TRAINING OPPORTUNITIES TO BBEDC'S CDQ RESIDENTS BY HELPING THEM DEVELOP THEIR SKILLS AND IMPROVE THE ECONOMIC CONDITIONS OF THE REGION. BBEDC'S EDUCATION PROGRAMS CONTINUED PROVIDING RESIDENTS WITH SKILL LEARNING OPPORTUNITIES. THE COLLEGE DEVELOPMENT FUND PROVIDED BENEFITS TO 145 RESIDENTS (UP FROM 126 IN 2009). IN 2010, BBEDC'S BASIC VOCATIONAL/TECHNICAL PROGRAM PROVIDED OVER \$45,716 WORTH OF ASSISTANCE TO AREA RESIDENTS (DOWN FROM \$54,000 IN 2009) AND THE ADVANCED VOCATIONAL/TECHNICAL PROGRAM ASSISTED 119 RESIDENTS (UP FROM 117 RESIDENTS IN 2009). BBEDC CONTINUED ITS \$40,000 OF FINANCIAL SUPPORT TO THE UAF-BRISTOL BAY CAMPUS. BBEDC'S INTERNSHIP PROGRAMS CONTINUED WITH 11 RESIDENTS BENEFITING FROM THE SEATTLE-BASED INTERNSHIPS (DOWN FROM 12 IN 2009), 3 RESIDENTS BENEFITING FROM THE IN-REGION INTERNSHIPS (SAME AS 2009), AND 16 YOUTH BENEFITING FROM YOUTH INTERNSHIPS (UP FROM 15 IN 2009). BBEDC'S EMPLOYMENT OPPORTUNITIES CONTINUED PROVIDING SEASONAL EMPLOYMENT TO 25 RESIDENTS OVER THE SUMMER MONTHS (UP FROM 18 IN 2009) AND PROVIDING BERING SEA EMPLOYMENT TO 2 RESIDENTS (DOWN

Schedule O (Form 990 or 990-EZ) 2010	Page 2
Name of the organization	Employer identification number
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567

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ATTACHMENT 2 (CONT'D)

FROM 3 IN 2009).

ATTACHMENT 3

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4C

REGIONAL FISHERIES - RECOGNIZING THAT THE QUICKEST WAY TO INCREASE THE VALUE OF BRISTOL BAY SALMON WAS THROUGH CHILLING, BBEDC EMBARKED ON AN AMBITIOUS PROGRAM TO PROVIDE ICE TO THE REGION'S FISHERMEN. IN 2010, TWO ICE BARGES DELIVERED 1,895,556 POUNDS OF ICE (DOWN 23% FROM 2009). BBEDC ALSO CONTINUED WITH ITS CHILLING IMPROVEMENTS PROGRAM BY ASSISTING 11 FISHERMEN WITH INSULATING THEIR VESSELS FOR A TOTAL OF \$60,385 (UP FROM 6 FISHERMEN FOR \$32,400 IN 2009), PURCHASING 118 TOTES FOR 48 FISHERMEN (UP FROM 104 TOTES FOR 30 FISHERMEN IN 2009), AND 141 SLUSH BAGS FOR 26 FISHERMEN (DOWN FROM 205 SLUSH BAGS FOR 67 FISHERMEN IN 2009). THESE SMALL MEASURES HELP CDQ FISHERMEN CHILL THEIR CATCH AND IMPROVE THE QUALITY OF THEIR SALMON THEREBY INCREASING THE PRICE.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	ATTACHMENT	4	
DESCRIPTION	GRANTS	EXPENSES	REVENUE
PERMIT BROKERAGE	140,067.	336,612.	
PERMIT LOAN PROGRAM	38,169.	41,290.	
CDQ OUTREACH		72,415.	
TECHNICAL ASSISTANCE PROGRAM	25,054.	67,836.	
QUOTA MANAGEMENT		156,663.	

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Name of the organization		Employer identific	cation number
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION		92-0142	567
		ATTACHMEN	T 4 (CONT'D)
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERV	ICES		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
COMMUNITY LIAISON	508,200.	518,153.	
INVESTMENT MANAGEMENT		1,066,599.	
GRANT WRITING ASSISTANCE	22,964.	64,107.	
TOTALS	734,454.	2,323,675.	

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FORM 990, PART VIII - INVESTMENT INCOM	E		ATTACHMENT 5	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
EQUITY IN EARNINGS OF AFFILIATES	10,963,265	. 10,154,964.	808,301.	
INTEREST AND DIVIDEND INCOME	1,653,806			1,653,806.
TOTALS	12,617,071	. 10,154,964.	808,301.	1,653,806.

		ATTACHMENT 6
FORM 990, PART X - NOTES ANI	D LOANS RECEIVABLE	
BORROWER:	OCEAN BEAUTY SEAFOODS, LLC	
ORIGINAL AMOUNT:	3,000,000.	
INTEREST RATE:	4.125000	
DATE OF NOTE:	06/18/2010	
REPAYMENT TERMS:	INTEREST MONTHLY, PRINCIPAL ON DEMAN	1D
SECURITY PROVIDED:	REAL ESTATE	
PURPOSE OF LOAN:	FACILITATE BANK REFINANCING	
RELATIONSHIP:	BUSINESS	
BEGINNING BALANCE DUE		0.
ENDING BALANCE DUE		3,000,000.
TOTAL BEGINNING NOTES AND LO	DANS RECEIVABLE	<u> </u>
TOTAL ENDING NOTES AND LOANS	RECEIVABLES	3,000,000.

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Schedule O (Form 990 or 990-EZ) 2010 Name of the organization	Employer identification number
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567
	ATTACHMENT 7
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES	
	ENDING
DESCRIPTION	BOOK VALUE
PREPAID INSURANCE	51,784.
PREPAID EXPENSES	12,174.
PREPAID RENT	12,309.
PREPAID WORKERS' COMP INS.	10,786.
PREPAID BROKERAGE TRANSACTIONS	176.
REPAID FEDERAL INCOME TAXES	293,529.
PREPAID STATE INCOME TAXES	164,674.
SECURITY DEPOSITS	1,400.
TOTALS	546,832.

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ATTACHMENT 8

## FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
SECURITIES & MUTUAL FUNDS	17,130,839.	FMV
GOVERNMENT & AGENCY SECURITIES	13,648,745.	FMV
CORPORATE BONDS	12,818,806.	FMV
FOREIGN BONDS	1,487,807.	FMV
TOTALS	45,086,197.	4

				ATTA	CHMENT 9
FORM 990, PART X - SE	CURED MORTGAGES	AND NOTES	PAYABLE	**********	
LENDER: GOVERNMENTA	L ENTITY				
INTEREST RATE:	2.000000				
MATURITY DATE:	11/01/2011				
REPAYMENT TERMS:	PAYABLE	IN ANNUAL	INSTALLMENTS	OF \$33,398	3
JSA					Schedule O (Form 990 or 990-EZ) 2010
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Schedule O (Form 990 or 990-EZ) 2010	Page 2
Name of the organization	Employer identification number
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567
	ATTACHMENT 9 (CONT'D)
BEGINNING BALANCE DUE	65,563.
ENDING BALANCE DUE	33,476.

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LENDER:	BANK OF	AMERICA,	N.A.						
ORIGINAL			000,000.						
DATE OF N	NOTE:	06/1	9/2007						
MATURITY	DATE:	05/0	1/2012						
REPAYMENT	TERMS:		VARIABLE	RATE	(LIBOR+0.3	5%) INT	ONLY	MONTHLY	PMTS
SECURITY	PROVIDED	:	CAPITAL	INVEST	MENT ACCOU	NT			
PURPOSE C	OF LOAN:		REVOLVIN	IG PROM	ISSORY NOT	Ε			
BEGINNING	5 BALANCE	DUE					••	15,0	00,000.
ENDING BA	ALANCE DU	Е						7,0	000,000.

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Schedule O (Form 990 or 990-EZ) 2010	Page <b>2</b>
Name of the organization	Employer identification number
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567
	ATTACHMENT 9 (CONT'D)
LENDER: CORPORATION	
MATURITY DATE: 11/20/2012	
REPAYMENT TERMS: SUBJECT TO NPFMC FINAL ACTION REGARDI	NG CREW ALLOC
BEGINNING BALANCE DUE	33,579.
ENDING BALANCE DUE	33,579.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	15,099,142.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	7,067,055.

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SCHEDULE R (Form 990)	Related Orga	rganizations and Unrelated Partnerships	d Unrelated	d Partnersh	ips	<u> </u>	0MB No. 1545-0047
Department of the Treasury Internal Revenue Service	<ul> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.</li> <li>Attach to Form 990.</li> </ul>	organization answered "Yes" to Attach to Form 990.	Form 990, Part IV, line 33, 34, 35 See separate instructions.	ne 33, 34, 35, 36, or instructions.	37.		Open to Public Inspection
Name of the organization BRISTOL BAY ECONOMIC	SCONOMIC DEVELOPMENT CORPORATION					Employer identifica 92-0142567	Employer identification number 92–0142567
Part I Ident	Identification of Disregarded Entities (Complete if th	if the organization answered "Yes" on Form 990, Part IV, line 33.)	vered "Yes" on I	Form 990, Part I	V, line 33.)		
	(a) Name, address, and EIN of disregarded entity	<u>α</u>	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entitv
BRISTOL BOX 1464	BAY_ICE, LLCDILLINGHAM, AK 99	20-4176963 99576 COM	COMM.FISHING H	AK	187,833.	1,999,633.	N/A
(3)		and data data taka mana mana mana mana ma					
(4)							
(5)							
Part II dent	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	(Complete if the or he tax year.)	ganization answ	ered "Yes" on F	orm 990, Part IV	, line 34 because	it had
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes No
-(1) BRISTOL BAY SCIENCE PO BOX 1464	CIENCE & RESEARCH INSTITUTE 92-0168036 DILLINGHAM, AK 99576	SCIENCE/EDUC	AK	501 (C) (3)	7	N/A	×
$-(2) \frac{\text{HARVEY SAMUELSEN}}{PO BOX 1464}$	SEN SCHOLARSHIP IRUST 30-0065137 DILLINGHAM, AK 99576	SCHOLARSHIPS	AK	501(C)(3)	ΡF	N/A	×
( <u>6</u> )							
(7)							
For Paperwork-Reduct	For Paperwork.Reduction Act Notice, see the Instructions for Form 990.					Schedu	Schedule R (Form 990) 2010

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Inversionation (action	because it had one or more related organizations t	because it had one or more related organizations t	re related	organizatio	ins treated a	reated as a partnership during the tax year.)	ship durin	reated as a partnership during the tax year.)	year.)			· ·		
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	s, and EIN anization	(b) rimary activity	(c) Legal domicile (state or foreign country)	(d) Direct controllin, entity	<del>.</del>		(f) Share of total		(g) hare of end-of-year assets	(h) Disproportion allocations'		(1) V – UBI box 20 of tule K-1 1065)	(j) General or managing partner?	(k) Percentage ownership
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	SCHEDULE										0			
Image: section of field of the control of field of the contro of field of the control of field of the control of field of the c				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
Image: Second														
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Identification       Ident														
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization streated as a Corporation or trust during the tax year.)     Identification of Related Organizations Taxable as a Corporation or trust during the tax year.)       Inter 34 Broadness in that one or more related organizations treated as a Corporation or trust during the tax year.)     Image: State of target organization of trast (Somplete if the organization streated as a Corporation or trust during the tax year.)     Image: State of target organization of trust during the tax year.)       Name, address, and [a)     Primary activity     Legal doncing the tax year.)     Image: State of target organization or trust during the tax year.)     Image: State of target organization or trust during the tax year.)       Name, address, and [a)     Primary activity     Legal doncing the tax year.)     Image: State of target organization or trust during the tax year.)     Image: State of target organization or trust during the tax year.)       Name, address, and [a)     Primary activity     Legal doncing the tax year.)     Image: State of target organization or trust during the tax year.)     Image: State of target organization organizationorganization organization organization organization organization														
Interaction of the address, and ElN of related organization       Primery activity (a)       (a)       (b)       (b)       (c)       (c)<		n of Belated	Organiz	ations Tays			)/ +3112		if the organize		· · · · · · · · · · · · · · · · · · ·			
Name. address. and EN of related organization         Primary activity Equate omicilie (activity activity)         Legal comicilie (activity activity)         Legal comicilie (activity)         If the control forme (activity)         Prime of the con- entry (activity)         Prime of control (activity)         Prime of control         Prim of control         <		use it had on	e or more	related org	anizations tr	reated as a c	corporatic	on or trust	during the tax	year.)				1 T T T
AlASKA SENFOOD INVESTMENT MART CO       92-014897       Image: Constraint of the const	Name, address, an	<b>(a)</b> id EIN of related orç	ganization	<u>ل</u>	(b) imary activity	(c) Legal domici (state or foreign countr		(d) :t controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of	(f) total income	(g Shar end-of-ye	l) e of ar assets	(h) Percentage ownership
	ALASKA SEAFOOD INVEST PO BOX 1464 DILLINGHA	MENT MGMT CO. M, AK 99576-14		+ ; + · · ·	)	AK	N/A		C CORP	- 	0.		0.	
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92-0142567

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

Schedule R (Form 990) 2010

			1
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ith one or more related organizations listed ir	n Parts II–IV?	
a Receipt of (i) interest (ii) appliities (iii) rovalties or (iv) rent from a controlled entity			
			1b X
Cite arout or capital contribution from other organization(c)			1c X
Cirt, grant, or capital contribution inour other organization(s)		· · · · · · · · · · · · · · · · · · ·	1d X
e Loans or loan guarantees by other organization(s)			21 N. (1997)
f Sale of assets to other organization(s)		· · · · · · · · · · · · · · · · · · ·	
a Purchase of assets from other organization(s)	•••••••••••••••••••••••••••••••••••••••		
			1i X
I Lease of facilities, equipment, or other assets to other organization(s)			
			1i X
Lease of facilities, equipment, or other assets from other organiza	· · · · · · · · · · · · · · · · · · ·		×
Performance of services of membership of junitralising solicitations		• • • • • • • • • • • • •	
			1m × 1
_			11 X
n Sharing of paid employees			2,299 473, 212,
			10 X
Keimbursement paid to other organization for expenses			1p X
b Keimpursement paid by other organization for expenses		•	
Other transfer of cash or property to other organization(s)			1g ×
r Other transfer of cash or property from other organization(s)			1r X
If the answer to any of the above is "Yes," see the instructions	line,	including covered relationships and transaction thresholds.	hresholds.
(a)	(q) -	(c)	(d)
Name of other organization	type (a-r)	Amount involved	metroa ol determining amount involved
(1) BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE	m	75,000.	ACTUAL CASH
(3) RRISTOL BAY SCIENCE AND RESEARCH INSTITUTE	Ж	30,888.	ACCRUAL
(3) BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE	W	30,888.	ACCRUAL
(4) BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE	N	8,648.	ACTUAL WAGES
	С	96.317	ACCRUAL
DAL JULIENCE AND NEOFDANN	)		
(6)			
			Schedule R (Form 990) 2010

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Provide the following information for each entity taxed as a partnership through w or gross revenue) that was not a related organization. See instructions regarding ex	ip through which the organization conducted more the regarding exclusion for certain investment partnerships.	on conducted r ivestment partn	nore than fiv erships.	e percent of	its activities	more than five percent of its activities (measured by total assets therships.	tal asse
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes No
(1)				1			2
(2)							
(7)							
(8)							
(6)							
(10)							
[11]							
[12]							
(13)							
(14)							
(15)							
(16)							

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Schedule R (Form 990) 2010

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Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see
	instructions).

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Schedule R (Form 990) 2010

Page 5

92-0142567

Providence of the

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

FORM 990, SCHEDULE R-1, PART III - CONTINUATION OF IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP

Primary Activity		Legal Domicile (state or foreign country)	Direct Controlling Entitv	Predominant Income (related, investment, unrelated)	Share of Total Income	Share of End-of-year Assets	Disproportionate Allocations Yes No	rtionate tions No	Code V-UBI Amount on Box 20 of K-1	General or Managing Partner Yas No	Percentage
DONA MARTITA, LLC 91-2089115 20308 DAYTON AVE N SEATTI F WA 98133	COMM. FISHING	VIV	VIN		100000	10 02 001		2	1-21-10-07		$\vdash$
	COMM.	~~~~			1,100,988	170'0001	<	1	NONE	×	50%
+	FISHING	AK	N/A	RELATED	137.807	93,956	×		NONE	×	50%
-	MARKETING	AK	N/A	RELATED	230.655	296 507		×	NONE	~	2002
$\vdash$	COMM.					2001004					
-	FISHING	AK	N/A	RELATED	1,039,367	1.786,403	×		NONE	×	50%
	COMM.										
	FISHING	AK	A/N	RELATED	124,267	879,671	×		NONE	×	50%
	COMM. FISHING	AK	N/A	RELATED	275 730	3 950 028	×		ЦИСИ	`` 	7007
	COMM.					040000	-			<	
	FISHING	AK	N/A	RELATED	785,604	2.188.573	×		NON	×	50%
121	FABRICATION	WA	N/A	UNRELATED	107,895	291,267		×	NONE	×	20%
	COMM.										
	501HSH	AK	A/A	KELAIEU	44,805	8,115,855		×	NONE	×	50%
	FISHING	WA	N/A	RELATED	180,090	759,431	×		ANCN	×	50%
	COMM.										
	FISHING	WA	N/A	RELATED	326,217	303,713	×		NONE	× 	40%
	COMM.										
	FISHING	WA	A/N	RELATED	269,707	347,334	×		NONE	×	50%
	FISHING	ΔK	A/A		353 010	678 377	>			>	100/
1	COMM.				2.22	040,044				<	
	FISHING	WA	N/A	RELATED	347,159	1,113,297	×		NONF	×	50%
	COMM.										
	FISHING	WA	N/A	RELATED	291,568	836,158	×		NONE	×	45%
	COMM.										
- 1	FISHING	WA	N/A	RELATED	252,575	2,825		×	NONE	×	45%
	COMM.										
	FISHING	WA	N/A	RELATED	70,396	1,207,191	×		NONE	×	50%
	COMM.										
	FISHING	WA	A/N	RELATED	599,578	996,212	×		NONE	×	30%
	PROCESSING	AK	A/N	UNRELATED	3.983.117	36 904 000	×		ANON	×	50%
							-				

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SCHEDULE R-1

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PAGE 1 OF 1

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- Arada Matana

FORM 5471 FILED ON BEHALF OF BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Proprietary and a

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION (BBEDC) HAS SATISFIED ITS FILING REQUIREMENT FOR FORM 5471.

FORM 5471 WAS FILED ON BEHALF OF BBEDC BY:

OCEAN BEAUTY SEAFOODS LLC (EIN: 20-8899430) 1100 W EWING STREET SEATTLE, WA 98119

THE FORM 5471 WAS FILED WITH OCEAN BEAUTY'S 2010 FORM 1065 WITH THE IRS SERVICE CENTER IN OGDEN, UT.

Form	8	8	6	8	
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(Rev. January 2011)
Department of the Treasur

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# Application for Extension of Time To File an Exempt Organization Return

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OMB No. 1545-1709

Constant and the second se second sec

Department of Internal Reven		► File a	i separate ap	plication for each return.		
<u></u>				nly Part I and check this box		▶ X
				ion, complete only Part II (on page		
Do not con	nplete Part II	unlessou have already been grar	nted an auto	omatic 3-month extension on a previo	usly filed Form 8868	
a corporation 8868 to re Return for instructions	on required t quest an ext Transfers A ). For more c	o file Form 990-T), or an addition ension of time to file any of the ssociated With Certain Persona	nal (not au forms liste al Benefit his form, vi	u need a 3-month automatic exten tomatic) 3-month extension of time ed in Part I or Part II with the exce Contracts, which must be sent to sit www.irs.gov/efile and click on e-i original (no copies needed)	e. You can electronic option of Form 8870 o the IRS in paper	ally file Forn , Informatior <sup>,</sup> format (se
				6-month extension - check this box a	and complete	
Part I only				and trusts must use Form 7004 to re		►
	ne tax returns	empt organization			Employer identificati	ion number
Type or					92-014256	
print		BAY ECONOMIC DEVELOPM eet, and room or suite no. If a P.O. box			92-014250	
File by the due date for		30X 1464	, 000 1101 40			
filing your		r post office, state, and ZIP code. For a	a foreign add	ress, see instructions.		
return. See instructions.		GHAM, AK 99576	0.2.0			
	1 DI DDI				<u> </u>	
Enter the Re	eturn code fo	r the return that this application is	for (file a se	parate application for each return)		01
Application			Return	Application	·	🖉 🦳 Return
ls For			Code	ls For	<u> </u>	Code
Form 990			01	Form 990-T (corporation)		07
Form 990-B	L	· · · · · · · · · · · · · · · · · · ·	02	Form 1041-A	· · · · · · · · · · · · · · · · · · ·	08
Form 990-E	Z	· · · · · · · · · · · · · · · · · · ·	03	Form 4720		09
Form 990-P	F	-	04	Form 5227		10
Form 990-T	(sec. 401(a)	or 408(a) trust)	05	Form 6069	·····	11
Form 990-1	(trust other t	han above)	06	Form 8870		12
<ul> <li>The book</li> </ul>	ks are in the c	are of 🕨 STACI FIESER				
Telephor	ne No. 🕨 🔡	907 842-4370		FAX No. ► 907 842-4336		
0		s not have an office or place of b				▶∟
		eturn, enter the organization's fou				this is
				rt of the group, check this box	▶ 🔄 and a	attach
		EINs of all members the extensio				
1 I reque	est an autom			ired to file Form 990-T) extension of t		
until			exempt org	anization return for the organization r	named above. The ex	ctension is
	organization					
► X		ar 20 <u>10</u> or			00	
▶∟	j tax year beg	ginning	, 20	, and ending	, 20	· ·
	-	ed in line 1 is for less than 12 mor counting period	nths, check	reason:	Final return	
		is for Form 990-BL, 990-PF, 99 dits. See instructions.	90-T, 4720	, or 6069, enter the tentative tax	x, less any 3a \$	N/A
b If this estima	application ated tax payn	is for Form 990-PF, 990-T, nents made. Include any prior yea	ar overpayn	- 6069, enter any refundable c nent allowed as a credit.	3b \$	N/A
c Balan	ce Due. Subt	ract line 3b from line 3a. Include	your paym	ent with this form, if required, by us	1 1	
(Electr	ronic Federal	Tax Payment System). See instru	ictions.		3c \$	N/A
Caution. If		ng to make an electronic fund	withdrawal	with this Form 8868, see Form 8		
	rk Reduction A	Act Notice, see Instructions.			Form <b>886</b>	68 (Rev. 1-2011)
JSA i4 4.000						
			V 10-	-6 51625		

				с. 1	
Form 88	68 (Rev. 1-2011)				Page 2
	ou are filing for an Additional (Not Automatic) 3-Mo	nth Extens	ion, complete only Part II and che	ck this box	
	Only complete Part II if you have already been grant				
	ou are filing for an Automatic 3-Month Extension, c				
Part I		tension c	of Time. Only file the original (no	copies needed).	
Туре				Employer identification	number
print	BRISTOL BAY ECONOMIC DEVELOPM	ENT COR	PORATION	92-0142567	
File by th					
extended	D 0 POX 1464				
due date filing you	101	a foreign add	ress, see instructions.		
return. S	ee DITTINCUM AV ODE76	•			
instructio	ns. Diffillitometry me 555,6				
Enter t	he Return code for the return that this application is	for (file a se	eparate application for each return)		. 01
Applic	ation	Return	Application		Return
Is For		Code	Is For		Code
Form 9	990	01			
Form 9		02	Form 1041-A		08
Form 9		03	Form 4720		09
Form 9		04	Form 5227		10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
	990-T (trust other than above)	06	Form 8870		12
STOPI	Do not complete Part II if you were not already gra	anted an au	utomatic 3-month extension on a pr	eviously filed Form 88	68.
	books are in the care of ► STACI FIESER				
	phone No. ► 907 842-4370		FAX No. ► 907 842-4336		
	e organization does not have an office or place of b				
	is is for a Group Return, enter the organization's fou			. If th	is is
	whole group, check this box $\ldots$ $\blacktriangleright$ .			► and att	ach a
	the names and EINs of all members the extension				
	request an additional 3-month extension of time until		11/15 .	20 11 .	
	For calendar year <u>2010</u> , or other tax <b>y</b> ear beginnir				20
	f the tax year entered in line 5 is for less than 12 mor			Final return	
	Change in accounting period				
7 8	State in detail why you need the extension				
1 2					
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
8.2 lf	f this application is for Form 990-BL, 990-PF, 99	90 <b>-T</b> 4720	or 6069 enter the tentative tax	x less anv	
	ionrefundable credits. See instructions.		,	8a \$	
	f this application is for Form 990-PF, 990-T,	4720. 01	r 6069, enter any refundable c		
	estimated tax payments made. Include any pr				
	mount paid previously with Form 8868.			8b \$	
c E	Balance Due. Subtract line 8b from line 8a. Include	vour pavm	nent with this form, if required, by us		
	Electronic Federal Tax Payment System). See instru			8c \$	
			d Verification		

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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.

Date ► \$/5/11 Form 8868 (Rev. 1-2011) PA Title 🕨 k Signature 🕨 Aller and a second

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## Bristol Bay Economic Development Corporation (BBEDC)

A COMPANY . . . . .

92-0142567

Form 8868, Part II, Line 7

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An additional 3-month extension of time to November 15, 2011 is requested since audited financial statements for the year-ended 12/31/2010 are not yet completed. As a result, information to complete form 990 is not yet available.

Providence - 1 - 44

Form **990** 

## Return of Organization Exempt From Income Tax

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

2011 Open to Public

OMB No. 1545-0047

	nent of the Tr Revenue Ser		copy of this retur	n to satisfy state	reporting requirements.	Inspection
		1 calendar year, or tax year beginning		, and ending		, 20
		C Name of organization			D Employer identifica	ition number
B Chec	k il applicable	BRISTOL BAY ECONOMIC DEVELOPMENT	CORPORATIO	N	92-0142567	
	Address	Doing Business As				
-	Name change	Number and street (or P.O. box if mail is not delivered to street	address)	Room/suite	E Telephone number	
-	Initial (eturn	P. O. BOX 1464			(907) 842-43	370
	Terminated	City or town, state or country, and ZIP + 4				1.5.5.
	Amended	DILLINGHAM, AK 99576			G Gross receipts \$	79,211,075.
	Application		SAMUELSEN,	JR.	H(a) is this a group return affiliates?	n for Yes X No
	pending	P.O. BOX 1464 DILLINGHAM, AK 9957	6		H(b) Are all affiliates inclu	uded? Yes No
I Ta	ax-exempt s			or 527	If "No," attach a list.	(see instructions)
-		WWW.BBEDC.COM	1 1		H(c) Group exemption nu	imber 🕨
			her 🕨	L Year of fo	rmation: 1992 M State	of legal domicile: AK
Part	-	Immary				
T CIT		ly describe the organization's mission or most significant ac	tivities			
		IS THE PURPOSE OF THE BRISTOL BAY E		VELOPMENT	CORPORATION	
Ce		PROMOTE ECONOMIC GROWTH AND OPPORTU				
nar		BER COMMUNITIES THROUGH SUSTAINABLE				
Governance		this box  ightharpoonup if the organization discontinued its operation is the organization discontinued its operation.	and only and only and only only one one part of			
S		ber of voting members of the governing body (Part VI, line				17.
es s		ber of independent voting members of the governing body (rait v), me			• • • • • • • • • • • • • • <del>• • •</del>	13.
itie		김 한 같은 것이 같은 것이 많은 것이 가지 않는 것이 같이 다 나라 같이 많이 가지 않는 것이 없는 것이 없다.				61.
Activities &		number of individuals employed in calendar year 2011 (Pa				(
Ă		number of volunteers (estimate if necessary)				2,263,744.
		I unrelated business revenue from Part VIII, column (C), line				1,956,020.
-	b Net i	unrelated business taxable income from Form 990-T, line 34			Prior Year	Current Year
		and the second			68,000	8,000.
a		ributions and grants (Part VIII, line 1h)			16,486,855.	19,122,826.
Revenue		ram service revenue (Part VIII, line 2g)				
Re		stment income (Part VIII, column (A), lines 3, 4, and 7d)			12,910,231.	17,453,477.
		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, an			172,237.	523,772.
-		I revenue - add lines 8 through 11 (must equal Part VIII, col			29,637,323.	37,108,075.
		ts and similar amounts paid (Part IX, column (A), lines 1-3)			4,291,643.	8,045,201.
ľ		efits paid to or for members (Part IX, column (A), line 4)			1 000 004	2 000 201
es		ries, other compensation, employee benefits (Part IX, colum			1,868,994.	2,000,391.
Expenses		essional fundraising fees (Part IX, column (A), line 11e)	********		0	
dx		I fundraising expenses (Part IX, column (D), line 25)		0	0 700 000	2 026 042
		er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			2,728,308.	3,036,943.
		I expenses. Add lines 13-17 (must equal Part IX, column (A			8,888,945.	13,082,535.
	19 Reve	enue less expenses. Subtract line 18 from line 12		······	20,748,378.	24,025,540.
s or				t	Beginning of Current Year	End of Year
01 00		l assets (Part X, line 16)			181,723,948.	200,690,449.
It As		l liabliities (Part X, line 26)	*******	• • • • • • • •	12,224,180.	8,438,465.
	and the second se	assets or fund balances. Subtract line 21 from line 20		a la rech	169,499,768.	192,251,984.
Par	tll S	ignature Block			to a local de la contra	A DECEMBER OF STREET
Unde	er penalties	of perjury, I declare that I have examined this return, including accomplete. Declaration of preparer (other than officer) is based on all inf	mpanying schedule ormation of which t	s and statements, preparer has any k	and to the best of my knowle nowledge.	dge and belief, it is true,
COILE		Atopill Ainel	Statistics in the second		11/1/100	10
		allela guses			11/0/20	la
Sigr		Signature of officer		and the second second	Date	
Here		STACI FIESER	FINAN	CE OFFICE	{	
		Type or print name and title	-	1		2716.1
-	Prin	It/Type preparer's name	7.	Date	Check II	PTIN
Paid		RESA D. NEWINS Ilver	fluin	10 15	12 self-employed	P00181442
Prep	Firm	n's name 🕨 KPMG LLP			Firm's EIN 🕨 13-	5565207
Use	Fim	n's address 🕨 701 WEST 8TH AVENUE, SUITE 600 ANCHORAG	E, AK 99501		Phone no. 907	-265-1200
May	the IRS d	iscuss this return with the preparer shown above? (see instr	uctions)			. Yes X No
For	Panerwor	k Reduction Act Notice, see the separate instructions.				Form 990 (2011)

CLIENT'S COPY 51625

For Paperwork Reduction Act Notice, see the separate instructions.

JSA 1E1010 1.000

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION 92-014256	
Form 990 (2011) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	Page
Briefly describe the organization's mission:	
IT IS THE PURPOSE OF THE BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	
TO PROMOTE ECONOMIC GROWTH AND OPPORTUNITIES FOR RESIDENTS OF ITS	
MEMBER COMMUNITIES THROUGH SUSTAINABLE USE OF THE BERING SEA	
<ul><li>RESOURCES.</li><li>2 Did the organization undertake any significant program services during the year which were not listed on the</li></ul>	
prior Form 990 or 990-EZ? Y If "Yes," describe these new services on Schedule O.	es X N
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	es XI
If "Yes," describe these changes on Schedule O.	
4 Describe the organization's program service accomplishments for each of its three largest program services, as expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report th grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	measured e amount
a (Code:) (Expenses \$6,103,088including grants of \$6,103,088) (Revenue \$	)
ATTACHMENT 1	
· · · · · · · · · · · · · · · · · · ·	
b (Code:) (Expenses \$including grants of \$) (Revenue \$)	)
Lc (Code: ) (Expenses \$ 902, 326, including grants of \$ 239,807, ) (Revenue \$ 111,3	
ic (Code:) (Expenses \$ <sub>902,326.</sub> including grants of \$ <sub>239,807.</sub> ) (Revenue \$ <sub>111,3</sub>	
4d Other program services (Describe in Schedule O.) ATTACHMENT 4	
(Expenses \$ 2,106,776. including grants of \$ 957,435. ) (Revenue \$ )	
te Total program service expenses ► 10, 501, 998.	
SA Fe	orm <b>990</b> (2

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Page 3

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	90 (2011)		F	Page 3
Part	IV Checklist of Required Schedules	T	Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		162	
1	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	N	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
v	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ū	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 Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Χ	ļ
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		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
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	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	ļ
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete ochedule D, Fund M, Mi, and Min FFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	4.01	v	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Χ.	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		X
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	15		X
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	-13		<u>+</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		X
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17		X
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		X
	If "Yes," complete Schedule G, Part III	20a		X
	a Did the organization operate one of more hospital lacinities? If res, complete schedule IT,	20b	N	A

Form 990 (2011)

Management (a. ).

Page 4

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	90 (2011)			Page 4
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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	Х	
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	Х	
24 a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/	Ά
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
С	to defease any tax-exempt bonds?	24c	N/	۲ 'D
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		A
d		240	111/	<u></u>
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	250		Х
	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		<u>X</u>
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	ļ	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		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
5	Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
L	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30		30		х
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		Х
	Part 1	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II.	32		<u>X</u>
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	X	
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	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	N	'A
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		-	
50	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
	To the contract of the contrac			

Form 990 (2011)

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Page 5

Form	990 (2011)		Page 5
Par			
	Check if Schedule O contains a response to any question in this Part V	•••	<u></u>
			Yes No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 92		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and		AN ASSA
	reportable gaming (gambling) winnings to prize winners?	1c	NA
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 61		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		
τu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		
		4a	X
h	If "Yes," enter the name of the foreign country: ►		SSS assed
u	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
Γ	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5 c	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		
ъа	organization solicit any contributions that were not tax deductible?	6a	X
h.	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
Q		6 b	N/A
_	gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
а		7a	A state of the second state
	and services provided to the payor?	7b	N/A
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c	X
	required to file Form 8282?	1144	
		 ↓ <b>7</b> 0	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<u>7e</u> 7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		N/A
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	NA
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		A NAME OF A
	organization, have excess business holdings at any time during the year?	8	N/A
9	Sponsoring organizations maintaining donor advised funds.	Sec.	N PA
а	Did the organization make any taxable distributions under section 4966?	9a	NA
b	<b>.</b>	9b	N/A
10	Section 501(c)(7) organizations. Enter:		
а			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b] N/A		
11	Section 501(c)(12) organizations. Enter:		
	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources		이상 등을 관한 것 이상 같은 것 이상 같은 것
	against amounts due or received from them.)	1.3 (543)(1)	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1898 20 18 48 48 48 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	N/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 organization is licensed to issue qualified health plans		
	Enter the amount of reserves on hand	1000	1 - 1910 (1928) 
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
t	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	N/A

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Form 99	BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION 92-0142		_	Page 6
Part	<b>VI</b> Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.	s in	aria Sche	or a edule
	Check if Schedule O contains a response to any question in this Part VI		•	X
Secti	on A. Governing Body and Management	T		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are 1a 17			
	material differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
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	
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		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Χ
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			.,
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Section	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			1
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	N	A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	<u>12c</u>	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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?		v	
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	<u>15b</u>	X	<b> </b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		v	
	with a taxable entity during the year?	<u>16a</u>	X	
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		v	
	organization's exempt status with respect to such arrangements?	16b	X	
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ AK,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(c)	(3)s c	niy)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	t inte	rest p	policy,
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
JSA	organization: ▶ STACI FIESER 411 FIRST AVENUE EAST DILLINGHAM, AK 99576 907-842-4370	Form	990	(2011)

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Form 990 (2011	)	BRISTC	L BAY	ECONOMIC	DEVELOPMENT	CORPORATION	92-0142567	Page 7
Part VII	Compensation of C Independent Contra		rectors	, Trustees,	Key Employee	s, Highest Comper	sated Employees,	and
	Check if Schedule O	contains a	respor	nse to an <mark>y</mark> qu	uestion in this Pa	rt VII		X

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	(do not check more than one box, unless person is both an						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations	
(1) H. ROBIN SAMUELSEN, JR.											
CHAIRMAN/PRESIDENT/CEO	40.00	Х		Х				116,834.	0	34,828.	
(2) FRED T. ANGASAN, SR.	1.40	x						10,750.	750.	0	
VICE PRESIDENT/BOARD MEMBER (3) HATTIE ALBECKER	1.40	~						10,130.	,,		
SECRETARY/BOARD MEMBER	1.90	x						17,250.	750.	0	
(4) ROBERT HEYANO								14 750	750.	0	
TREASURER/BOARD MEMBER	2.10	X				-		14,750.	750.	0	
(5) GERDA KOSBRUK BOARD MEMBER	1.20	х						9,750.	750.	0	
(6) MOSES KRITZ											
BOARD MEMBER	2.00	Х						13,250.	750.	0	
(7) VICTOR A. SEYBERT BOARD MEMBER	1.80	x						13,250.	750.	0	
(8) MARGIE ALOYSIUS	1 2.00			-							
BOARD MEMBER	90	X						4,500.	0	0	
(9) MARK ANGASAN							Γ				
BOARD MEMBER	1.10	X						6,000.	0	0	
(10) RAYMOND APOKEDAK	_		1							_	
BOARD MEMBER	.70	X			ļ	ļ		5,000.	0	0	
(11) CINDY GABEL	-										
BOARD MEMBER	.30	X		-				1,000.	0	0	
(12) LUCY GOODE	-							1 000	1,200.	0	
BOARD MEMBER	.80	X	ļ					4,800.	1,200.	0	
(13) MARY ANN JOHNSON	1.00							6,050.	1,950.	0	
BOARD MEMBER	1.00	X		+				0,050.	1, 550.	v	
(14) LORRAINE KING	1.00	X						5,500.	0	0	
BOARD MEMBER	1 1.00		1	1			1	,		°	

Form 990 (2011)

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art VII Section A. Officers, Directors, Tr (A) Name and title	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
5) PATRICK PATTERSON, JR. BOARD MEMBER	.90	x						4,500.	0	
5) FRITZ SHARP								170001		
BOARD MEMBER	1.00	X			<u> </u>			5,800.	2,200.	
7) MOSES TOYUKAK, SR.	1 1 20	v						9,000.		
BOARD MEMBER 3) HARRY WASSILY, SR.	1.20	X						9,000.		
BOARD MEMBER	.90	X						4,500.	2,000.	
) HELEN SMEATON										
CHIEF OPERATING OFFICER	40.00			X				92,620.	7,667.	31,42
)) CHRISTOPHER NAPOLI	40.00							01 010		20,05
CHIEF ADMINISTRATIVE OFFICER 1) STACI FIESER	40.00		-	X				81,010.	0	20,03
FINANCE OFFICER	40.00			Х				91,876.	0	22,25
2) PAUL PEYTON							[			· · · · · · · · · · · · · · · · · · ·
SEAFOOD INVESTMENT OFFICER	40.00					Х		140,665.	0	35,86
	-									
Ib Sub-total							►	228,684.		34,82
c Total from continuation sheets to Part VII, S	Section A						►	429,971.		109,59
d Total (add lines 1b and 1c)								658,655.		144,42
2 Total number of individuals (including but not reportable compensation from the organization	Ilmited to I		liste 2	ed a	bov	e) wh	o re	eceived more than	\$100,000 of	
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched	cer, directo	or, oi	r tru	uste	ee,	key e	emp	bloyee, or highes	st compensated	Yes 1
<ul> <li>For any individual listed on line 1a, is the organization and related organizations g individual</li></ul>	sum of re reater thar	portal n \$1	ole ( 50,0	com )001	nper ? //	nsatio f <i>"Yes</i>	na s,"	nd other compen complete Schedu	sation from the <i>ile J for such</i>	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	· a <b>c</b> crue co	mper	nsati	ion	fror	n any	un v	related organizat	on or individual	5
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest cor compensation from the organization. Report</li> </ol>	npensated compensat	indep ion fo	ende r the	ent e ca	con alen	itracto dar ye	ors ear e	that received mor ending with or wit	e than \$100,000 c hin the organizatio	r n's tax
year.										
								(B) Description of s		(C) compensation

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 ► 1

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	990 (20			ECONOMIC 1	DEVELOPMENT (	LORPORATION	92-01425	67 Page
<u>Par</u>	<u>t VIII</u>	Statement of Rever	and a second		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
ints	1a	Federated campaigns	1					
ons, Girts, Grants Similar Amounts		Membership dues			n an Araba Araba	- 14 C 1		
		Fundraising events						
- elin		Related organizations						
sis		Government grants (contribut		8,000.				44 A
contributions and Other Si	f							
Ē		and similar amounts not included	40010		a series and a series of	1. 18 1. 18 1. 19 1. 19 1. 19 1. 19 1. 19 1. 19 1. 19 1. 19 1. 19 1. 19 1. 19 1. 19 1. 19 1. 19 1. 19 1. 19 1. 1		
ang	g h	Noncash contributions included in <b>Total.</b> Add lines 1a-1f AC	n lines 1a-11: 5 FTACHMENT	7.10▶	8,000.			
	11	10tal. //dd/iii/co.1d/i/11/02/		Business Code	A State State State	S		1. A. A. A.
ven	2a	CDQ ROYALTIES		110000	16,592,914.			16,592,914
Re		IFQ ROYALTIES		110000	2,529,912.			2,529,91
vice	c							
Program Service Revenue	d							
am	e							
ogr	f	All other program service rev		L				and a second state of the second state
г Г	g	Total Add lines 2a-2f	. <u></u>	<u> </u>	19,122,826.		Cherry C. St. Same	
	3 4 5	Investment income (includin other similar amounts) A Income from investment of t Royalties	TTACHMENT ax-exempt bond p	5►	15,992,260. 0 0	11,730,095.	2,263,744.	1,998,42
			(i) Real	(ii) Personal				ensis yes
	6a	Gross rents			4	1. A.	and the second	
	b	b Less: rental expenses						1. <b>1</b>
	c	Rental income or (loss)		i i i i i i i i i i i i i i i i i i i			i ki ile kessi ile.	
	d	Net rental income or (loss).	(i) Securities	(ii) Other	0	San		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
	7 a	Gross amount from sales of						and the second second
		assets other than inventory	43,564,217.				290 - A 4	
	b	Less: cost or other basis	40, 100, 000			1.2000		
		and sales expenses	42,103,000.				1	
	c d	Gain or (loss)		▶	1,461,217.		anda ba boran kana kana ang pangkana a	1,461,21
~					1,101,217.	and the second second second	1	i.
nue	8a	Gross income from fundra events (not including \$	using		. V			Site .
Ve		of contributions reported on	line 1c)					2000 y. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Re		See Part IV, line 18				and the second		Sizie S.
ler	Ь	Less: direct expenses			]	C. Standar Sec.		
Other Revenue	с	Net income or (loss) from fu		. <u></u>	0			Na sana sa sana kao manazari na sa
-	9a	Gross income from gaming a See Part IV, line 19						
	b	Less: direct expenses	b				and the second second	Sand Sandarah
	c	Net income or (loss) from ga	aming activities .	. <u></u> ►	0			
	10a	Gross sales of inventor returns and allowances						
	b	Less: cost of goods sold						
	C	Net income or (loss) from sa Miscellaneous Reven		Business Code	0			
	11a	BBEDC MATCHING FUNDS		110000	27,386.	27,386.		
	b	ICE SALES FROM BARGE		110000	111,383.	111,383.		
	c	MEDIATION SETTLEMENT INCO		900099	380,653.	380,653.		
	d	All other revenue		900099	4,350.	4,350.		
	e	Total. Add lines 11a-11d •		<b>.</b>	37,108,075.	12,253,867.	2,263,744.	22,582,46

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Form 990 (2011)

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## Part IX Statement of Functional Expenses

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Form 990 (2011)

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).

Do not include amounts reported		(A)	(B)	(C)	(D)
<i>Do not include amounts reported</i> 7b, 8b, 9b, and 10b of Part VIII.		Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to g	overnments and		7 130 150		
organizations in the United States. See	Part IV, line 21	7,110,452.	7,110,452.		
Grants and other assistance to	individuals in		004 740		
the United States. See Part IV, lin	F	934,749.	934,749.		
Grants and other assistance to					
organizations, and individuals					
United States. See Part IV, lines 1	F	0			
Benefits paid to or for members		0			
Compensation of current offic	cers, directors,	660.000	174 101	40E 000	
trustees, and key employees		660,020.	174,131.	485,889.	
Compensation not included above	, to disqualified				
persons (as defined under section	1				
persons described in section 4958(c)(	<sup>3)(B)</sup>	0	400.070	222 425	
Other salaries and wages		811,713.	488,278.	323,435.	
Pension plan accruals and contribution		20 220	E 317	32 012	
401(k) and 403(b) employer contribu		38,329.	5,317.	33,012.	
Other employee benefits	1	372,474.	165,342.	61,349.	
Payroll taxes		117,855.	56,506.	01,343.	
Fees for services (non-employees					
a Management	1	0	38,884.	0 425	
b Legal		48,309.	38,884.	9,425. 125,528.	
c Accounting		125,528.		97,039.	
d Lobbying		97,039.		97,039.	
e Professional fundraising services. Se		9	205 464	7,866.	
f Investment management fees .		213,330.	205,464.	/,000.	
g Other		54,800.	54,800.	24,672.	
2 Advertising and promotion		57,207.	32,535.	66,223.	
3 Office expenses		82,110.	15,887.	24,740.	
Information technology		29,158.	4,418.	24,740.	
5 Royalties		0	10 022	64,403.	
6 Occupancy		82,436.	18,033.	98,029.	
7 Travel		186,543.	88,514.	98,029.	
8 Payments of travel or entertair					
for any federal, state, or local		12 042	1,023.	12,020.	
Onferences, conventions, and r	neetings	13,043.	22,911.	12,020.	
0 Interest		0	22,911.		
1 Payments to affiliates			398,255.	96,934.	
2 Depreciation, depletion, and am		495,189.	50,747.	33,792.	
3 Insurance		04,339.	50,747.		
4 Other expenses. Itemize expense					
above (List miscellaneous expense	1				
line 24e amount exceeds 10% of					
(A) amount, list line 24e expenses	F	0.25 COC		825,606.	
u		825,606.	527 147	025,000.	
b PROGRAM EXPENSES		537,147.	537,147. 97,599.	4,673.	
c DUES AND SUBSCRIPTIC		102,272.		28,080.	
d TRAINING & STAFF DEV	ELOPMENT	28,080.	1 000		
e All other expenses		-48,304.	1,006.	-49,310.	
5 Total functional expenses. Add lin	es 1 through 24e	13,082,535.	10,501,998.	2,580,537.	
6 Joint costs. Complete this li organization reported in column from a combined educational fundational collicitation. Check here	n (B) joint costs campai <u>gn</u> and				
fundraising solicitation. Check he	ere ▶ [ if 20)	0			

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Page 11

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Par	tΧ	Balance Sheet			
			(A) Beginning of year		(B) End of year
<u> </u>	1	Cash - non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	13,707,472.	2	32,901,821.
		Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	6,623,209.	4	6,781,726.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	0
	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)	О	6	0
ssets	7	Notes and loans receivable, net	3,000,000.	7	3,000,000.
NSS	8	Inventories for sale or use	0	8	0
A	9	Prepaid expenses and deferred charges ATCH. 7	546,832.	9	180,178.
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 5,578,775.			
	b	Less: accumulated depreciation	3,741,297.		3,309,812.
	11	Less: accumulated depreciation       10b       2,268,963.         Investments - publicly traded securities       ATCH       8	45,086,197.		47,903,730.
	12	Investments - other securities. See Part IV, line 11	U		0
	13	Investments - program-related. See Part IV, line 11	77,125,397.		75,674,044.
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	31,893,544.		30,939,138.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	181,723,948.	16	200,690,449.
	17	Accounts payable and accrued expenses	493,131.		516,507.
1	18	Grants payable	4,651,593.	18	7,578,552.
	19	Deferred revenue		19	100,000.
	20	Tax-exempt bond liabilities	0		0
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key			
iab		employees, highest compensated employees, and disqualified persons.			0
		Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties $\ensuremath{\texttt{ATCH}}$ . 9 .		23	33,579.
	24	Unsecured notes and loans payable to unrelated third parties	U	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	12 401	25	209,827.
		of Schedule D	12,401.		8,438,465.
	26	Total liabilities. Add lines 17 through 25	12,224,100.	20	0,430,403.
ces		Organizations that follow SFAS 117, check here $\blacktriangleright$ X and complete lines 27 through 29, and lines 33 and 34.	1.00 100 7.00		100 051 004
lan	27	Unrestricted net assets	169,499,768.	27	192,251,984.
Ba	28	Temporarily restricted net assets		28	0
pu	29	Permanently restricted net assets		29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
its	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ťA	32	Retained earnings, endowment, accumulated income, or other funds		32	
В.	33	Total net assets or fund balances	169,499,768.	33	192,251,984.
	34	Total liabilities and net assets/fund balances	181,723,948.	34	200,690,449. Form <b>990</b> (2011)

Form **990** (2011)

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Form 990 (2011)

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

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Form	990 (2011)				Paç	је <b>12</b>
-	Reconciliation of Net Assets           Check if Schedule O contains a response to any question in this Part XI	••••			X	
	Total revenue (must equal Part VIII, column (A), line 12)	1		37,1	08,0	)75.
1	Total expenses (must equal Part IX, column (A), line 25)	2		13,0	32,5	35.
2	Revenue less expenses. Subtract line 2 from line 1	3		24,0	25,5	40.
3	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	69,4	99,7	68.
4	Other changes in net assets or fund balances (explain in Schedule O)					
5	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
6	column (B))	6				
			1	92,2	51,9	84.
Pa	Financial Statements and Reporting           Check if Schedule O contains a response to any question in this Part XII				$\square$	
					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," ex Schedule O.	plair	n in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b	Were the organization's financial statements audited by an independent accountant?		•••	2b	Х	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	 overs	ight			
0	of the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplai	n in			
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	еаг м	/ere			
u	issued on a separate basis, consolidated basis, or both:					
	Separate basis X 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	fort	h in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the	3b	x	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	2		100		J

Form 990 (2011)

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SCHEDULE D Form 990)	Supplem	ental Financial	Statements		OMB No. 1545-0047
(FOLM 990)	► Complete if the	organization answered	"Yes," to Form 99	0,	2011
Department of the Treasury		, 9, 10, 11a, 11b, 11c, 11		r 12b.	Open to Public
nternal Revenue Service	► Attach to	Form 990. ► See separa	te instructions.	Employer identific	Inspection
Name of the organization	NIC DETELOBMENT CODO	ND A WT (NI		92-01425	
	OMIC DEVELOPMENT CORPO		milar Funde or		
	on answered "Yes" to Form 9		milar Funus of A	Accounts. Con	ipiete il the
		(a) Donor advised	l funds	(b) Funds and	d other accounts
1 Total number at en	d of year				
	tions to (during year)				
	rom (during year)				
Aggregate value at	end of year				
	n inform all donors and donor				
	nization's property, subject to the				L Yes No
	n inform all grantees, donors, ar				
	purposes and not for the benefi				
	ssible private benefit? ion Easements. Complete if				
	ervation easements held by the				,
	of land for public use (e.g., recr			an historically ir	nportant land area
	natural habitat			a certified histo	
Preservation					
	through 2d if the organization h	eld a qualified conservati	on contribution in t	the form of a co	nservation
easement on the la	ast day of the tax year.		6	100000-000	
				290000000	e End of the Tax Year
	nservation easements			2a	
	ricted by conservation easements			2b	
	vation easements on a certified vation easements included in (c)			2c	
	sted in the National Register			2 d	
	vation easements modified, tran				ization during the
tax year >		loron ou, released, exting		lied by the organ	in a second s
	where property subject to conse	ervation easement is locate	ed 🕨		
5 Does the organizat	ion have a written policy regard	ling the periodic monitorir	ng, inspection, har	ndling of	
	prcement of the conservation ea				
5 Staff and volunteer	hours devoted to monitoring, in	nspecting, and enforcing	conservation ease	ements during the	e year
•					
	es incurred in monitoring, inspec	cting, and enforcing cons	ervation easemen	ts during the yea	r
S Does each conserv	/ation easement reported on lin	e 2(d) above satisfy the r	equirements of sor	tion $170(h)(4)(R)$	•
	(h)(4)(B)(ii)?				
In Part XIV, describ	be how the organization reports	conservation easements	in its revenue and	expense stateme	
balance sheet, and	l include, if applicable, the text of	of the footnote to the orga			
	ounting for conservation easeme				
	ions Maintaining Collections if the organization answered			Similar Assets	3.
				avanua statama	nt and halance shee
Ia If the organization works of art, histo public service, prov	elected, as permitted under Sl prical treasures, or other simila vide, in Part XIV, the text of the f	ar assets held for public ootnote to its financial sta	c exhibition, educ atements that desc	ation, or reseaucribes these item	rch in furtherance o s.
works of art, histo public service, prov	elected, as permitted under a prical treasures, or other simila vide the following amounts relat	ar assets held for public ing to these items:	c exhibition, educ	ation, or resea	rch in furtherance o
	ded in Form 990, Part VIII, line 1				
	in Form 990, Part X				
	received or held works of a				al gain, provide the
e 11 - 1	required to be reported under S				
	in Form 000 Dort VIII line 4				r
a Revenues included	in Form 990, Part VIII, line 1.				
<ul><li>a Revenues included</li><li>b Assets included in</li></ul>	in Form 990, Part VIII, line 1 Form 990, Part X Act Notice, see the Instructions fo	<u> </u>			

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BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION 92-0142567

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Sched Par	ule D (Form 990) 2011 Organizations Maintaining C	ollections of	Art. Histo	orical Tre	asures, o	or Other	Similar Assets <i>(</i>	continued	Page <b>2</b>
Bell	Using the organization's acquisition, ac				· · · · ·				
5	collection items (check all that apply):			,	· ···· <b>)</b> ····		5 5		
а	Public exhibition		d	Loa	in or excha	ange prog	rams		
b	Scholarly research		e		~ ~				
с С	Preservation for future general	tions							
4	Provide a description of the organizati		and exp	lain how I	they furthe	er the org	anization's exemp	t purpose	in Part
.,	XIV.				,				
5	During the year, did the organization so	licit or receive d	onations	of art. hist	orical treas	sures, or o	other similar		
Ŭ	assets to be sold to raise funds rather th							Yes	No
Par		gements. Con	nplete if	the orgar				00, Part IV	, ,
	2	907 - 77 - 78 - 18 - 18 - 18 - 18 - 18 - 1							
1a	Is the organization an agent, trustee, cu								
	included on Form 990, Part X?						[	Yes	No
b	If "Yes," explain the arrangement in Part	XIV and compl	ete the fo	llowing tal	ble:				
							Amount		
С	Beginning balance				1	c		·····	
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
	Did the organization include an amount		Part X, line	e 21?				Yes	No
b	If "Yes," explain the arrangement in Part								
Par									
		a) Current year	(b) Pr	ior year	(C) Two y	ears back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses						· ·		
	Grants or scholarships								
е	Other expenditures for facilities .								
	and programs		×	•	1				
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the		nd balanc	e (line 1g	, column (a	a)) held as			
а	Board designated or quasi-endowment	▶	_%						
b	Permanent endowment ►	_ %							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c								
3a	Are there endowment funds not in the p	possession of th	ne organiz	ation that	are held a	and admir	histered for the		
	organization by:								es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organize						•••••	3b	
4	Describe in Part XIV the intended uses								
Pa	rt VI Land, Buildings, and Equipm	ient. See Forr	n 990, P						
	Description of property	(inves	other basis tment)	(	or other basis other)	depr	eciation	d) Book value	
1a	Land				202,399				2,399.
b	Buildings			1,	644,382	. 3	27,524.	1,316	5,858.
	Leasehold improvements								
d	Equipment	••			401,430		93,197.		3,233.
e	Other				330,564		48,242.		2,322.
Tota	I. Add lines 1a through 1e. (Column (d)	must equal Forn	n 990, Par	t X, colum	n (B), line	10(c).) <b>.</b> .	<u></u> ▶	3,309	9,812.

Schedule D (Form 990) 2011

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92-0142567

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	Form 990) 2011			Page 3
Part VII	Investments - Other Securities. See	<u>Form 990, Part X, line 12</u>	2	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financi	al derivatives			
(2) Closely	-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See	Form 990, Part X, line 1	3.	
	(a) Description of investment type	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
(1) TNVE	STMENT IN AFFILIATES	60,360,240.	COST	
	STMENT IN IFQS	15,313,804.	COST	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)	▶ 75,674,044.		
	Other Assets. See Form 990, Part X,			· · · · · · · · · · · · · · · · · · ·
Part IX		a) Description		(b) Book value
(1) ACCB	RUED INTEREST			239,556.
	FROM AFFILIATES			205,566.
(3) GOOE				30,477,067.
	ME TAXES RECEIVABLE			16,949.
(5)	ME TIMES RECEIVINGE			
(6)				
(7)				
(8)				
(9)				
(10)		·		
	nn (b) must equal Form 990, Part X, col. (B) line 15.)			30,939,138.
Part X	Other Liabilities. See Form 990, Part			
	(a) Description of liability	(b) Book value		and the second second
	eral income taxes			
	TRAL AND STATE TAXES PAYABLE	209,82	7.	
	ICAB AND DIALE PARES THREES			
(3)				
(4)				
(5)				
(6)			-	
(7)			—	
(8)			-	
(9)				
(10)				
(11)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 23	5.) ▶ 209,827		

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). N/A

	BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-	0142567
Sched	ule D (Form 990) 2011		Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	37,108,075.
2	Total expenses (Form 990, Part IX, column (A), line 25)		13,082,535.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		24,025,540.
4	Net unrealized gains (losses) on investments		-1,273,324.
5	Donated services and use of facilities	5	
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-1,273,324.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	22,752,216.
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R		
1	Total revenue gains and other support per audited financial statements	1	35,834,751.

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10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 1	0	22,752,216.
Part		n	
1	Total revenue, gains, and other support per audited financial statements	1	35,834,751.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a 2a 2a		
b	Donated services and use of facilities	]	
с	Recoveries of prior year grants	]	
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	-1,273,324.
3	Subtract line 2e from line 1	3	37,108,075.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	37,108,075.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn	
1	Total expenses and losses per audited financial statements	1	13,082,535.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
с		]	
d	Other losses 2c 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	13,082,535.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	13,082,535
Part	XIV Supplemental Information		
Comp	lete 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;
	line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complet	e this p	art to provide
any ac	Iditional information.		

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Schedule D (Form 990) 2011	BRISTOL	BAY EC	CONOMIC	DEVELOPMENT	CORPORATION	92-0142567	Page 5
Part XIV Supplemental In	formation (co	ntinued	)				

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SCHEDULE I G (Form 990) Gov	Grants an Governmen	d Other A ts. and In	and Other Assistance to Organizations, ents. and Individuals in the United States	o Organiza 1 the United	tions, I States	0	omb no. 1545-0047 20 <b>11</b>
Department of the Treasury Detromal Devenue Service		anization ans	organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.	orm 990, Part IV,	line 21 or 22.	U	Open to Public Inspection
	NO 1 1 1 4 0 0 0 0 0 0					Employer identification number 92-0142567	n number
DEVELOPMENT	Assistance	~				1	
1 Does the organization maintain records to substantiate	bstantiate the	amount of the	grants or assistar	ce, the grantees'	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?	or assistance? ures for monito	ring the use o	f grant funds in the	United States.	· · · ·	_,	∆ Yes ∟ No
Part 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	overnments any recipient the space is need	and Organiza hat received ded	ations in the Uni more than \$5,0	<b>ed States.</b> Com 00. Check this b	plete if the organiza ox if no one recipier	ation answered "Ye it received more th	s" an \$5,000.
1 (a) Name and address of organization or government	(p) 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) see schedule 1-1							1
(10)							
[11]							
[12]							
	government or	ganizations list	ted in the line 1 tab	le		· · · · · · · · · · · · · · · · · · ·	24.
3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ed in the line 1 istructions for	table Form 990.	• • • • • • •	•	•	Sched	
JSA 1E12881500N033 1832	Δ	V 11-6	51625	25			

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Schedule I (Form 990) (2011)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 106,611. 61,151. 12,551. 155,783. 46,803 152,325 (c) Amount of cash grant 44,155 1,346. 16. 129. (b) Number of recipients 33. 19. Ξ. 44 5 CHILLING IMPROV. PROGRAM-VESSEL HULL INSULATION (a) Type of grant or assistance STUDENT LOAN FORGIVENESS PROGRAM INTEREST RATE ASSISTANCE PROGRAM **3** TECHNICAL ASSISTANCE PROGRAM LEGE DEVELOPMENT FUND TAX ASSISTANCE PROGRAM 1 PERMIT LOAN PROGRAM Part IV Part III COLI 4 و 2

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Schedule I (Form 990) (2011)

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BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

92-0142567 Page **2** 

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Schedule I (Form 990) (2011) Part III

vers and a second of the secon	(f) Description of non-cash assistance			TOTES FOR ICING FISH	SLUSH BAGS FOR ICING	FOAM INSUL FOR ICING		
	(e) Method of valuation (book, FMV, appraisal, other)			EMV	EMV	FMV		
	(d) Amount of non-cash assistance			39,005.	34,270.	10,750.		
	(c) Amount of cash grant	30,488.	240,857.					
100 10 100000	(b) Number of recipients	4	103.	30.	23.	13.		
ral till call de unplicated il auditional space is recored.	(a) Type of grant or assistance	1 BASIC VOCATIONAL/TECHNICAL TRAINING PROGRAM	2 ADVANCED VOCATIONAL/TECHNICAL TRAINING FROGRAM	3 CHILLING IMPROVEMENTS PROGRAM - TOTES	4 CHILLING IMPROVEMENTS PROGRAM - SLUSH BAGS	5 CHILLING IMPROVEMENTS PROGRAM - FOAM INSULATION	٥	μ

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

SCHEDULE I PART I QUESTION 2

ESTABLISHED POLICIES AND PROCEDURES FOR ENSURING A GRANTEE'S ELIGIBILITY REPRESENTS INCLUDING THOSE THAT PROVIDE GRANTS AND OTHER ASSISTANCE TO PURPOSE. ALL PROGRAMS HAVE SPECIFIC PROGRAM REQUIREMENTS AS WELL AS DEVELOPED AND ARE ADMINISTERED CONSISTENT WITH BBEDC'S TAX-EXEMPT AND USE OF FUNDS WHICH ARE MONITORED BY BBEDC'S PROGRAM MANAGERS. BBEDC HAS MANY PROGRAMS AVAILABLE TO THE CDQ COMMUNITIES THAT IT INDIVIDUALS, ORGANIZATIONS, AND GOVERNMENTS. THESE PROGRAMS WERE

Schedule I (Form 990) (2011)

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#### BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

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#### FORM 990, SCHEDULE I-1, PART 1 - CONTINUATION SHEET FOR SCHEDULE I

92-0142567

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Name and Address of			Amount of		Method of Valuation (book, FMV,	Description of Non-Cash	Purpose of
Organization or Government	EIN 92-0079021	applicable	Cash Grant 316,057	Assistance	appraisal, other)	Assistance	Grant or Assistance ECONOMIC DEVELOPMENT, GRANT WRITING ASSIST., AND
CITY OF ALEKNAGIK BOX 33	92-00/9021		316,037			1	SEASONAL EMPLOYMENT OPPORTUNITIES
ALEKNAGIK, AK 99555 ALEKNAGK TRADITIONAL COUNCIL	94-2857786		81,200				ECONOMIC DEVELOPMENT AND PROMOTION OF PROGRAMS
BOX 115 ALEKNAGIK, AK, 99555							
BRISTOL BAY BOROUGH	92-0029832		19,934				SEASONAL EMPLOYMENT OPPORTUNITIES
BOX 189 NAKNEK, AK 99633							
CHOGGIUNG LTD	92-0045217		8,250			ļ	SEASONAL EMPLOYMENT OPPORTUNITIES
BOX 330 DILLINGHAM, AK 99576				1			
CITY OF DILLINGHAM	92-0030674		10,539				SEASONAL EMPLOYMENT OPPORTUNITIES
BOX 889 DILLINGHAM, AK 99576							
CLARKS POINT VILLAGE COUNCIL	92-0073206		389,400				ECONOMC DEVELOPMENT, PROMOTION OF PROGRAMS, AND OPPORTUNITIES FOR YOUTH
BOX 90 CLARKS POINT, AK 99569				}			
CURYUNG TRIBAL COUNCIL	92-0069902		389,400				ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS,
BOX 216							AND OPPORTUNITIES FOR YOUTH
DILLINGHAM, AK 99576 DILLINGHAM CITY SCHOOL DISTRICT	92-0031132		8,194	1			SEASONAL EMPLOYMENT OPPORTUNITIES
BOX 170							
DILLINGHAM, AK 99576 EDDIE'S FIREPLACE INN	92-0125527		8,525				SEASONAL EMPLOYMENT OPPORTUNITIES
BOX 69							
KING SALMON, AK 99613 CITY OF EGEGK	92-0154668		200,000				ECONOMIC DEVELOPMENT
BOX 189							
EGEGK, AK 99579 EGEGK TRIBAL COUNCIL	92-0063332		189,400				ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS,
6348 NIELSON WAY, UNIT B				}			AND OPPORTUNITIES FOR YOUTH
ANCHORAGE AK 99518 EKWOK VILLAGE COUNCL	94-3057295		403,756	1			ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT
BOX 70							OPPORTUNITIES, GRANT WRITING ASSIST., AND PROMOTION OF PROGRAMS
EKWOK, AK 99580 EKUK VILLAGE TRIBE	92-0163114		401,240				ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT
BOX 530				1			OPPORTUNITIES, AND PROMOTION OF PROGRAMS, AND
DILLINGHAM, AK 99576 KING SALMON GROUND, LLC	90-0421246		9,901				LEARNING OPPORTUNITIES FOR YOUTH SEASONAL EMPLOYMENT OPPORTUNITIES
BOX 214				1			
KING SALMON, AK 99613	92-0177073		389,400				ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS,
KING SALMON VILLAGE COUNCIL BOX 68	52-011/0/5		005,100				AND OPPORTUNITIES FOR YOUTH
KING SALMON, AK 99613	92-0074206		394,787	,			ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS,
LEVELOCK VILLAGE COUNCIL BOX 70	32-00/4200		334,707				OPPORTUNITIES FOR YOUTH, AND SEASONAL EMPLOYMENT
LEVELOCK AK 99625	92-0037650		389,357	,			OPPORTUNITIES ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS,
CITY OF MANOKOTAK BOX 170	92-0031030		303,331				OPPORTUNITIES FOR YOUTH, AND SEASONAL EMPLOYMENT
MANOKOTAK, AK 99628			200.100				OPPORTUNITIES ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS,
NAKNEK NATIVE COUNCIL BOX 105	92-0058661		389,400	, 			AND OPPORTUNITIES FOR YOUTH
NAKNEK, AK. 99633			13,835	-			SEASONAL EMPLOYMENT OPPORTUNITIES
CITY OF PILOT POINT BOX 430	92-0140460		13,835				SEASONAL EMPLOYMENT OF TORYONNIED
PILOT POINT, AK 99649							ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS,
PILOT POINT TRIBAL COUNCL BOX 449	99-0143318		389,40				AND OPPORTUNITIES FOR YOUTH
PILOT POINT AK 99649			200.10	1			ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS,
NATIVE COUNCIL OF PORT HEIDEN BOX 49007	92-0059922		389,40	J			AND OPPORTUNITIES FOR YOUTH
PORT HEIDEN, AK 99549			25/02	-			ECONOMIC DEVELOPMENT AND OPPORTUNITIES FOR YOUTH
PORTAGE CREEK VILLAGE COUNCIL 1327 E. 72ND, UNIT B	92-0070857		354,98	(			ECONOMIC DEVELOPMENT AND OPPORTOWINEST OR FOOT
ANCHORAGE AK 99518							ECONOMIC DEVELOPMENT AND PROMOTION OF PROGRAMS
NATIVE VILLAGE OF SOUTH NAKNEK 1830 E PARK HWY, SUITE A-113 PMB 388	92-0065146	l	383,40	1			ECONOMIC DEVELOPMENT AND PROMOTION OF PROGRAMS
WASILLA, AK 99654							ECONOMIC DEVELOPMENT, GRANT WRITING ASSIST., AND
CITY OF TOGIAK BOX 190	92-0047402		100,61	U		1	SEASONAL EMPLOYMENT OPPORTUNITIES
TOGIAK, AK 99678							SEASONAL EMPLOYMENT OPPORTUNITIES
TOGIAK SEAFOODS, LLC	27-0378144		9,00	4			SEASONAL EMPLOTMENT OPPORTONISTES
ANCHORAGE AK 99501							ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR
TRADITIONAL COUNCL OF TOGIAK BOX 310	92-0113885		319,81	2			YOUTH, AND PROMOTION OF PROGRAMS
TOGIAK, AK 99678							ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR
TWIN HILLS VILLAGE COUNCIL BOX TWA	92-0062296		390,39	5			YOUTH, PROMOTION OF PROGRAMS, AND TECHINCAL
TWIN HILLS, AK 99576							ASSISTANCE ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT
UGASHIK TRADITIONAL VILLAGE 206 E FIREWEED LN, SUITE 204	92-0160597		400,39	1			OPPORTUNITIES, LEARNING OPPORTUNITIES FOR YOUTH,
ANCHORAGE AK 99503							PROMOTION OF PROGRAMS, AND GRANT WRITING ASSIST.
BRISTOL BAY SCIENCE & RESEARCH INSTITUTE BOX 1464	92-0168036		175,00	0			SCIENTIFIC AND EDUCATIONAL PROJECTS
DILLINGHAM, AK 99576							
UAF-BRISTOL BAY CAMPUS	92-6000147		60,00	1		1	GED/ADULT BASIC EDUCATION AND TRAINING
BOX 1070 DILLINGHAM, AK 99576			1				
ARCTIC STORM MANAGEMENT GROUP	91-2155264		43,19	5			INTERNSHIPS
2727 ALASKAN WAY, PIER 69 SEATTLE, WA 98121					1		
OCEAN BEAUTY SEAFOODS, LLC	20-8899430	[	34,48	2			INTERNSHIPS
BOX 70739 SEATTLE, WA 98127-1539		5	1				
WESTWARD SEAFOODS, INC.	91-1443701		47,79	7			INTERNSHIPS
2101 FOURTH AVE., SUITE 1700 SEATTLE, WA 98121-2377			1			1	
0001100, WA 3012123/1							

PAGE 1 OF 1

		Compensation Information	ОМВ	8 No. 1	545-00	047	
	DULE J	For certain Officers, Directors, Trustees, Key Employees, and Highest	6				
(Forn	n 990)	Compensated Employees ► Complete if the organization answered "Yes" to Form 990,	<u> </u>	307			
Denartm	ent of the Treasury	Part IV, line 23.	Оре	en to	Pub	lic	
	nternal Revenue Service  Attach to Form 990. See separate instructions.						
	of the organization		r identification n	umber			
			2-0142567				
Part	Questio	ns Regarding Compensation			Yes	No	
1.0	Chook the an	propriate box(es) if the organization provided any of the following to or for a person lister	d in Form		ies	140	
па		Section A, line 1a. Complete Part III to provide any of the following to of the aperson inter-					
		iss or charter travel Housing allowance or residence for person	1				
		or companions Payments for business use of personal resi					
		emnification and gross-up payments Health or social club dues or initiation fees					
		onary spending account Personal services (e.g., maid, chauffeur, cha	ef)				
b	If any of the	boxes on line 1a are checked, did the organization follow a written policy regardin ement or provision of all of the expenses described above? If "No," complete	g payment				
		ement of provision of all of the expenses described above? If No, complete		1b			
2	Did the organ	nization require substantiation prior to reimbursing or allowing expenses incurred by	all officers,				
	directors, trus	stees, and the CEO/Executive Director, regarding the items checked in line 1a?		2		ļ	
				1			
3		h, if any, of the following the filing organization used to establish the compensation of th					
		s CEO/Executive Director. Check all that apply. Do not check any boxes for methods user	JDYA				
		ization to establish compensation of the CEO/Executive Director. Explain in Part III.					
	· ·	nsation committee X Written employment contract					
			mmittoo				
4	During the ye	ear, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filir or a related organization:	ıg (				
а		verance payment or change-of-control payment?		4a		X	
b		, or receive payment from, a supplemental nonqualified retirement plan?		4b		Х	
С		, or receive payment from, an equity-based compensation arrangement?		4c		Х	
	If "Yes" to an	ny of lines 4a-c, list the persons and provide the applicable amounts for each item in	Part III.				
		501(c)(3) and 501(c)(4) organizations must complete lines 5-9.					
5		listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
		n contingent on the revenues of:		_		v	
		tion?		5a		X	
b		prganization?	•••••	<u>5b</u>		<u> </u>	
•		e 5a or 5b, describe in Part III. listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
6		n contingent on the net earnings of:					
а				6a		Х	
		organization?		6b		X	
5		e 6a or 6b, describe in Part III.					
7		listed in Form 990, Part VII, Section A, line 1a, did the organization provide any	y non-fixed				
		t described in lines 5 and 6? If "Yes," describe in Part III		7		X	
8		nounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that w					
	to the initia	al contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,	" describe				
				8		X	
9		line 8, did the organization also follow the rebuttable presumption procedure de					
		section 53.4958-6(c)?		9		<u> </u>	
For Pa	aperwork Redu	ction Act Notice, see the Instructions for Form 990.	Schedule	e J (Fo	orm 99	J) 2011	

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Schedule J (Form 990) 2011 Part II Officers, Directors, Trustees, Key Employees, and	uste	ses, Key Employees		Highest Compensated Employees.	yees. Use duplica	Use duplicate copies if additional space is needed	nal space is neede	Page 2
	isatio any in 1) for	on must be reported ndividuals that are not each listed individual	in Schedule J, repor t listed on Form 990, must equal the total	edule J, report compensation from t on Form 990, Part VII. equal the total amount of Form 990,	n the organization o 0, Part VII, Section	edule J, report compensation from the organization on row (i) and from related organizations, described in the on Form 990, Part VII. on Form 990, Part VII. equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that	related organization column (D) and (E) a	ns, described in the amounts for that
		(B) Breakdown of W-2	of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
		(i)106, 334.	10,500.		3,167.	31,661.	151,662.	141,262.
1 H. ROBIN SAMUELSEN, JR		۲ ۲ ۲			•		r	
2 PAUL PEYTON	= =	(i)			4, 202.	0	870,071	0
		(ii)						1 3 3 1 3 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3
V	<u>i)</u> ij	(i)						
		(i)						
5	E	(ii)						
ω	99	(ii)						
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0	5 5	(11) (i)						
6	- <u>-</u>	(ii)	n and the and the the set of the the the the the set					
10	i i	(i)						
	<u> </u>	(ii)						
12	i i	(i) (ii)						
13	ji ji	(i)						
4		(i)						
1.5		(i)						
16	(j) (i)	(i) (ii)						
YSF							Sc	Schedule J (Form 990) 2011
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BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

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Page 3	and 8, and for Part II.			Schedule J (Form 990) 2011
	c, 5a, 5b, 6a, 6b, 7, a			
	s 1a, 1b, 3, 4a, 4b, 4			
	equired for Part I, lines			
	ion, or descriptions re			
	n nformation, explanat ditional information.			
990) 2011	Part III Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.			
Schedule J (Form 9	Part II Sup Complete this Also complete			¢ S J

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C P Condemon C . A. C. C.

SCHEDULE L	Transac	Vith	Interested	Persons			ОМВ	No. 15	545-004	\$7	
Form 990 or 990-EZ) Complete if the organization answered							6	20	11		
	"Yes" on Form 9	/, line :	25a, 25b, 26, 27,	28a, 28b, or 28c			One		Publ	ic	
partment of the Treasury ernal Revenue Serviceor Form 990-EZ, Part V, line 38a or 40b.► Attach to Form 990 or Form 990 -EZ. ► See separate instructions.								pecti			
ame of the organization						nployer i	dentifio	ation r	num be	r	
BRISTOL BAY ECONO	MIC DEVELOPMENT C	ION			92-	-0142	2567				
	fit Transactions (sections organization answered						Z, Pa	rt V, lii	ne 40	b.	
<b>1 (a)</b> Name	(a) Name of disqualified person				o) Description of tra	nsaction					Conected
(1)											_
(2) (3)											
(4)											
(5)											
(-)											
	f tax imposed on the org						►	\$			
<ol> <li>2 Enter the amount o under section 4958</li> <li>3 Enter the amount o</li> <li>Part II Loans to an</li> </ol>	f tax imposed on the org f tax, if any, on line 2, ab d/or From Interested I re organization answered	oove, reimbo Persons.	ursed b	by the organizatio	n			\$			
<ol> <li>2 Enter the amount o under section 4958</li> <li>3 Enter the amount o</li> <li>Part II Loans to an Complete if th</li> </ol>	f tax, if any, on line 2, ab	oove, reimbo Persons.	ursed to	by the organizatio	n		► V, line	\$ 38a.	oroved ard or		ritten
<ol> <li>2 Enter the amount o under section 4958</li> <li>3 Enter the amount o</li> <li>Part II Loans to an Complete if th</li> </ol>	f tax, if any, on line 2, ab d/or From Interested F e organization answered	Dove, reimbu Persons. d "Yes" on F	ursed to	by the organizatio 990, Part IV, line 2 (c) Original	n	Z, Part V	► V, line	\$	oroved ard or	(g) W	ritten nent?
<ol> <li>2 Enter the amount o under section 4958</li> <li>3 Enter the amount o</li> <li>Part II Loans to an Complete if th</li> </ol>	f tax, if any, on line 2, ab d/or From Interested F e organization answered	Dove, reimbu Persons. d "Yes" on F	or from ation?	by the organizatio 990, Part IV, line 2 (c) Original	n	Z, Part \ (e) In d	► V, line Jefault?	\$ 38a. (f) App by bo comm	proved ard or iittee?	(g) W agreer	'ritten nent?
<ol> <li>Enter the amount o under section 4958</li> <li>Enter the amount o</li> <li>Part II Loans to an Complete if th</li> <li>(a) Name of interes</li> </ol>	f tax, if any, on line 2, ab d/or From Interested F e organization answered	Dove, reimbu Persons. d "Yes" on F	or from ation?	by the organizatio 990, Part IV, line 2 (c) Original	n	Z, Part \ (e) In d	► V, line Jefault?	\$ 38a. (f) App by bo comm	proved ard or iittee?	(g) W agreer	'ritten nent?
<ol> <li>2 Enter the amount o under section 4958</li> <li>3 Enter the amount o</li> <li>Part II Loans to an Complete if th         <ul> <li>(a) Name of interes</li> <li>(1)</li> </ul> </li> </ol>	f tax, if any, on line 2, ab d/or From Interested F e organization answered	Dove, reimbu Persons. d "Yes" on F	or from ation?	by the organizatio 990, Part IV, line 2 (c) Original	n	Z, Part \ (e) In d	► V, line Jefault?	\$ 38a. (f) App by bo comm	proved ard or iittee?	(g) W agreer	ritten
<ul> <li>2 Enter the amount o under section 4958</li> <li>3 Enter the amount o</li> <li>Part II Loans to an Complete if th (a) Name of interes</li> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> </ul>	f tax, if any, on line 2, ab d/or From Interested F e organization answered	Dove, reimbu Persons. d "Yes" on F	or from ation?	by the organizatio 990, Part IV, line 2 (c) Original	n	Z, Part \ (e) In d	► V, line Jefault?	\$ 38a. (f) App by bo comm	proved ard or iittee?	(g) W agreer	ritten nent?
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<ul> <li>2 Enter the amount o under section 4958</li> <li>3 Enter the amount o</li> <li>Part II Loans to an Complete if th <ul> <li>(a) Name of interes</li> </ul> </li> <li>(1) <ul> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> </ul> </li> </ul>	f tax, if any, on line 2, ab d/or From Interested F e organization answered	Dove, reimbu Persons. d "Yes" on F	or from ation?	by the organizatio 990, Part IV, line 2 (c) Original	n	Z, Part \ (e) In d	► V, line Jefault?	\$ 38a. (f) App by bo comm	proved ard or iittee?	(g) W agreer	'ritten nent?
<ul> <li>2 Enter the amount o under section 4958</li> <li>3 Enter the amount o</li> <li>Part II Loans to an Complete if th <ul> <li>(a) Name of interes</li> </ul> </li> <li>(1) <ul> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> </ul> </li> </ul>	f tax, if any, on line 2, ab d/or From Interested F e organization answered	Dove, reimbu Persons. d "Yes" on F	or from ation?	by the organizatio 990, Part IV, line 2 (c) Original	n	Z, Part \ (e) In d	► V, line Jefault?	\$ 38a. (f) App by bo comm	proved ard or iittee?	(g) W agreer	'ritten nent?
<ul> <li>2 Enter the amount o under section 4958</li> <li>3 Enter the amount o</li> <li>Part II Loans to an Complete if th <ul> <li>(a) Name of interes</li> </ul> </li> <li>(1) <ul> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> </ul> </li> </ul>	f tax, if any, on line 2, ab d/or From Interested F e organization answered	Dove, reimbu Persons. d "Yes" on F	or from ation?	by the organizatio 990, Part IV, line 2 (c) Original	n	Z, Part \ (e) In d	► V, line Jefault?	\$ 38a. (f) App by bo comm	proved ard or iittee?	(g) W agreer	'ritten nent?
<ul> <li>2 Enter the amount o under section 4958</li> <li>3 Enter the amount o</li> <li>Part II Loans to an Complete if th <ul> <li>(a) Name of interes</li> </ul> </li> <li>(1) <ul> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> </ul> </li> </ul>	f tax, if any, on line 2, ab d/or From Interested F e organization answered	Dove, reimbu Persons. d "Yes" on F	or from ation?	by the organizatio 990, Part IV, line 2 (c) Original	n	Z, Part \ (e) In d	► V, line Jefault?	\$ 38a. (f) App by bo comm	proved ard or iittee?	(g) W agreer	'ritten nent?

- Property - - - -

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Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of a <b>ss</b> istance
(1) CARLA AKELKOK	IN-LAW TO BOARD MEMBER	1,743. EDUC. ASSIST.
(2) PHYLLIS AYOJIAK	DAUGHTER OF BOARD MEMBER	1,380. TRAINING ASSIST
(3) ROBERT HEYANO	BOARD MEMBER	550. TRAINING ASSIST
(4) ANECIA KRITZ	SPOUSE OF BOARD MEMBER	75. TRAINING ASSIS
(5) KRISTIN SMEATON	DAUGHTER OF OFFICER	628. EDUC. ASSIST.
(6)		
(7)		
(8)		
(9)		
10)		

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

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# BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION 92-0142567

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Part IV	Business Transactions Invol Complete if the organization ans	wered "Yes" on Form 990, Part	: IV, line 28a, 28b,	or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's nues?
					Yes	No
(1)						
(2)						
(3)						
(4)						<b> </b>
(5)					_	ļ
(6)						
(7)						<u> </u>
(8)						
(9)						
(10)						

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SCHEDULE O (Form 990 or 990-EZ)

# 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.



Department of the Treasury Internal Revenue Service Name of the organization

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

92-0142567

FAMILY AND BUSINESS RELATIONSHIPS OF BOARD MEMBERS

PART VI, SECTION A, LINE 2

BOARD MEMBERS - H. ROBIN SAMUELSEN, JR. AND MOSES KRITZ SIT ON THE BOARD OF ANOTHER CORPORATION (BRISTOL BAY NATIVE CORPORATION) THUS CREATING A BUSINESS RELATIONSHIP. CURRENT YEAR BOARD MEMBERS - MARK ANGASAN AND FRED ANGASAN, SR. HAVE A FAMILY RELATIONSHIP.

PROCESS FOR REVIEW OF THE FORM 990

PART VI, SECTION B, LINE 11B

PRIOR TO FILING THE RETURN, A DRAFT OF THE FORM 990 TAX RETURN WILL BE SUBMITTED TO THE FINANCE OFFICER BY THE TAX PREPARER. THIS DRAFT WILL BE REVIEWED BY THE FINANCE OFFICER AND STAFF. THE FINANCE OFFICER WILL THEN HAVE THE PRESIDENT/CEO/BOARD CHAIRMAN AND COO REVIEW THE DRAFT RETURN BEFORE AUTHORIZING THE TAX PREPARER TO FINALIZE THE RETURN. A COPY OF THE TAX RETURN WILL BE PROVIDED TO THE BOARD MEMBERS UPON REQUEST.

MONITORING OF CONFLICT OF INTEREST POLICY PART VI, SECTION B, LINE 12C BOARD MEMBERS ARE REQUIRED TO DECLARE A CONFLICT OF INTEREST ON EACH AND EVERY VOTE THEY TAKE IF ONE EXISTS.

DETERMINING COMPENSATION FOR PRESIDENT/CEO PART VI, SECTION B, LINE 15A THE BOARD SETS THE BEGINNING SALARY RANGE FOR THE POSITION OF THE

Schedule O (Form 990 or 990-EZ) 2011				
Name of the organization	Employer identification number			
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567			

PRESIDENT/CEO BASED ON A LOCAL SALARY SURVEY. THIS SALARY RANGE IS ADJUSTED PERIODICALLY AS LOCAL SALARIES IN THE REGION CHANGE. EACH YEAR THE BOARD GOES INTO EXECUTIVE SESSION TO TAKE UP THE PRESIDENT/CEO'S CONTRACT RENEWAL AND COMPENSATION FOR THE NEXT YEAR. AN EVALUATION IS PERFORMED. IN ADDITION, THE BOARD TAKES INTO CONSIDERATION ITS POLICY OF UP TO A 4% MERIT INCREASE EACH YEAR. AT THE CONCLUSION OF THE PRESIDENT/CEO'S EVALUATION, THE PRESIDENT/CEO IS REQUIRED TO LEAVE THE ROOM SO THAT THE REMAINING BOARD MAY HAVE CONFIDENTIAL DISCUSSIONS. MOTION IS MADE TO COME OUT OF EXECUTIVE SESSION AND THE BOARD'S DECISION OF THE CONTRACT AND COMPENSATION IS PRESENTED AND DOCUMENTED IN THE MINUTES.

# DETERMINING COMPENSATION FOR OTHER OFFICERS OR KEY EMPLOYEES

PART VI, SECTION B, LINE 15B

THE BOARD SETS THE BEGINNING SALARY RANGE FOR THE POSITIONS AT BBEDC BASED ON A LOCAL SALARY SURVEY. THIS SALARY RANGE IS ADJUSTED PERIODICALLY AS LOCAL SALARIES IN THE REGION CHANGE. ANNUALLY ON THE EMPLOYEE'S ANNIVERSARY DATE, THE IMMEDIATE SUPERVISOR PERFORMS AN EVALUATION. IN ADDITION, THE SUPERVISOR TAKES INTO CONSIDERATION THE BOARD'S POLICY OF UP TO A 4% MERIT INCREASE EACH YEAR. THE SUPERVISOR MAKES ITS RECOMMENDATION ON THE COMPENSATION FOR THE NEXT YEAR, WITH THE PRESIDENT/CEO HAVING FINAL APPROVAL FOR ALL EMPLOYEES. IN ADDITION, FORMAL CONTRACTS ARE REQUIRED ANNUALLY FOR THE FOLLOWING POSITIONS: CHIEF OPERATING OFFICER, FINANCE OFFICER AND SEAFOOD INVESTMENTS OFFICER.

#### AVAILABILITY OF DOCUMENTS

Schedule O (Form 990 or 990-EZ) 2011					
Name of the organization	Employer identification number				
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567				

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PART VI, SECTION C, QUESTIONS 18 AND 19 BBEDC'S FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST BY CONTACTING US AT 1-907-842-4370 OR WRITING TO US AT P.O. BOX 1464, DILLINGHAM, AK 99576-1464. IN ADDITION, OUR FORM 990 IS AVAILABLE FOR VIEWING ON THE WEBSITE GUIDESTAR.ORG.

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OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PART XI, LINE 5

UNREALIZED	LOSS	ON	MARKETABLE	SECURITIES	\$(1,273,324)

OTHER CHANGE IN NET ASSETS

#### HOURS WORKED FOR RELATED ORGANIZATIONS

PART VII, SECTION A, COLU	JMN B
BOARD MEMBER OR OFFICER	AVERAGE HOURS PER WEEK RELATED ORGANIZATIONS
H. ROBIN SAMUELSEN, JR.	0.1 HOURS/WEEK FOR BBSRI
FRED T. ANGASAN, SR.	0.1 HOURS/WEEK FOR BBSRI
HATTIE ALBECKER	0.1 HOURS/WEEK FOR BBSRI
ROBERT HEYANO	0.1 HOURS/WEEK FOR BBSRI
LUCY GOODE	0.1 HOURS/WEEK FOR HSST
MARY ANN JOHNSON	0.1 HOURS/WEEK FOR HSST
GERDA KOSBRUK	0.2 HOURS/WEEK FOR BBSRI & HSST
MOSES KRITZ	0.1 HOURS/WEEK FOR BBSRI
VICTOR SEYBERT	0.1 HOURS/WEEK FOR BBSRI
FRITZ SHARP	0.1 HOURS/WEEK FOR HSST

Schedule O (Form 990 or 990-EZ) 2011				
Name of the organization	Employer identification number			
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567			

HARRY	WASSILY,	SR.	0.1	HOURS/WEEK	FOR 1	HSST
HELEN	SMEATON		2.75	5 HOURS/WEEK	FOR	BBSRI

ATTACHMENT 1

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

COMMUNITY AND ECONOMIC DEVELOPMENT - THE COMMUNITY BLOCK GRANT (CBG) PROGRAM PROVIDES BBEDC'S CDQ COMMUNITIES WITH THE OPPORTUNITY TO FUND PROJECTS THAT PROMOTE SUSTAINABLE COMMUNITY AND REGIONAL ECONOMIC DEVELOPMENT. THE FUNDING PER COMMUNITY WAS \$350,000 FOR 2011, UP FROM \$150,000 IN 2010. ALL 17 CDQ COMMUNITIES REQUESTED AND WERE AWARDED THE FULL GRANT AMOUNT TOTALING \$5,950,000. THE ARCTIC TERM PROGRAM PROVIDES FUNDING FOR COMMUNITIES TO SUPPORT EMPLOYMENT AND EDUCATIONAL ACTIVITIES FOR RESIDENT YOUTH UNDER THE AGE OF 17. IN 2011, \$91,937 WAS AWARDED (UP FROM \$44,425 IN 2010). THE INTEREST RATE ASSISTANCE PROVIDED \$61,151 IN INTEREST RATE ASSISTANCE TO 44 RESIDENTS (DOWN FROM 46 RESIDENTS AND SAME FUNDING IN 2010).

ATTACHMENT 2

## FORM 990, PART III - PROGRAM SERVICE, LINE 4B

EDUCATION, EMPLOYMENT AND TRAINING - THIS PROGRAM OFFERS EDUCATION, EMPLOYMENT, AND TRAINING OPPORTUNITIES TO BBEDC'S CDQ RESIDENTS BY HELPING THEM DEVELOP THEIR SKILLS AND IMPROVE THE ECONOMIC CONDITIONS OF THE REGION. BBEDC'S EDUCATION PROGRAMS CONTINUED PROVIDING RESIDENTS WITH SKILL LEARNING OPPORTUNITIES. THE COLLEGE DEVELOPMENT FUND PROVIDED BENEFITS TO 129 RESIDENTS

Set of the O (Sec. 200 57) 2011	Page 2
Schedule O (Form 990 or 990-EZ) 2011 Name of the organization	Employer identification number
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567
· <u> </u>	TTACHMENT 2 (CONT'D)
WITH FUNDS OF \$106,611 (DOWN FROM 145 RESIDENTS WITH FUNDS OF	
\$140,793 IN 2010). IN 2011, BBEDC'S BASIC VOCATIONAL/TECHNICAL	
PROGRAM PROVIDED OVER \$61,000 WORTH OF ASSISTANCE TO AREA	
RESIDENTS (UP FROM \$45,716 IN 2010) AND THE ADVANCED	
VOCATIONAL/TECHNICAL PROGRAM ASSISTED 103 RESIDENTS WITH FUNDS OF	
\$240,857 (DOWN FROM 119 RESIDENTS AND \$272,381 IN FUNDS IN 2010).	
BBEDC INCREASED ITS FINANCIAL SUPPORT TO THE UAF-BRISTOL BAY	
CAMPUS TO \$50,001 (UP FROM \$40,000 IN 2010) AS WELL AS PROVIDED A	
\$10,000 CONTRIBUTION TO THEIR NURSING PROGRAM. BBEDC'S	
INTERNSHIP PROGRAMS CONTINUED WITH 11 RESIDENTS BENEFITING FROM	
THE SEATTLE-BASED INTERNSHIPS (SAME AS 2010), 3 RESIDENTS	
BENEFITING FROM THE IN-REGION INTERNSHIPS (SAME AS 2010), AND 24	
YOUTH BENEFITING FROM YOUTH INTERNSHIPS (UP FROM 16 IN 2010).	
BBEDC'S EMPLOYMENT OPPORTUNITIES CONTINUED PROVIDING SEASONAL	
EMPLOYMENT TO 23 RESIDENTS OVER THE SUMMER MONTHS (DOWN FROM 25 I)	4
2010) AND PROVIDING BERING SEA EMPLOYMENT TO 14 RESIDENTS (UP FROM	4
2 IN 2010).	

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ATTACHMENT 3

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4C

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REGIONAL FISHERIES - RECOGNIZING THAT THE QUICKEST WAY TO INCREASE THE VALUE OF BRISTOL BAY SALMON WAS THROUGH CHILLING, BBEDC EMBARKED ON AN AMBITIOUS PROGRAM TO PROVIDE ICE TO THE REGION'S FISHERMEN. IN 2011, TWO ICE BARGES DELIVERED 1,103,050 POUNDS OF ICE (DOWN 42% FROM 2010). BBEDC ALSO CONTINUED WITH ITS CHILLING

Name of the organization	Employer identification number
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567

ATTACHMENT 3 (CONT'D)

IMPROVEMENTS PROGRAM BY ASSISTING 19 FISHERMEN WITH INSULATING THEIR VESSELS FOR A TOTAL OF \$155,783 (UP FROM 11 FISHERMEN FOR \$60,385 IN 2010), PURCHASING 83 TOTES FOR 30 FISHERMEN (DOWN FROM 118 TOTES FOR 48 FISHERMEN IN 2010), AND 141 SLUSH BAGS FOR 23 FISHERMEN (SAME # OF SLUSH BAGS FOR 26 FISHERMEN IN 2010). THESE SMALL MEASURES HELP CDQ FISHERMEN CHILL THEIR CATCH AND IMPROVE THE QUALITY OF THEIR SALMON THEREBY INCREASING THE PRICE.

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		ATTACHMENT	4
<u>FORM 990, PART III, LINE 4D - OTHER PROGRAM SE</u>	RVICES		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
PERMIT BROKERAGE	152,325.	354,301.	
PERMIT LOAN PROGRAM	44,155.	66,583.	
CDQ OUTREACH	0	155,167.	
TECHNICAL ASSISTANCE PROGRAM	13,596.	42,863.	
QUOTA MANAGEMENT	0	169,652.	
COMMUNITY LIAISON	534,400.	542,910.	
INVESTMENT MANAGEMENT	175,000.	710,421.	
GRANT WRITING ASSISTANCE	37,959.	64,879.	
TOTALS	957,435.	2,106,776.	

Schedule O (Form 990 or 990-EZ) 2011				Page 2
Name of the organization	Employer identificatio	on number		
BRISTOL BAY ECONOMIC DEVELOPMENT CORPO	DRATION		92-014256	7
			ATTACHMENT 5	
FORM 990, PART VIII - INVESTMENT INCOM	ME			
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
EQUITY IN EARNINGS OF AFFILIATES	13,962,26	0. 11,730,095.	2,232,165.	
INTEREST AND DIVIDEND INCOME	2,030,00	0.	31,579.	1,998,421.
TOTALS	15,992,26	0. 11,730,095.	2,263,744.	1,998,421.

ATTACHMENT 6

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

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BORROWER: ORIGINAL AMOUNT: INTEREST RATE: DATE OF NOTE: REPAYMENT TERMS: SECURITY PROVIDED: PURPOSE OF LOAN: RELATIONSHIP:	OCEAN BEAUTY SEAFOODS, LLC 3,000,000. 2.625000 06/18/2010 INTEREST MONTHLY, PRINCIPAL ON DEMAND REAL ESTATE FACILITATE BANK REFINANCING BUSINESS	)			
BEGINNING BALANCE DUE         3,000,000.           ENDING BALANCE DUE         3,000,000.					
TOTAL BEGINNING NOTES AND LOANS RECEIVABLE					
TOTAL ENDING NOTES AND LOANS RECEIVABLES					

ATTACHMENT	7

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID INSURANCE	76,918.
PREPAID EXPENSES	14,627.
PREPAID RENT	19,865.

Schedule O (Form 990 or 990-EZ) 2011	Page Employer identification number
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567
	ATTACHMENT 7 (CONT'D)
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES	
	ENDING
DESCRIPTION	BOOK VALUE
PREPAID WORKERS' COMP INS.	1,037.
PREPAID BROKERAGE TRANSACTIONS	2,394.
PREPAID FEDERAL INCOME TAXES	0.
PREPAID STATE INCOME TAXES	63,937.
SECURITY DEPOSITS	1,400.
TOTALS	180,178.

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# ATTACHMENT 8

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## FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
SECURITIES & MUTUAL FUNDS	20,409,277.	FMV
GOVERNMENT & AGENCY SECURITIES	11,034,563.	FMV
CORPORATE BONDS	14,430,610.	FMV
FOREIGN BONDS	1,433,394.	FMV
OTHER FIXED INCOME	595,886.	FMV
TOTALS	47,903,730.	

ATTACHMENT 9 FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE LENDER: GOVERNMENTAL ENTITY INTEREST RATE: 2.000000 MATURITY DATE: 11/01/2011 PAYABLE IN ANNUAL INSTALLMENTS OF \$33,398 REPAYMENT TERMS: 33,476. BEGINNING BALANCE DUE ..... 0. ENDING BALANCE DUE .....

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Schedule O (Form 990 or 990-EZ) 2011

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Schedule O (Form 990 or 990-EZ) 2011		Page 2
Name of the organization		Employer identification number
BRISTOL BAY ECONOMIC DEVELO	PMENT CORPORATION	92-0142567
	<u>A</u>	TTACHMENT 9 (CONT'D)
LENDER: BANK OF AMERICA,	N.A.	
ORIGINAL AMOUNT: 24,	000,000.	
DATE OF NOTE: 06/1	9/2007	
MATURITY DATE: 05/01	1/2012	
REPAYMENT TERMS:	VARIABLE RATE (LIBOR+0.35%) INT ONLY M	ONTHLY PMTS
SECURITY PROVIDED:	CAPITAL INVESTMENT ACCOUNT	
PURPOSE OF LOAN:	REVOLVING PROMISSORY NOTE	
BEGINNING BALANCE DUE		7,000,000.
ENDING BALANCE DUE		0.

LENDER: CORPORATION MATURITY DATE: REPAYMENT TERMS:	11/20/2012 SUBJECT TO NPFMC FINAL ACTION REGARM	DING CREW ALLOC
		33,579. 33,579.
TOTAL BEGINNING MORTGAG	SES AND OTHER NOTES PAYABLE	7,067,055.
TOTAL ENDING MORTGAGES	AND OTHER NOTES PAYABLE	33,579.

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because it had one or more related organizations treated as a partnership during the tax year.)	because it had one or more related organizations	unizations	treated as a pai	rtnership during t	he tax year.)			100, L air 14, H		
(a) Name, address, and EIN of organization	Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropertionate allocations? Yes NO	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(k) Percentage ownership
(1) SEE_SCHEDULE_R-1										
(2)										
(3)										
(4)										
(2)										
( <u>6</u> )_										
Part V Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ted Organizations	s Taxable	as a Corporationication treated	on or Trust (Com as a corporation	plete if the orga or trust during t	nization answer	ed "Yes"	to Form 990,	Part IV,	
(a) (a) Name, address, and EiN of related organization	of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp. or trust)	(f) Share of total income	tai Sha	(g) Share of end-of-year assets	(h) P ercentage ownership
(1) ALASKA SFAFOOD INVESTMENT MGMT CO. PO BOX 1464 DILLINGHAM, AK 99576-1464	464	92-0148997	FISHING MGMT	AK	N/A	C CORP		0.	.0	1.0000
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( <u>7</u> )	an ann ann ann ann ann ann ann ann ann									
P.S.P.								Schedul	Schedule R (Form 990) 2011	1 990) 21
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BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

92-0142567

Schedule R (Form 990) 2011

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Schedule R (Form 990) 2011

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p (Complete if the organization answerf         ship through which the organization conduits regarding exclusion for certain investment         (a)         (b)       (c)         (c)       (c)         (c)	Unrelated Organizations Taxable as a Partnership (Complete if the organization answer (ollowing information for each entity taxed as a partnership through which the organization condu- nue) that was not a related organization. See instructions regarding exclusion for certain investment manadeus, and Elvid entity Femaly advision entities and entity and entity in the organization condu- ment of site of entity in the organization entity at the organization entities and entity in the organization entity at the organization entity entities and entity in the organization entity at the organization entity entities and entity in the organization entity at the organization entities and entity in the organization entity is a significant entities at the organization entity entities and entity in the organization entity at the orga	Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(f)         (g)         (h)         (h) <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>								
	axable as a Partnershi of entity taxed as a partner ganization. See instruction (b) Primary activity (sia	<b>p</b> (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) ship through which the organization conducted more than five percent of its activities is regarding exclusion for certain investment partnerships.	(d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e								

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Schedule R (Form 990) 2011

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Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see
	instructions).

92-0142567

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BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

FORM 330, SCHEDULE R-1, PART III - CONTINUATION OF IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP

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Percentage Ownership	50%		%))C	20%		50%		50%		20%		%09	1001	%,OC	2007	200	50%		40%		50%		45%		50%		45%		45%		50%		30%	50%	
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Predominant Income (related, investment, unrelated)	RELATED		KELAIEU	RELATED		RELATED		RELATED		RELATED		KELAIEU		UNKELALEU	DELATED	RELAIEU	RFI ATED		RELATED		RELATED		RELATED		RELATED		RELATED		RELATED		RELATED		RELATED	UNRELATED	
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Name, Address, and EIN of Related Organization	DONA MARTITA, LLC 91-2089115 20308 DAYTON AVE N. SEATTLE WA 98133	ALASKAN LEADER FISHERIES, LLC 61-1503131	8874 BENUER RU, STE 201, LYNUUN, WA 98264 AI ASKANTEADER SEAFOODS TEC 20-5851344	8874 BENDER RD. STE 201, LYNDON, WA 98264	ALASKAN LEADER VESSEL, LLC 92-0142904	8874 BENDER RD, STE 201, LYNDON, WA 98264	ALEUTIAN LEADER FISHERIES, LLC 26-1607537	8874 BENDER RD, STE 201, LYNDON, WA 98264	BERING LEADER FISHERIES, LLC 43-2055793	88/4 BENDEK KD, STE 201, LYNDON, WA 98264	BRISTOL LEADER FISHERIES, LLC 91-1780779	86/4 BENUEK KU, STE 201, LYNUUN, WA 38264	ATECH SERVICES, LLC 26-2712575	00/4 BENUER RU, STE ZUI, LYNUUN, VVA 98264	KOUIAK LEADER FISHERIES, LLC 27-2387715 8824 BENDED DD STE 201 I VNDON 1000 88264	00/4 DENUER NU, OIE 201, LINUON, VVA 30204	ALASKAN MARINEK, LLC 20-0499337 5470 SHILSHOLE AVE NW STF 410 SEATTI F WA 98107	ALEUTIAN MARINER, LLC 91-1424870	5470 SHILSHOLE AVE NW, STE 410, SEATTLE, WA 98107	ARCTIC MARINER, LLC 91-1530408	5470 SHILSHOLE AVE NW, STE 410, SEATTLE, WA 98107	BRISTOL MARINER, LLC 91-1812263	5470 SHILSHOLE AVE NW, STE 410, SEATTLE, WA 98107	CASCADE MARINER, LLC 91-2095173	5470 SHILSHOLE AVE NW, STE 410, SEATTLE, WA 98107	NORDIC MARINER, LLC 91-1837754	5470 SHILSHOLE AVE NW, STE 410, SEATTLE, WA 98107	NORTHERN MARINER, LLC 91-1942159	5470 SHILSHOLE AVE NW, STE 410, SEATTLE, WA 98107	WESTERN MARINER, LLC 80-0074651	5470 SHILSHOLE AVE NW, STE 410, SEATTLE, WA 98107	F/V NEAHKAHNIE, LLC 91-1953160	400 N 34TH ST, STE 306, SEATTLE, WA 98103	OCEAN BEAUTY SEAFOODS, LLC 20-8899430 1100 W EWING ST, SEATTLE, WA 98119	

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SCHEDULE R-1

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PAGE 1 OF 1

## BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

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FORM 5471 FILED ON BEHALF OF BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

- A CARAGE AND A

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION (BBEDC) HAS SATISFIED ITS FILING REQUIREMENT FOR FORM 5471.

FORM 5471 WAS FILED ON BEHALF OF BBEDC BY:

OCEAN BEAUTY SEAFOODS LLC (EIN: 20-8899430) 1100 W EWING STREET SEATTLE, WA 98119

THE FORM 5471 WAS FILED WITH OCEAN BEAUTY'S 2011 FORM 1065 WITH THE IRS SERVICE CENTER IN OGDEN, UT.

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epartment of th	he Treasury		N Eilo a conarato an	plication for each rotu	rn.		
temal Revenu		Automatic 2 Month Evi		plication for each retu		1	► X
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lectronic f	iling (e-file)	You can electronically	file Form 8868 if yo	u need a 3-month	automatic extension of til	me to file (6	months
corporatio	n required	o file Form 990-T), or a	an additional (not aut	tomatic) 3-month e:	xtension of time. You car II with the exception of	1 electronical	y tile F0 Informativ
868 to rec	quest an ex	ension of time to file a	ny or the torms liste n Personal Renefit (	Contracts which r	must be sent to the IR	S in paper f	ormat (s
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Part A	itomatic 3	Month Extension of	Time. Only submit	original (no copie	s needed).		
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All other cor	rporations (ii	cludina 1120-C filers), p	artnerships, REMICs,	and trusts must use	Form 7004 to request an	extension of	time
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Form 8868 (Rev. 1-2012)	Form	8868	(Rev.	1-2012)
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Page 2 ► X . If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

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- Presidente de la construcción de

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	Number, street, and room or suite no. If a P.O	box, see instru	ctions.	Social security number (SSI	N)
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instructions.	DILLINGHAM, AK 99576				····
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Form 990-F		04	Form 5227		10
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7 State	in detail why you need the extension INF	ORMATION	NECESSARY TO PR	REPARE THE RETURN IS	
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Signature ► CAA Date ► 8.1-12 Form 8868 (Rev. 1-2012)

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	ment of the Trea I Revenue Servi		1	The or	ganization	may have	to use a co	ppy of this	s return to	satisfy s	state repor	ting requir	ements		Inspec	tion
A Fo	or the 2009	calend	lar year,	or tax ye	ar begin	ning			, 2009,	and en	ding				, 20	_
B che	ck if applicable		C Name of	organizatio	n BRISTON	L BAY SCI	ENCE & RES	SEARCH I	NSTITUTE			D Emple	oyer ide	ntification	number	
	Address change	use IRS label or	Doing Bu	isiness As		Y			-				0168			
	Name change	print or	Number	and street (	or P.O. box	if mail is not	t delivered to	street add	iress)	F	Room/suite	E Telepi	none nur	nber		
	Initial return	type. See	P. O.	BOX 1	464						_	(907)	842	-4370	č	
	Terminated	Specific Instruc-	City or to	wn, state or	country, ar	nd ZIP + 4										
	Amended	tions.	DILLIN	IGHAM,	AK 99	576						G Gross	receipts	; \$	424	,039
	Application	F Nar	ne and ac	dress of p	rincipal of	ficer: H.	ROBIN	SAMUE	LSEN,	JR.		H(a) Is thi affilia		return for	Yes	X
	pending	P.O.	BOX 1	464 DI	LLINGH.	AM, AK	99576							s included?	Yes	
1	ax-exempt st	atus:	X 501(c)	(3) -	(insert r	no.)	4947(a)(1) o	r	527			If "N	o," attach	a list. (see in	structions)	
J V	Vebsite: ►	N/A	-1					_						ion number		
( F	orm of organi	zation:	X Corpo	ration	Trust	Associatio	on Ot	her 🕨	_	LYe	ear of forma	tion: 199	8 M S	State of lega	al domicile:	A
Par	No. of Concession, Name	nmary												2		
Activities & Governance	<ul><li>3 Number</li><li>4 Number</li><li>5 Total r</li><li>6 Total r</li></ul>	er of voti er of inde number o number o	ng membe ependent of employe of voluntee	ers of the g voting mer ees (Part V ers (estima	governing mbers of th (, line 2a) ite if neces	body (Part he governir ssary)	ed its operat t VI, line 1a) ng body (Pa	) art VI, líne		 ĖĖ ŠĊI	 io:::	  	· · · ·	3 4 5 6		7 6 0
	7a Total g	ross un	elated bu	siness rev	enue from									7a		
_	b Net un	related I	ousiness t	axable inc	ome from	Form 990-	T, line 34							7b	2	1000
			- 1.1									Prior '			Current Y	
0	8 Contril	outions a	ind grants	(Part VIII,	line 1h)				1114		🖵	40	1,22		421	1,55
Revenue													_	0.		
eve							d 7d)					1	8,64		2	2,48
12	11 Other	revenue	(Part VIII,	column (/	A), lines 5,	6d, 8c, 9c	, 10c, and '	11e)						0.		
	12 Total r	evenue	add lines	8 through	n 11 (must	equal Part	t VIII, colum	nn (A), lin	ie 12) .			41	9,87		424	1,03
	13 Grants	and sin	nilar amou	nts paid (F	Part IX, co	lumn (A), li	ines 1-3)				· · · -			0.		
						umn (A), lin								0.	1.07	
es							IX, column					6	2,20		105	9,38
Expenses	16 a Profes										· · ·		-	0.		
dx						(D), line 25						(7	6,37	c	570	5,27
-						1a-11d, 11				e • • •						5,66
							olumn (A), I				· · · -		8,58		-261	
0	19 Reven	ue less	expenses.	Subtract	line 18 from	m line 12							8,71		End of Y	
Fund Balances				1.11								Beginning	5,90			6,86
Sala		1000	art X, line				*****				A		0,42			3,00
P Ind			(Part X, li								· · · -		5,48			3,86
and the local division of the	and the second se			ces. Subtr	act line 21	from line :	20					44	5140	<u> </u>	435	100
Par	tll Sig	penaltie elief, it i	Block	y, I declare rect, and c	e that I have complete.	ve examined Declaration	d this return of preparer	n, including (other the	g accomp an officer)	anving se	chedules an I on all info	id statemen ormation o	ts, and which	to the bes preparer f	st of my k has any k )	nowled
	Prepa	Type or p	rint name a		50,	-	LICE		Date		Check if self-		Prepa (see i	arer's identii	i)	ber
Paid	signa		1	11	din	TU	26		10/20	110	employed			P001	46958	
Jse (		name (o employed		KPMG L		1	2		/	/	-	EIN	•		56520	
1961	addre	ss, and Z	P+4 7	01 WEST	BTH AVENU	JE, SUITE	600 ANCHO	RAGE, A	K 99501			Phone no		907-	265-12	Les 1
							see instruc	17 million (1997)							Yes	XI

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For	rm 990 (2009)			92-0168036	Page <b>2</b>
Ρ	art III Statement of	f Program Servi	ce Accomplishments		·····
1	Briefly describe the c ATTACHMENT	-	ssion:		
2		r 990-EZ?	· · · · · · · · · · · · · · · · · · ·	luring the year which were not listed on	Yes X No
3	Did the organization	cease conducti	ng, or make significant changes	s in how it conducts, any program	Yes X No
4	If "Yes," describe the Describe the exempt Section 501(c)(3) an	se changes on S purpose achiev d 501(c)(4) orga	Schedule O. ements for each of the organizat	tion's three largest program services by exp ) trusts are required to report the amount of	enses.
4a	(Code:) ATTACHMENT		105,678. including grants o	f \$) (Revenue \$	)
4b	) (Code:) ATTACHMENT		<sub>174,839.</sub> including grants o	of \$) (Revenue \$	)
4c	(Code:) ATTACHMENT		122,954. including grants of	\$) (Revenue \$	)
		· · · · · · · · · · · · · · · · · · ·			
4d	Other program service				
4-	(Expenses \$ 17) Total program servic	0,272 includin	g grants of \$ 573,743.	) (Revenue \$)	
+0		e expenses	J/J/143.		Form <b>990</b> (2009)

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Form 9	90 (2009) 92-0168036		1	Page 3
Part				
			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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? If "Yes," complete			
	Schedule C, Part II	4		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	Α
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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u>
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		X
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	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Χ.	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
_	Schedule D, 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its tatal aparts reported in Part X, line 162 (f "Vest" separate Schedule D, Part VIII			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	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 162 /f "Vee "complete Schedule D, Part IX			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
12	complete Schedule D, Parts XI, XII, and XIII.	12	Partire	X
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No		1949	
12.4	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	170		
	business, and program service activities outside the United States? If "Yes, "complete Schedule F, Part I	14b		Х
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, Part II.	15		Х
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, Part III	16		Х
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		Х
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		Х
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		Х
	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20		Х

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Form 9	90 (2009) 92-0168036		۶	⊃age <b>4</b>
Par	IV Checklist of Required Schedules (continued)			
			Yes	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		Х
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
25	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
<b>0</b> 4 -	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	20		
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	240		Х
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N	A
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	N	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	N	′Α
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		Х
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		Х
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		Х
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		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•••	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
01	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
52	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	~~		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	- 55		
34	III, IV, and V, line 1	34	x	
	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	- 34		
35		35		Х
	Schedule R, Part V, line 2	35		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	2	х	
	organization? If "Yes," complete Schedule R, Part V, line 2	36	A	
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,			\$7
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

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Form	990 (2009) 92-0168036		1	Page 5
Par				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	10.00		
	gaming (gambling) winnings to prize winners?	1c	N/	A
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	N/	A
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
<b>3</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	N/	A
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:  N/A N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.		전자 : 1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c	<u>N/</u>	A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	N/	Α
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	- Second		and the
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N/	Α
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	111112	X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1946-88		
	benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/.	A
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	76	27	
•	required?	7h	<u>N/</u>	A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8	N/	1
•	organization, have excess business holdings at any time during the year?		11/	
9	Sponsoring organizations maintaining donor advised funds.	9a	N/	Δ
	Did the organization make any taxable distributions under section 4966?	9b	N/	
	<b>5</b>	55	11/	A
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Initiation fees and capital contributions included on Part VIII, line 12			
11 11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
D.	amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/	A
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A	1030	······	

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Form 990 (2009)

Form 990 (2009)

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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.

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Section A.	Governing	Body and	Management

			Yes	No
1a b	Enter the number of voting members that are independent			
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	
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		х
	supervision of officers, directors or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Δ
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7a		x
	of the governing body?	7b		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			
8	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	ļ
ą	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. SEE SCH O	9a	Х	

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

<u>rev</u>				
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10a		X
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	N/	A
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11 A 12 a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCH O Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<u>12b</u>	X	
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official <u>SEE SCHO</u>	15a		x
a L	Other officers or key employees of the organization	15b		Х
b	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16 a		16a	1	x
	with a taxable entity during the year?	10a		
b				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	104	N	<u></u>
	the organization's exempt status with respect to such arrangements?	1100	1 1 1/	<u>Λ</u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	y)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
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.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►STACI\_FIESER\_411\_FIRST\_AVENUE\_EAST\_DILLINGHAM, AK\_99576 907-842-4370 20

92-0168036

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average	Poeit	ion (i		C) Kalit	hat app	lv)	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC) SEE SCHEI	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
H. ROBIN SAMUELSEN, JR.								0	108,492.	28,169.
PRESIDENT	2.00	X						0.	100,492.	20,105.
ROBERT HEYANO	-							C00	22,700.	0.
TREASURER	.10	X						600.	22,700.	
HATTIE ALBECKER								45.0	12 250	0.
SECRETARY	.10	X		<b> </b>				450.	13,350.	
FRED T. ANGASAN, SR.	_					ļ		750		0.
VICE PRESIDENT	.10	X			<u> </u>	ļ		750.	6,650.	
MOSES KRITZ	4								10 500	0.
BOARD MEMBER	.10	X		ĺ				600.	12,500.	
VICTOR SEYBERT									10.000	0.
BOARD MEMBER	.10	X	<u> </u>				ļ	600.	12,800.	
GERDA KOSBRUK	_								c	0.
BOARD MEMBER	.10	X		<u> </u>	ļ			750.	6,050.	<u> </u>
MICHAEL LINK	4									0
EXECUTIVE DIRECTOR	9.50	ļ		X		L		0.	0	0.
	-									
	. <u> </u>						<u> </u>			
	-									
					<u> </u>					
	-					1				
			<u> </u>		<u> </u>	ļ				
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	-		ļ							
			$\square$	+		1	1			
		+	1		+	1	1			
	1									

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Form 990 (2009)									92-0168036			Page 8
Part VII Sect	tion A. Officers, Directors, Tru	Γ	ey En	nplo			and	Hig	1		yees(c	
	(A) Name and title	(B) Average hours per week	Po Individual trustee or director	io Institutional trustee	-	C) all Key employee	a Highest compensated	y) Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compensa from rela organizati (W-2/1099-N	tion ted ions	(F) Estimated amount of other compensation from the organization and related organizations
				L	]	<u> </u>			3,750.	182	,542.	28,169
2 Total number	of individuals (including but not lim mpensation from the organization	nited to thos	se liste	ed a			/ho re	ceiv			, J42.	Yes No
	anization list any <b>former</b> offic line 1a? If "Yes," complete Schedu											3 X
the organiza	vidual listed on line 1a, is the tion and related organizations	greater th	nan \$	150	,00	)?	lf "Y	'es,'	and other com <i>complete</i> Sched	pensation f Iule J for s	rom such	4 X
5 Did any pe	rson listed on line 1a receive ered to the organization? If "Yes,"	e or accr	ue c	omp	ens	atio	n fro	m	any unrelated o	organization	for	5 X
	endent Contractors											
	is table for your five highest n from the organization.	compensat	ed in	idep	enc	lent	cont	tract	tors that received	d more tha	an \$10	0,000 of
	(A) Name and business add	ress							(B) Description of ser	vices	С	(C) Compensation
ATTACHMEN	T 8											
	r of independent contractors (ir 00,000 in compensation from th				niteo	d to	thos 1	se l	isted above) who	received		
ISA		Ĭ				·						Form <b>990</b> (2009)

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-	990 (20		······				Page 9
Par	<u>t VIII</u>	Statement of Revenue		(A) Total revenue	92-0168036 (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	g	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f:       \$	286,555. 	421 555			
Program Service Revenue	h 2a b c d e f g	All other program service revenue	Business Code				
<u> </u>	3 4 5 6a b c d	Investment income (including dividends, interes other similar amounts) ATTACHMENT Income from investment of tax-exempt bond pro Royalties	9 ► boceeds ► (ii) Personal	2,484. 0. 0.			2,484.
0	7a b c d	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(ii) Other	0.			
Other Revenue	8a b c 9a b	Gross income from fundraising events (not including \$	·	0.			
	c 10a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a Less: cost of goods sold b	· · · · · · · · · •				
	с 11а b с	Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code	0.			
	d e 12	All other revenue				0.	2,484.

Form 990 (2009)

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Form	990	(2009)	

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	All other organizations must complete	l 501(c)(4) organizatio column (A) but are no			
		( )			
	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	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0.			
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	3,750.	0.	3,750.	0.
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	89,219.	68,884.	20,335.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9	Other employee benefits	7,650.	7,316.	334.	
10		8,765.	6,863.	1,902.	
11	Fees for services (non-employees):				
а	Management	0.			
b		195.		195.	
с		5,475.		5,475.	
d	Lobbying	0.			
e	Professional fundraising services. See Part IV, line 17	0.			
f	Investment management fees	1,000.		1,000.	
g	Other	0.			
12	Advertising and promotion	0.			
13	Office expenses	0.			
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	35,910.	29,317.	6,593.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23		0.			
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	107.405	100 005	000	
	MATERIALS AND SUPPLIES	107,485.	106,685.	800.	
	CONTRACT PERSONNEL	297,611.	232,094.	65,517.	
-	ALLOCATED OVERHEAD	26,619.	21,294.	5,325.	
	BOARD MEETING EXPENSE	692.	101 000	692.	
	EQUIPMENT_LEASE	101,290.	101,290.		
	All other expenses		E73 743	111 010	
	Total functional expenses. Add lines 1 through 24f	685,661.	573,743.	111,918.	0
26	Joint Costs. Check here ► If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Forr	n 990 (2	2009) 92	2-0168036		Page 11
Pa	rt X	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	502,093.	2	363,844.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	113,079.	4	136,656.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		6	
ţs	7	Part II of Schedule L		7	
Assets	8			8	
Ÿ	9	Inventories for sale or use Prepaid expenses and deferred charges		9	
	-	Land, buildings, and equipment: cost or 10a			
	10 a	other basis. Complete Part VI of Schedule D			
	h	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	736.	15	96,360.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	615,908.	16	596,860.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	30,000.	19	163,000.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
iabi		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	140,426.	·	0.
	26	Total liabilities. Add lines 17 through 25	170,426.	26	163,000.
ses		Organizations that follow SFAS 117, check here $\blacktriangleright$ X and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	445,482.	27	433,860.
Bal	28	Temporarily restricted net assets		28	
nd	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here  and complete lines 30 through 34.			
sts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
μĂ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	445,482.		433,860.
	34	Total liabilities and net assets/fund balances	615,908.	34	596,860.

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Form 990 (2009)

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Page **12** 

Forr	n 990 (2009)		Pa	ge IZ
Pa	Int XI Financial Statements and Reporting			
			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 O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	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?	2c	Х	ļ
	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 consolidated basis, separate basis, or both:		ļ	
	Separate basis X 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?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

According to the state

Form 990 (2009)

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# SCHEDULE A (Form 990 or 990-EZ)

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# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

			4947(a)(	(1) nonexem	pt charitable	e trust.				Open to Public
Department of Internal Rever			Attach to Form 990 of	or Form 990-	EZ. 🕨 S	ee separat	e instructi	ons.		Inspection
Name of the	organization				· · ·			Employe	er identifica	tion number
			EARCH INSTITUTE							68036
			ity Status (All organi					e instruc	ctions.	
			ation because it is: (For							
)			ches, or association of			sectio	n 170(b)(′	1)(A)(i).		
			on 170(b)(1)(A)(ii). (Att							
Service Sector Sector			ospital service organiza							
		esearch organiz me, city, and sta	zation operated in co	njunction	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
			or the benefit of a col	lege or un	iversity ow	ned or o	perated I	by a gove	ernmental	unit described in
	•	b)(1)(A)(iv). (Co		•						
			ernment or government	al unit desc	ribed in	section 1	70(b)(1)(A	.)(∨).		
			lly receives a substant						or from t	he general public
c	described in	section 170(b)(	1)(A)(vi). (Complete F	Part II.)						
8 4	A community	r trust described	in section 170(b)(1)(A	<b>A)(</b> vi). (Co	mplete Par	t II.)				
9 🗌 A	An organiza	tion that normal	ly receives: (1) more	than 331/3	% of its su	ipport fro	m contrib	utions, r	nembershi	p fees, and gross
r	eceipts fror	n activities rela	ted to its exempt fun	ctions - su	ibject to ce	ertain exc	ceptions,	and (2) i	no more t	han 331/3% of its
s	support fror	n gross investr	ment income and un	related bu	siness taxa	able inco	me (less	section	511 tax)	from businesses
a	acquired by	the organization	after June 30, 1975.	See sectio	n 509(a)(2)	. (Compl	ete Part I	II.)		
10 🗌 A	An organizat	ion organized ar	nd operated exclusively	to test for p	public safet	y. See	section 5	09(a)(4).		
			and operated exclusi							
			ublicly supported orga							
5	509(a)(3). C	Г	at describes the type c					lines 11e		
a a					e III - Func	-	-		· `	/pe III - Other
	•		rtify that the organiz							
			on managers and oth	er than on	e or more	publiciy	supported	organiz	ations de	scribed in section
	( )( )	section 509(a)(2	,	ion from	the IDC the	at it is a	Tuno I 1		vr Typo III	supporting
	-	check this box	a written determinat			alilisa	rype i, i	iype ii, c	л туре ш	
~			he organization accept	 ed anv dift	••••••••••••••••••••••••••••••••••••••	ion from :			• • • • •	
-	ollowing per		ne organization accept	cu any girt			any or the			
	ψ.		or indirectly controls	either al	one or tog	ether wit	h person	s descrit	oed in (ii)	Yes No
· ·			erning body of the sup							11g(i) X
(			erson described in (i) ab						• • • • •	11g(ii) X
	· ·		of a person described in		bove?					11g(iii) X
•			tion about the supporte	.,	•					
	supported		(iii) Type of organization	(iv) Is the o	organization		ou notify		Is the	(vii) Amount of
organi	zation		(described on lines 1-9 above or IRC section	in col. (i) lis	sted in your document?		nization in of your	organiza	tion in col.	support
			(see instructions))	governing	dooumente		port?		.S.?	
				Yes	No	Yes	No	Yes	No	
								<u> </u>		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Total

# Schedule A (Form 990 or 990-EZ) 2009

92-0168036

Page 2

	Stile A (FOIN 990 OF 990-CZ) 2003			22			<u> </u>
Par	tll Support Schedule for Or (Complete only if you check	<b>ganizations D</b> ked the box or	escribed in S n line 5, 7, or 8	ections 170(b 3 of Part I.)	o)(1)(A)(iv) ar	nd 170(b)(1)(A)	(vi)
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	704,475.	1,208,386.	358,978.	401,225.	421,555.	3,094,619.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	704,475.	1,208,386.	358,978.	401,225.	421,555.	3,094,619.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						784,198.
6	Public support. Subtract line 5 from line 4.						2,310,421,
	tion B. Total Support	(2) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	endar year (or fiscal year beginning in) 🛛 🕨	(a) 2005	(b) 2006				
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	704,475.	1,208,386.	358,978.	401,225.	421,555.	3,094,619.
	sources	28,347.	39,466.	29,593.	18,648.	2,484.	118,538.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH. 1	0.	1,166.				1,166.
11	Total support. Add lines 7 through 10						3,214,323.
12	Gross receipts from related activities, etc. (se					12	
13	First five years. If the Form 990 is f organization, check this box and stop here			nd, third, fourth,	or fifth tax ye	ar as a section	••••►
••••••	tion C. Computation of Public Sup Public support percentage for 2009 (line			column (f))		14	71.88 %
14 15	Public support percentage for 2009 (International Public support percentage from 2008 S	s 6, column (1) a chedule A. Part	Il line 14				40.87%
10	33 1/3 % support test - 2009. If the c	vicentization did	not check the	box on line 13	and line 14 is	33 1/3 % or more	
Toa	this box and stop here. The organization						
b	33 1/3 % support test - 2008. If the c	organization did	not check a b	ox on line 13 c	or 16a, and line	e 15 is 331/3% (	or more,
	check this box and stop here. The organized						
17a	10%-facts-and-circumstances test - 2	009. If the orga	inization did not	check a box on	i line 13, 16a or	16b, and line 14	1 is 10%
	or more, and if the organization me	eets the "facts-	and-circumstan	ces" test, chec	k this box and	d stop here. E>	cplain in
	Part IV how the organization meets t						
b	organization	2008. If the org	janization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	Explain in Part IV how the organization	on meets the "	facts-and-circum	stances" test.	The organization	n qualifies as a	publicly
18	supported organization Private foundation. If the organizatio	n did not chec	k a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this box	and see
	instructions			<u></u>			
						chedule A (Form 990	

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Page 3

-	t III Support Schedule for Organ (Complete only if you checked	<b>izations Des</b> d the box on	cribed in Sect line 9 of Part I.)	ion 509(a)(2)			
Sec	tion A. Public Support					_	······
	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received. (Do not include						
~	any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
5							
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
0	· · · · · ·						
<u></u>				1		1	
	tion B. Total Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2000	(0) 2007	(u) 2000	(0) 2000	(1) 10(01
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources,						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
~	Add lines 10a and 10b						
	Net income from unrelated business						
1.1	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on • • • • • • • • • • • • • • • • • •						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organizatio	on's first, second,	third, fourth, or	fifth tax year a	as a section	501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sur						
15	Public support percentage for 2009 (line 8, c			(f))		15	%
	Public support percentage for 2008 (included) Public support percentage from 2008 Schedu						%
16							
Sec	tion D. Computation of Investmen					47	0/
17	Investment income percentage for 2009 (lin						<u>%</u>
18	Investment income percentage from 2008						%
19 a	33 1/3 % support tests - 2009. If the o						
	17 is not more than 33 1/3 %, check th						
b	33 1/3 % support tests - 2008. If the org						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see i	instructions 🕨
JSA							m 990 or 990-EZ) 2009

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Schedule A (Form 990 or 990-EZ) 2009

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Page 4

 
 Schedule A (Form 990 or 990-EZ) 2009
 Page

 Part IV
 Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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					ATTACHMENT	1
SCHEDULE A, PART II - OTHE	R INCOME					
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
MISC INCOME		1,166.				1,166.
TOTALS		1,166_				1,166.

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SCHEDULE D	Suppleme	ental Financial	Statements		OMB No. 1545-0047
(Form 990)		organization answere		۱ <u>٫</u>	2009
Department of the Treasur	-	rt IV, line 6, 7, 8, 9, 10,			Open to Public
Internal Revenue Service	Attach to	Form 990. ► See sep	parate instructions.	Employer identific	Inspection
Name of the organization	IENCE & RESEARCH INSTIT	በነጥፍ		92-01680	
	ations Maintaining Donor Ad		er Similar Funds o		
the ord	anization answered "Yes" to Fo	rm 990, Part IV, line	6.	1 Hooduntob on	
		(a) Donor adv	· · · · · · · · · · · · · · · · · · ·	(b) Funds and	other accounts
1 Total number a	end of year				
	ibutions to (during year)				
00 0	s from (during year)				
	at end of year				
	tion inform all donors and donor ad			advised	
	ganization's property, subject to the				└── Yes └── No
6 Did the organiz	tion inform all grantees, donors, an aritable purposes and not for the be	d donor advisors in writ	ting that grant funds ca	an be , other	
					Yes No
Part II Conse	vation Easements.Complete if	the organization an	swered "Yes" to Fo	rm 990. Part IV.	
1 Purpose(s) of c	inservation easements held by the	organization (check all	that apply).	·/	
Preservat	on of land for public use (e.g., recre	ation or pleasure)	Preservation of	f an historically imp	portant land area
Protection	of natural habitat		Preservation of	f a certified historic	structure
	on of open space				
	a through 2d if the organization he	ld a qualified conservat	ion contribution in the	form of a conserv	ation
easement on th	e last day of the tax year.			Held at th	e End of the Year
- Total number of	conservation easements			2a	
	stricted by conservation easements			2b	
	ervation easements on a certified h			2c	
	ervation easements included in (c)			2d	
3 Number of con	ervation easements modified, trans	ferred, released, exting	uished, or terminated	by the organizatio	n during
the tax year 🕨					
	s where property subject to conserv				
	zation have a written policy regardin				
	nforcement of the conservation eas eer hours devoted to monitoring, ins		· · · · · · · · · · · · · · ·		└── Yes └── No
		specting, and emorcing	conservation easeme	ents during the yea	1
7 Amount of exp	nses incurred in monitoring, inspect	ting and enforcing cons	servation easements o	during the vear	
•				,	
8 Does each con	ervation easement reported on line				[]
170(h)(4)(B)(i)	nd 170(h)(4)(B)(ii)?				L Yes No
	cribe how the organization reports o				
	ind include, if applicable, the text of		anization's financial st	tatements that des	cribes
the organizatio	's accounting for conservation ease zations Maintaining Collectior	ements.	Treasures or Othe	er Similar Asset	<u> </u>
Compl	te if the organization answered	I "Yes" to Form 990,	Part IV, line 8.		0.
				tatement and bal	ance sheet works of
art, historical t	ion elected, as permitted under easures, or other similar assets h XIV, the text of the footnote to its	eld for public exhibitio	on, education, or res	earch in furtheran	ce of public service.
provide, in Par	XIV, the text of the footnote to its	SEAS 116 to report	iat describes triese lie	mont and balance	sheet works of art
b If the organiza	ion elected, as permitted under ıres, or other similar assets held	i for public exhibition.	education, or rese	arch in furtherand	e of public service.
historical treas	wing amounts relating to these ite	ems:			
historical treas provide the fol	cluded in Form 990, Part VIII, line 1	1			)
historical treas provide the fol (i) Revenues i					j
historical treas provide the fol (i) Revenues i (ii) Assets incl	ded in Form 990, Part X				
historical treas provide the fol (i) Revenues i (ii) Assets inclu 2 If the organiza	ion received or held works of	art, historical treasure	es, or other similar	assets for financi	al gain, provide the
historical treas provide the fol (i) Revenues i (ii) Assets inclu 2 If the organiza following amou	ion received or held works of . hts required to be reported under	art, historical treasure SFAS116 relating to t	es, or other similar hese items:		al gain, provide the
historical treas provide the fol (i) Revenues i (ii) Assets inclu 2 If the organiza following amount a Revenues inclu	ion received or held works of	art, historical treasure SFAS116 relating to t	es, or other similar hese items:		al gain, provide the

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	•••								
0.1	No. 10 (Earth 000) 2000				g	2-0168	036		Page <b>2</b>
-	t III Organizations Maintaini	na Collectio	ns of Art. H	storical				ssets(c	
3	Using the organization's acquisition,								
	collection items (check all that apply	):							
а	Public exhibition		d		Loan or exc	change pr	ograms		
b	Scholarly research		е		Other				
С	Preservation for future gen		·		<i></i>	ha araoni	ationia avomr	at nurnac	in in
4	Provide a description of the organiza	ation's collect	ions and expla	ain now tr	iey turther t	ne organi	zation's exemp	n puipos	
5	Part XIV. During the year, did the organization	solici torra	ceive donation	s of art h	istorical trea	asures or	r other similar		
5	assets to be sold to raise funds rathe							Г	Yes No
Par	t IV Escrow and Custodial A	rrangement	s.Complete	if the or	ganization				
	IV, line 9, or reported an a	amount on F	orm 990, Pa	IT A, III	; Z I.				
10	Is the organization an agent, trustee	custo dian o	r other interme	diary for	contribution	ns or othe	r assets not		
Ia	included on Form 990, Part X?							[	Yes No
b	If "Yes," explain the arrangement in								
			·	·			Ar	nount	
с	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								Yes No
2a	Did the organization include an amo		990, Part X, II	nezi?				••• [	
Par	If "Yes," explain the arrangement in <b>Endowment Funds</b> . Corr	nlete if orda	nization ans	wered "	es" to Fo	rm 990	Part IV line	10	
Fal	tv Endowment Funds, Con	(a) Current Ye		or year	(c) Two ye		(d) Three year		(e) Four years back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains,								
	and losses								
	Grants or scholarships								
е	Other expenditures for facilities .								
<i>_</i>	and programs								
g	Administrative expenses End of year balance								
9 2	Provide the estimated percentage of	the v ear en	d balance held	as:	1				
a	Board designated or quasi-endowme	-	%						
b	Permanent endowment	%	arriver						
с		%							
3a	Are there endowment funds not in th	ie pos sessio	on of the organ	ization th	at are held	and admi	inistered for the	e	
	organization by:								Yes No 3a(i)
	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>								3a(ii)
b	If "Yes" to 3a(ii), are the related orga								3b
4	Describe in Part XIV the intended us								L
_	t VI Investments - Land, Bui					t X, line	10.		
	Description of investment		Cost or other bas (investment)		) Cost or other basis (other)	(c)	Accumulated depreciation	(4	d) Book value
1a	Land		·····						
ia b	Buildings								
c	Leasehold improvements								
d	Equipment								
е	Other								
Tota	I. Add lines 1a through 1e. (Column	(d) must equa	I Form 990, P	art X, col	umn (B), line	e 10(c).)			

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Schedule D (Form 990) 2009

- X-alternation - - - - - -

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Schedule D (Form 99	90) 2009		92-0168036	Page <b>3</b>
	vestments - Other Securities. See	Form 990, Part X, line 1		
	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
		•		
•	uity interests	•		
Other		· ····································		
		-		
				. <u></u>
	ust equal Form 990, Part X, col. (B) line 12.) vestments - Program Related. See	Form 000 Part V line 1	13	
		(b) Book value	(c) Method of valuation:	
(a)	Description of investment type		Cost or end-of-year market value	
				dis 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1
		-		
				· · · · · · · · · · · · · · · · · · ·
	ust equal Form 990, Part X, col. (B) line 13.) her Assets. See Form 990, Part X,	▶		
Part IX Ot		a) Description	(b) F	Book value
ACCRUED INT			(*) 2	43
DUE FROM AF				96,317
				96,360
	hust equal Form 990, Part X, col. (B) line 15.) her Liabilities. See Form 990, Part		· · · · · · · · · · · · · · · · · · ·	
Fail A Ou	(a) Description of liability	(b) Amount		
Federal income f				
DUE TO AFFI		0.		
			요즘 그는 모님은 아이들은 것은 것은 것이 같은 것이 같이 같은 것이 같이 같이 ? 것이 같이 같이 같이 ? 것이 같은 것이 같은 것이 같이 같이 ? 것이 같이 ? 것이 같이 것이 같이 ? 것이 ? 것	: 이 이는 것이라고 있는 것이 같은 것이 같은 것이 같이
	ust equal Form 990, Part X, col. (B) line 25.)	0.		

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2. FIN 48 Footnote. In Part XIV, provide the text of the footnote organization's liability for uncertain tax positions under FIN 48. JSA 9E1270 1.000 SW8 662 1832

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Schedu	le D (Form 990) 2009 92-0168036		Page <b>4</b>
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	424,039.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	685,661.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-261,622.
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	-261,622.
Part		turn	
1	Total revenue, gains, and other support per audited financial statements		424,039.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	· ·	
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
č	Recoveries of prior year grants		
ď	Other (Describe in Part XIV.)		
e		2e	
	Add lines 2a through 2d	20	424,039.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		124,035.
4			
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
с _	Add lines 4a and 4b		124 020
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		424,039.
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F		685,661.
1	Total expenses and losses per audited financial statements		000,001.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIV.) 2d		
е	Add lines 2a through 2d	<u>2e</u>	
3	Subtract line 2e from line 1	3	685,661.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.) 4b		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	685,661.
Part	XIV Supplemental Information		
and 2b	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I b; 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 and the provide any additional information.		

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COMPANY CONTRACTOR

Schedule D (Form 990) 2009

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Part XIV Supplemental Information (continued)

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ALCONTRACTOR OF A

SCHEDULE L (Form 990 or 990-EZ)	"Yes" on	► Co Form 9	omplete 90, Part Form 99	<b>With Inf</b> if the organiz IV, line 25a, 2 00-EZ, Part V, or Form 990-E	ation ans 5b, 26, 27 line 38a c	wered 7, 28a, 28b, or 40b.	or 28c,	ne		۵ ۱ Ope	20	09 09 09	
Internal Revenue Service Name of the organization	Attack	to For	m 990 c	or Form 990-E	Z. ► S	ee separate		nplove	r ident				
BRISTOL BAY SCIENCE	E & RESEAR(	CH TNS	TTUT	E					-016				
Part I Excess Benefit T					n 501(c)(4	) organizatio	ons only).						
Complete if the orga	anization answe	ered "Ye	s" on Fc	orm 990, Part l	V, line 25	a or 25b, or	Form 990-	EZ, Pa	rt V, li	ne 40	b.	·	
1 (a) Name of dis	squalified person				(b	) Description	of transactio	n				(c) Cor Yes	rrected?
<ol> <li>Enter the amount of ta under section 4958 .</li> <li>Enter the amount of ta</li> </ol>										►\$_ ►\$_			
Part II Loans to and/o Complete if the or	r From Intere	e <b>sted P</b> wered "Y	e <b>rsons</b> (es" on l	Form 990, Par	t IV, line 2	26, or Form	990-EZ, Pa	rt V, li	ne 38a	а.		T	
(a) Name of interested person	n and purpose	1	to or from inization?	(c) Origi principal ar		(d) Bala	nce due	(e) In (	lefault?	by bo	proved ard or hittee?		Vritten ement?
		То	From					Yes	No	Yes	No	Yes	No
Total	stance Bener	itting I wered "ו	<b>nterest</b> /es" on	<b>ed Persons.</b> Form 990, Par	t IV, line 2		1						
(a) Name of interested	person	(b) Re	elationshi	p between inter organizatio	ested persion	on and the	(c) .	Amouni	and ty	/pe or			
Part IV Business Trans	sactions Invo	olving I	nterest	ed Persons	•		280						
Complete if the or (a) Name of interested		(b) F	Relationsh	nip between son and the	(c) Ar	nount of saction	(d) Des	cription	of trai	nsactio	on	organi	naring o zation's enues?
	SEE S	CHEDI	Ũ									Yes	No
						239,298.	PROFESSIO	NAL SE	RVICES	3			x
MICHAEL LINK		BBSRI	EXEC DI	R/VP LGL AK									
MICHAEL LINK		BBSRI	EXEC DI	R/VP LGL AK						. <u>.</u>			
MICHAEL LINK		BBSRI	EXEC DI	R/VP LGL AK									 

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# SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

OMB No. 1545-0047 **n**9 **Open to Public** Inspection

Name of the organization	Employer identification number
BRISTOL BAY SCIENCE & RESEARCH INSTITUTE	92-0168036
	ATTACHMENT 2

DESCRIPTION OF HOW ORGANIZATION MAKES ITS FORM 990 AVAILABLE PART VI SECTION C LINE 18 AND LINE 19 BBSRI'S FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST BY CONTACTING US AT 1-907-842-4370 OR WRITING TO US AT PO BOX 1464, DILLINGHAM, AK 99576-1464. IN ADDITION, OUR FORM 990 IS AVAILABLE FOR VIEWING ON THE WEBSITE GUIDESTAR.ORG.

# BUSINESS RELATIONSHIPS OF BOARD MEMBERS

PART VI SECTION A LINE 2

BOARD MEMBERS H. ROBIN SAMUELSEN, JR. AND MOSES KRITZ SIT ON THE BOARD OF ANOTHER CORPORATION THUS CREATING A BUSINESS RELATIONSHIP.

#### PROCESS FOR REVIEW OF THE FORM 990

PART VI SECTION B LINE 11A

PRIOR TO FILING THE RETURN, A DRAFT OF THE FORM 990 TAX RETURN WILL BE SUBMITTED TO THE FINANCE OFFICER BY THE TAX PREPARER. THIS DRAFT WILL BE REVIEWED BY THE FINANCE OFFICER AND STAFF. THE FINANCE OFFICER WILL THEN HAVE THE CEO/BOARD PRESIDENT AND COO REVIEW THE DRAFT RETURN BEFORE AUTHORIZING THE TAX PREPARER TO FINALIZE THE RETURN. A COPY OF THE TAX RETURN WILL BE PROVIDED TO THE BOARD MEMBERS UPON REQUEST.

OFFICER WHO CANNOT BE REACHED AT ORGANIZATIONS MAILING ADDRESS

PART VI SECTION A LINE 9

MICHAEL LINK, EXECUTIVE DIRECTOR OF BBSRI, CAN BE REACHED AT LGL ALASKA

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 9E1227 2.000 SW8662 1832 V 09-7.3 746940

ame of the organization	Employer identification number
BRISTOL BAY SCIENCE & RESEARCH INSTITUTE	92-0168036

RESEARCH ASSOCIATES, INC., 1101 EAST 76TH AVENUE, SUITE B, ANCHORAGE, AK

99518.

MONITORING OF CONFLICT OF INTEREST POLICY

PART VI SECTION B LINE 12C

BOARD MEMBERS ARE REQUIRED TO DECLARE A CONFLICT OF INTEREST ON EACH AND EVERY VOTE THEY TAKE IF ONE EXISTS.

#### COMPENSATION OF OFFICERS AND DIRECTORS

PART VII SECTION A COLUMNS D AND E

ALL BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE'S (BBSRI) BOARD MEMBERS ARE ALSO MEMBERS OF THE BOARD OF BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION (BBEDC), A 501(C)(4) ORGANIZATION, AND RECEIVE COMPENSATION FROM THIS ENTITY.

#### NUMBER OF EMPLOYEES

PART I, LINE 5

BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE HAD 12 EMPLOYEES THAT WERE COMPENSATED BY ITS AFFILIATED COMPANY, BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION, AN ENTITY EXEMPT FROM TAXATION UNDER IRC SECTION 501(C)(4).

### COMPENSATION OF THE EXECUTIVE DIRECTOR

PART VI, SECTION B, LINE 15A AND SCHEDULE L, PART IV MICHAEL LINK IS THE EXECUTIVE DIRECTOR OF BBSRI. HE IS ALSO THE VICE PRESIDENT OF LGL ALASKA RESEARCH ASSOCIATES, INC. OF WHICH BBSRI CONTRACTS WITH TO PERFORM PROFESSIONAL SERVICES. HE RECEIVES NO COMPENSATION FROM BBSRI. IN 2009, LGL ALASKA RESEARCH ASSOCIATES, INC.

lame of the organization	Employer identification number
BRISTOL BAY SCIENCE & RESEARCH INSTITUTE	92-0168036

RECEIVED \$239,298 FOR PROFESSIONAL SERVICES RENDERED TO BBSRI.

ATTACHMENT 3

# FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE'S MISSION IS TO UNDERTAKE SCIENTIFIC AND EDUCATIONAL PROJECTS TO FACILITATE A GREATER UNDERSTANDING OF THE ENVIRONMENT AND FISHERIES RESOURCES FOR THE BRISTOL BAY REGION AND TO PURSUE PROJECTS THAT WILL FOSTER ECONOMIC HEALTH AND VITALITY TO THE REGION AND ITS INHABITANTS.

ATTACHMENT 4

#### 4A PROGRAM SERVICE

SMOLT SONAR DEVELOPMENT

THE PURPOSE OF THIS STUDY WAS TO CONTINUE TESTING AN UP-LOOKING SONAR SYSTEM DEVELOPED BY THE BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE (BBSRI) TO ENUMERATING OUTMIGRATING SOCKEYE SALMON SMOLTS IN LARGE RIVERS IN BRISTOL BAY (AND ELSEWHERE IN ALASKA). ACCURATE ABUNDANCE ESTIMATES COUPLED WITH AGE AND BODY SIZE COMPOSITION, ALLOWS FISHERY MANAGERS TO IMPROVE PRESEASON PREDICTIONS OF ADULT RETURNS. THESE DATA ALSO OFFER INSIGHT INTO THE FORCES THAT DRIVE FRESHWATER AND MARINE SURVIVAL OF SOCKEYE SALMON, WHICH ULTIMATELY AFFECTS MANAGEMENT STRATEGIES INCLUDING THE SETTING OF ESCAPEMENT GOALS.

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Name of the organization	Employer identification number
BRISTOL BAY SCIENCE & RESEARCH INSTITUTE	92-0168036

ATTACHMENT 4 (CONT'D)

BBSRI BEGAN DEVELOPING THE SONAR IN 2006 AND FIRST TESTED IT ON THE KVICHAK RIVER IN SPRING OF 2008. ALONG WITH OPERATING AND TESTING THE SONAR, BBSRI HAS WORKED WITH THE ALASKA DEPARTMENT OF FISH AND GAME (ADF&G) DURING THE FIELD DEPLOYMENT TO COLLECT SOCKEYE SALMON SMOLT FOR AGE AND SIZE INFORMATION. THE FUNDING FOR THE SMOLT SAMPLING WAS MADE AVAILABLE THROUGH A THREE YEAR (2009 -2011) COOPERATIVE AGREEMENT BETWEEN BBSRI AND ADF&G. IN 2009, BBSRI AND THE BRISTOL BAY REGIONAL SEAFOOD DEVELOPMENT ASSOCIATION CONTRIBUTED FUNDING IN SUPPORT OF THE SONAR PROJECT.

DURING THE SPRING OF 2009, BBSRI OPERATED TWO IDENTICAL UP-LOOKING SONAR SYSTEMS AT TWO SITES IN THE UPPER REACHES OF THE KVICHAK RIVER. IN ADDITION TO THE CORE SONAR, SIDE-LOOKING AND SPLIT-BEAM SONAR WAS OPERATED IN ORDER TO VERIFY DATA COLLECTED BY THE UP-LOOKING SONAR.

THE SPECIFIC OBJECTIVES OF THE 2009 STUDY WERE TO: 1) OPERATE TWO IDENTICAL SONAR SYSTEMS ON THE KVICHAK RIVER AND ASSESS THE ABILITY OF THE SYSTEMS TO CHARACTERIZE THE HOURLY, DAILY, AND SEASONAL ABUNDANCE OF SOCKEYE SALMON SMOLTS MIGRATING TO SEA; AND

2) OPERATE SIDE-LOOKING AND SPLIT-BEAM SONAR TO VERIFY DATA COLLECTED BY THE UP-LOOKING SONAR.

BOTH SYSTEMS WERE DEPLOYED AND OPERATED ON THE KVICHAK RIVER FROM

Schedule O (Form 990) 2009

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Name of the organization	Employer identification number
BRISTOL BAY SCIENCE & RESEARCH INSTITUTE	92-0168036

ATTACHMENT 4 (CONT'D)

APPROXIMATELY 26 MAY TO 14 JUNE, 2009. THE DATA WERE ANALYZED AND A DRAFT REPORT WAS PREPARED DURING THE FALL/WINTER 2009. ABUNDANCE ESTIMATES WERE GENERATED FOR EACH SITE:

DOWNRIVER SITE: 35,247,209 (95% CONFIDENCE LIMITS = 32,164,876 -38,329,542) UPRIVER SITE: 38,755,938 (95% CONFIDENCE LIMITS = 33,677,223 -43,834,653)

BOTH THE SIDE-LOOKING AND SPLIT-BEAM SONARS WERE DEPLOYED ON 26 MAY AT THE DOWNRIVER SITE AND OPERATED FOR THE DURATION OF THE STUDY. DATA COLLECTED FROM THE SIDE-LOOKING SONAR WERE USED DURING ANALYSIS TO VERIFY CROSS RIVER DISTRIBUTION OF OUTMIGRATING SMOLTS. THE SPLIT-BEAM SONAR PROVIDED AN INDEPENDENT ESTIMATE OF TARGET STRENGTH OF INDIVIDUAL SMOLTS AND WAS USED TO GENERATE ABUNDANCE ESTIMATES.

BASED ON THE SUCCESS FROM THE 2008 AND 2009 FIELD SEASONS, BBSRI PLANS TO EXPAND THE SMOLT SONAR PROGRAM TO INCLUDE THE UGASHIK RIVER IN 2010 AND THE EGEGIK RIVER IN 2011. THIS PROJECT IS INTENDED TO BE A LONG-TERM RESEARCH AND MONITORING PROGRAM THAT WILL IMPROVE PRESEASON FORECASTS AND PROVIDE RIVER-SPECIFIC ESTIMATES OF FRESHWATER AND MARINE SURVIVAL.

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Schedule O (Form 990) 2009		
Name of the organization		Emp
BRISTOL BAY SCIENCE & RESEARCH	INSTITUTE	

ployer identification number 92-0168036 Page **2** 

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 5

4B PROGRAM SERVICE

PORT MOLLER TEST FISHERY

THE PORT MOLLER SALMON TEST FISHERY IS USED TO ASSESS THE ABUNDANCE, AGE COMPOSITION, AND RIVER OF ORIGIN (STOCK COMPOSITION) OF THE BRISTOL BAY SOCKEYE SALMON RUN APPROXIMATELY 160 MILES WEST OF BRISTOL BAY, NORTH OF THE ALASKA PENINSULA. THE TEST FISHERY INVOLVES VESSEL AND CREW FISHING A GILLNET AT SPECIFIC LOCATIONS ALONG A TRANSECT LINE BETWEEN PORT MOLLER, ALASKA AND CAPE NEWENHAM FROM EARLY JUNE TO EARLY JULY EACH YEAR. DATA COLLECTED DURING THE TEST FISHERY ARE ANALYZED ON A DAILY BASIS AND USED BY FISHERY MANAGERS TO REGULATE THE COMMERCIAL FISHERY, BY PROCESSORS TO MANAGE TENDERING FLEETS AND PROCESSING CAPACITY, AND BY FISHERMEN TO HELP CHOOSE FISHING DISTRICTS TO FISH. THE SPECIFIC OBJECTIVES OF THE PORT MOLLER TEST FISHERY ARE TO PROVIDE INTERESTED PARTIES WITH:

1) AN INDEX OF ABUNDANCE (FISH CAUGHT PER HOUR OF FISHING).

2) AGE COMPOSITION DATA OF THE TEST FISHERY CATCH.

3) GENETIC STOCK COMPOSITION DATA OF THE TEST FISHERY CATCH.

4) SEA SURFACE TEMPERATURE, SEA STATE, AND WEATHER

CONDITIONS.

SINCE 2002, THE BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE (BBSRI)

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
BRISTOL BAY SCIENCE & RESEARCH INSTITUTE	92-0168036

ATTACHMENT 5 (CONT'D)

HAS MANAGED THE PORT MOLLER TEST FISHERY IN COLLABORATION WITH THE ALASKA DEPARTMENT OF FISH AND GAME (ADF&G) AND WITH SUPPORT FROM BRISTOL BAY SALMON PROCESSORS. IN 2009, FISHERMEN CONTRIBUTED A PORTION OF THE PROJECT'S FUNDS THROUGH THE BRISTOL BAY REGIONAL SEAFOOD DEVELOPMENT ASSOCIATION. THE PRIMARY RESPONSIBILITIES OF BBSRI INCLUDE: PROJECT MANAGEMENT, VESSEL CHARTER, HIRE AND TRAIN TECHNICIANS, FIELD DATA CONTROL AND TRANSFER, COORDINATE WITH AGENCIES AND INDUSTRY, AND DAILY ANALYSIS OF TEST FISH DATA FOR FISHERY MANAGERS, PROCESSORS, FISHERMEN, AND THE GENERAL PUBLIC.

FOR THE PERIOD 10 JUNE TO 9 JULY 2009, BBSRI CONTRACTED THE F/V STELLA TO CONDUCT THE TEST FISHING CHARTER AND SUPPLIED TWO BIOLOGICAL TECHNICIANS TO LIVE ABOARD THE VESSEL AND SAMPLE THE SALMON CATCH. AT THE COMPLETION OF EACH DAY'S FISHING, A WHEELHOUSE LOGBOOK SUMMARY OF THE TEST FISHERY DATA WAS REPORTED TO DR. SCOTT RABORN OR MR. MICHAEL LINK. THIS DATA SUMMARY CONTAINED THE RAW CATCH AND EFFORT INFORMATION (STATION, SOCKEYE CATCH TOTAL AND MEAN FISHING TIME) THAT IS USED TO CALCULATE THE DAILY TEST FISHING INDEX (TFI). THE DAILY TFI AND AN INTERPRETATION OF IT AND AGE AND STOCK COMPOSITION INFORMATION FROM THE TEST FISHERY WERE PUBLISHED DAILY BY BBSRI VIA AN EXTENSIVE EMAIL DISTRIBUTION LIST. AT THE COMPLETION OF EACH TWO

Page 2
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168036
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ATTACHMENT 5 (CONT'D)

DAY TRIP, THE DIGITAL BIOLOGICAL DATA PLUS THE PHYSICAL SAMPLES OF SCALES AND GENETIC MATERIAL WAS DELIVERED TO ADF&G. THE DEPARTMENT THEN USED THESE SAMPLES TO ESTIMATE AGE AND STOCK COMPOSITION OF THE DEVELOPING AND INCOMING BRISTOL BAY SALMON RUN. DURING THE LAST 4 DAYS OF THE 2009 PROGRAM, BBSRI FISHED EXPERIMENTAL GILLNETS THAT WILL HELP TO CHARACTERIZE THE SIZE SELECTIVITY OF THE HISTORICAL GILLNET USED AT PORT MOLLER. AN ANNUAL PROJECT REPORT SUMMARIZING DAILY REPORTS, FISHING CATCH AND EFFORT, AND THE AGE AND STOCK COMPOSITION RESULTS WAS PREPARED AND DISTRIBUTED TO THE GROUPS THAT CONTRIBUTED TO THE 2009 PROJECT. A REPORT DESCRIBING THE GILLNET SELECTIVITY RESEARCH WAS ALSO PREPARED.

THE PORT MOLLER TEST FISHERY HAS BEEN AN IMPORTANT PART OF THE IN-SEASON MANAGEMENT OF THE BRISTOL BAY SOCKEYE FOR MANY YEARS. AS THE LEAD ORGANIZATION OF THE PORT MOLLER TEST FISHERY, BBSRI WILL CONTINUE TO BE AN INTEGRAL PART OF THE FISHERY MANAGEMENT IN BRISTOL BAY. PLANS FOR 2010 INCLUDE CHARTERING A SECOND RESEARCH VESSEL TO CHARACTERIZE THE MEASUREMENT ERROR FROM THE CURRENT TEST FISHING PROTOCOL AND TO EXAMINE OTHER FACTORS AFFECTING THE ACCURACY OF ABUNDANCE ESTIMATES FROM THE TEST FISHERY.

ATTACHMENT 6

Schedule O (Form 990) 2009

Name of the organization Emplo	
	ver identification number
BRISTOL BAY SCIENCE & RESEARCH INSTITUTE 9	2-0168036

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ATTACHMENT 6 (CONT'D)

4C PROGRAM SERVICE

INSHORE CATCH SAMPLING

THE BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE (BBSRI) HAS DONE THIS PROJECT SINCE 2002 AND OVER THESE 7 SEASONS HAS LED IN THE DEVELOPMENT AND MODERNIZATION OF SEVERAL ASPECTS OF THE PROGRAM. THIS MODERNIZATION INCLUDED THE DEVELOPMENT OF HAND-HELD COMPUTERS, DIGITAL AND WIRELESS CALIPERS FOR MEASURING FISH, AND A DATABASE MANAGEMENT SYSTEM. THE PROJECT IS FUNDED BY BOTH ADF&G (THROUGH A COOPERATIVE AGREEMENT) AND BBSRI.

THE ALASKA DEPARTMENT OF FISH AND GAME (ADF&G) CONDUCTS A VARIETY OF PROGRAMS THAT SUPPLY INFORMATION USED TO MANAGE THE BRISTOL BAY SALMON FISHERIES. THE PROGRAMS INCLUDE: 1) COMPILING FISHING DISTRICT-SPECIFIC CATCH STATISTICS, 2) SAMPLING COMMERCIAL CATCHES FOR AGE, SEX, SIZE COMPOSITION, AND TISSUE SAMPLING FOR GENETIC ANALYSIS TO DETERMINE STOCK COMPOSITION OF CATCHES, 3) ENUMERATING SPAWNING ESCAPEMENTS IN RIVERS, AND 4) SAMPLING ESCAPEMENT FOR AGE, SEX, AND SIZE COMPOSITION. THE CATCH SAMPLING PROJECT DONE BY BESRI REPRESENTS THE 2ND COMPONENT OF THE LIST.

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
BRISTOL BAY SCIENCE & RESEARCH INSTITUTE	92-0168036

ATTACHMENT 6 (CONT'D)

THE DATA FROM THE COMMERCIAL CATCH SAMPLING ARE USED BY ADF&G TO: 1) DEVELOP PRE-SEASON FORECAST OF RETURNS TO EACH RIVER SYSTEM (ALLOCATE CATCH TO RIVER OF ORIGIN FROM MIXED STOCK FISHERIES), 2) ESTIMATE THE RUN STRENGTH WITHIN THE SEASON RUN STRENGTH, AND 3) ESTABLISH BROOD TABLES THAT ARE USED TO DEVELOP SPAWNING ESCAPEMENT GOALS.

### SPECIFIC PROJECT OBJECTIVES ARE TO:

 COLLECT SCALES, LENGTH, AND TISSUE SAMPLES FROM EACH FISHING PERIOD IN EACH OF THE 5 MAJOR FISHING DISTRICTS IN BRISTOL BAY.
 COLLECT ADDITIONAL TISSUE SAMPLES FROM THE COMMERCIAL CATCH AS SPECIFIED IN THE WESTERN ALASKA SALMON STOCK IDENTIFICATION PROGRAM (WASSIP).

IN 2009, BBSRI HIRED, TRAINED AND SUPERVISED EIGHT TECHNICIANS TO PERFORM INSHORE CATCH SAMPLING DUTIES IN TOGIAK (1 PERSON), DILLINGHAM (3), AND NAKNEK (4). ON EACH DAY OF THE SEASON, THE CREWS ARRANGED WITH SHORESIDE AND FLOATING PROCESSING PLANTS TO

Schedule O (Form 990) 2009		Page 2
Name of the organization	Employer identification number	
BRISTOL BAY SCIENCE & RESEARCH INSTITUTE	92-0168036	

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FORM 990, PART III - PROGRAM SERVICES

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ATTACHMENT 6 (CONT'D)

SET ASIDE FISH, SAMPLED FISH FOR SCALES, SEX, LENGTH DATA ("ASL" DATA), AND COLLECT TISSUE SAMPLES TO BE USED FOR GENETIC ANALYSIS FROM THE DAILY COMMERCIAL CATCH FROM EACH OF THE FIVE FISHING DISTRICTS. THE TABLE BELOW PROVIDES THE NUMBER OF FISH SAMPLED BY SPECIES AND DISTRICT BY BESRI IN 2009.

	Number of fish sampled from catch by species			
Fishing District	Chinook	Sockeye	Chum	Total
Ugashik		4,938		4,938
Egegik		5,881		5,881
Naknak/Kvichak		6,561		6,561
Nushagak	1,466	5,740	3,022	10,228
Togiak	410	2,789	925	4,124
Totals	1,876	25,909	3,947	31,732

THE DIGITAL DATA AND PHYSICAL SAMPLES WERE PROVIDED TO ADF&G ON A DAILY BASIS TO BE ANALYZED. THE ASL DATA WERE PROCESSED IMMEDIATELY TO PRODUCE AGE-COMPOSITION THAT WAS THEN USED AS AN IN-SEASON MANAGEMENT TOOL BY BRISTOL BAY FISHERY MANAGERS. THE GENETIC ANALYSIS WAS DONE AFTER THE SEASON AND IS USED TO GUIDE LONG TERM MANAGEMENT STRATEGIES IN BRISTOL BAY AND ELSEWHERE IN

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Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
BRISTOL BAY SCIENCE & RESEARCH INSTITUTE	92-0168036

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ATTACHMENT 6 (CONT'D)

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WESTERN ALASKA. THE CATCH ALLOCATIONS AMONG STOCKS WERE DONE POST SEASON AND THE BROOD TABLES WERE CIRCULATED TO RESEARCHERS AROUND ALASKA AND THE PACIFIC NORTHWEST AND WERE USED BY ADF&G TO DEVELOP THE 2010 PRESEASON FORECASTS FOR BRISTOL BAY SOCKEYE AND CHINOOK SALMON.

President and a second second

	ATTACHME	NT 7
<u>FORM 990, PART III, LINE 4D - OTHER PROGRAM SEI</u>	RVICES	
DESCRIPTION GRAN	TS EXPENSES	REVENUE
OTHER PROGRAMS CONDUCTED IN 2009	170,272.	
INCLUDE PORT MOLLER SELECTIVITY S		
SMOLT SAMPLING, MODERNIZE CATCH S		
AND KVICHAK-REPORT PUBLISHING.		
TOTALS	170,272.	
	ATTACHME	INT 8
990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTO	<u>Rs</u>	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
LGL ALASKA RESEARCH ASSOCIATES INC.	PROFESSIONAL SRVC	239,298.

LGL ALASKA RESEARCH ASSOCIATES INC. PROFESSIONAL SRVC 1101 EAST 76TH AVENUE, SUITE B ANCHORAGE, AK 99518

TOTAL COMPENSATION

239,298.

Schedule O (Form 990) 2009

Schedule O (Form 990) 2009				Page 2
Name of the organization			Employer identification	number
BRISTOL BAY SCIENCE & RESEARCH ]	INSTITUTE		92-0168036	
			ATTACHMENT 9	
FORM 990, PART VIII - INVESTMENT	INCOME			
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	2,484.			2,484.
TOTALS	2,484			2,484

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FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION

LANDING TAX

TOTALS

ATTACHMENT 10

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ENDING BOOK VALUE

163,000.

163,000.

SCHEDULE R (Form 990)	Related Organizations	ganizations and Unrelated Partnerships	d Partnersl	nips		OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service	<ul> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.</li> <li>Attach to Form 990.</li> </ul>	es" to Form 990, Part IV, ▶ See separate	i 990, Part IV, line 33, 34, 35, 36 ol See separate instructions.	- 37.		Open to Public Inspection	
	dion SCIENCE & RESEARCH INSTITUTE				Employer identifica 92-0168036	Employer identification number 92–0168036	
Part I Identifica	Identification of Disregarded Entities (Complete if the organization answered "Yes"	answered "Yes" on	on Form 990, Part IV, line 33.)	IV, line 33.)			
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
Part II Identific had one	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ne organization ans ar.)	wered "Yes" on I	<sup>-</sup> orm 990, Part IV	/, line 34 becaus	e it	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	
BRISTOL BAY ECONOMIC PO BOX 1464	DNOMIC_DEVELOPMENT_CORP92-0142567 DILLINGHAM, AK 99576	ECONOMIC GRWT	AK	501(C)(4)		N/A	
For Privacy Act and Paper	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.				Sched	Schedule R (Form 990) 2009	

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(a) (b) Name, address, and EIN of Primary activity d created organization (c) (c) (c) c c c c c c c c c c c c c c			המוור הוא מווה		I[.)		_		
	(c) Legal domicife (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income		(g) Share of end-of-year assets	(h) Disproportionale allocationa? Yes NO	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No
Identification of Related Organizations Laxable as a Corporation of Trust(Complete in the organization answer IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	related		a Corporation or Trust. Complete it the organization answered Tres on Form 390, Part zations treated as a corporation or trust during the tax year.)	complete in the	during the tax	answered te		1111 990, Fall	
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	come	(g) Share of end-of-year assets	(h) Percentage ownership

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Schedule R (Form 990) 2009

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Page **3** 

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.) Part V

			Vac No
Not	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		1.3
<del>.</del>	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	-17.2	
g	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		
q	Gift, grant, or capital contribution to other organization(s)	· · · · ·	1b X
U	Gift grant, or capital contribution from other organization(s)		1c X
τ			1d X
5			
Φ	Loans or loan guarantees by other organization(s)		An and Address of Address
f	Sale of assets to other organization(s)	•	1f X
5	Purchase of assets from other organization(s)		1g X
ב מ			1h ×
=			
-	Lease of racilities, equipment, or other assets to other organization(s)		
			<b>1:</b>
-	Lease of facilities, equipment, or other assets from other organization(s)		
×	Performance of services or membership or fundraising solicitations for other organization(s)		<b>1</b> K
	Performance of services or membership or fundraising solicitations by other organization(s)	•	<b>1</b> ×
E	Sharing of facilities equipment, mailing lists or other assets	· · · · ·	1m ×
1			1n   X
F	Sharing of paid employees		
			<u> </u>
0	Reimbursement paid to other organization for expenses		<
م	Reimbursement paid by other organization for expenses		1p X
σ	Other transfer of cash or property to other organization(s)		
-	Other transfer of cash or property from other organization(s)		1r   X
5	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	os and transaction thresholds.	
	(a) Name of other organization	(b) (c) Transaction Amount type (a-r)	(c) Amount involved
Ē	BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION		250,000.
(2)	BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION		26,620.
(3)	BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION M		26,620.
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Ŧ	NOTINA INERIOELE ALLONDO IN EDITIN		1
(5)			
(9)			
		Schedule R	Schedule R (Form 990) 2009

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Part VI Unrelated Organizations Taxable as a Partnership(Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)	he organization	answered "Ye	s" on Form	990, Part IV	/, line 37.)		1
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	e organization cond on for certain inves	ducted more tha tment partnersh	in five percent	t of its activiti	es (measured h	oy total assets	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes No
						Schedule R (Form 990) 2009	990) 2009

92-0168036

Schedule R (Form 990) 2009

Page 4

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Form 8868 (Re	v. 4-2009)		Page 2
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only I	Part II and check this bo	×
Note. Onl	y complete Part II if you have already been granted an automatic 3-month extens	sion on a previously filed F	orm 8868.
	re filing for an Automatic 3-Month Extension, complete only Part I ( on page		
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	ile the original (no co	pies needed).
Type or	Name of Exempt Organization BRISTOL BAY SCIENCE & RESEARCH	2223 (24) (22) (24)	ification number
print	INSTITUTE	92-01680	
File by the extended	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only	/
due date for filing the	P. O. BOX 1464 City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
return. See	DILLINGHAM, AK 99576		
instructions.	e of return to be filed (File a separate application for each return):		
	m 990 Form 990-PF	Form 1041- A	Form 6069
	m 990-B L Form 990-T (sec. 401(a) or 408(a) tr ust)	Form 4720	Form 8870
	m 990-EZ Form 990-T (trust other than above)	Form 5227	
	not complete Part II if you were not already granted an automatic 3-mor	nth extension on a prev	iously filed Form 8868.
	oks are in the care of 🕨 STACI FIESER		
	ne No. ▶ 907 842-4370 , FAX No. ▶ 907	842-4336	
• If the or	ganization does not have an office or place of business in the United States, che	ck this box	· · · · · · · · · ▶ □
	for a Group Return, enter the organization's four digit Group Exemption Numbe	· · · · · · · · · · · · · · · · · · ·	f this is
	ble group, check this box $\ldots$ $\blacktriangleright$ . If it is for part of the group, check this	box ► 🔄 and att	ach a
	e names and EINs of all members the extension is for.		
	uest an additional 3-month extension of time until <u>11/15/2010</u>		·
	calendar year 2009, or other tax year beginning	_ and ending	
	,		-
	in detail why you need the extension <u>INFORMATION NECESSARY TO</u> JRATE RETURN IS NOT YET AVAILABLE.	TREFARE A CONTEE	
1000			
8a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative tax, less any	
	efundable credits. See instructions.		8a \$ N/A
b If this	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable	e credits and estimated	
tax p	payments made. Include any prior year overpayment allowed as a credit	and any amount paid	
1	ously with Form 8868.		8b \$ N/A
	nce Due. Subtract line 8b from line 8a. Include your payment with this form		
with	FTD coupon or, if required, by using EFTPS(Electronic Federal Tax Payment S		8c \$ N/A
Lindor pepalit	Signature and Verification ies of perjury, I declare that I have examined this form, including accompanying schedules ar		of my knowledge and belief
	ect, and complete, and that I have examined this form, including accompanying schedules an	iu statements, and to the best	of thy knowledge and belief,
	$\bigcirc \circ \circ$		
Signature 🕨	( 1/12: ( ) 1/14 ofth Title ► CPA	Date	≥ ► 8/8/2010
	KPMG LLP		Form 8868 (Rev. 4-2009)
-	701 WEST 8TH AVENUE, SUITE 600		
	ANCHORAGE, AK 99501		
	INTCOMAL 27	/ENUE SERVICE ) Assistance Se, ak 99508	
	WAL-FEL	S ASSISTANCE	
	ANCHORA	3E, AK 99508	
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Application for Extension of Time To File an
Exempt Organization Return

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Form <b>8868</b> (Rev. April 2009)	<b>}</b> .	Application for Extension of Time To File an Exempt Organization Return	OMB No. 1545-1709
Department of the Internal Revenue S		File a separate application for each return.	
<ul><li> If you are f</li><li> If you are f</li></ul>	filing for a filing for a	Automatic 3-Month Extension, complete only Part I and check this box Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this <i>nless</i> you have already been granted an automatic 3-month extension on a previously filed	
Part I Auto	matic 3	Month Extension of Time. Only submit original (no copies needed).	<u>, , , , , , , , , , , , , , , , , , , </u>
		o file Form 990-T and requesting an automatic 6-month extension - check this box and cor	nplete
Part I only			▶ ∟
All other corp time to file inc		including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to re- turns.	quest an extension of
one of the re electronically i returns, or a c	turns not if (1) you omposite	Generally, you can electronically file Form 8868 if you want a 3-month automatic exited below (6 months for a corporation required to file Form 990-T). However, you can want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6 or consolidated From 990-T. Instead, you must submit the fully completed and signed part the electronic filing of this form, visit <i>www.irs.gov/efile</i> and click on <i>e-file</i> for <i>Charities</i> & a standard for the electronic file for <i>Charities</i> & a standard for the electronic file for <i>Charities</i> & a standard for the electronic file for <i>Charities</i> & a standard for the electronic file for <i>Charities</i> & a standard for the electronic file for <i>Charities</i> & a standard for the electronic file for <i>Charities</i> & a standard for the electronic file for <i>Charities</i> & a standard for the electronic file for <i>Charities</i> & a standard for the electronic file for <i>Charities</i> & a standard for the electronic file for <i>Charities</i> & a standard for the electronic file for <i>Charities</i> & a standard for the electronic file for <i>Charities</i> & a standard for the electronic file for <i>Charities</i> & a standard for the electronic file for <i>Charities</i> & a standard for the electronic file for <i>Charities</i> & a standard for the electronic file fo	annot file Form 8868 069, or 8870, group age 2 (Part II) of Form
Type or			identification number
print	·		168036
File by the due date for		street, and room or suite no. If a P.O. box, see instructions. O. BOX 1464	
filing your return. See instructions.	City, tow	n or post office, state, and ZIP code. For a foreign address, see instructions.	REVENUE SERVICE
X Form 990 Form 990 Form 990 Form 990	)-BL )-EZ	Form 990-T (corporation)         Form 4720           Form 990-T (sec. 401(a) or 408(a) trust)         Form 5227           Form 990-T (trust other than above)         Form 6069           Form 1041-A         Form 8870	IAGE, AK 99508
The books	are in the	care of ▶ STACI FIESER RE	CEVED
			5105
<ul> <li>If the orgar</li> <li>If this is for</li> <li>for the whole gnames and EII</li> </ul>	nization d a Group group, che <u>Ns of all r</u>	bes not have an office or place of business in the United States, check this box Return, enter the organization's four digit Group Exemption Number (GEN) ck this box . ▶ . If it is for part of the group, check this box ▶ and attach a members the extension will cover.	. If this is a list with the
until		itomatic 3-month (6 months for a corporation required to file Form 990-T) $\frac{08/15}{2010}$ , to file the exempt organization return for the organization named a sister of the organization named at the second seco	extension of time bove. The extension is
		year <u>2009</u> or, and ending	· ·
2 If this tax	year is fo	r less than 12 months, check reason: 📃 Initial return 📃 Final return 🗌 Change	in accounting period
		is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	3a \$ N/A
		lits. See instructions. s for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments	
		prior year overpayment allowed as a credit.	3b \$ N/A
		ract line 3b from line 3a. Include your payment with this form, or, if required, deposit	
		or, if required, by using EFTPS (Electronic Federal Tax Payment System). See	
instructio			3c \$ N/A
•		to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	n 8879-EO
for payment in	structions		

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

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Departn	990 ment of the Trea		nternal Revenue Code rate foundation)	e (except black lung	OMB No. 1545-00 201 Open to Pul Inspection
	Revenue Servic	calendar year, or tax year beginning	, 2010, and ending	epotang requirements.	, 20
AFO		C Name of organization	1 2010] unu onang	D Employer identifica	tion number
B Chee	ck if applicable	BRISTOL BAY SCIENCE & RESEARCH INSTIT	UTE	92-0168036	
	Address	Doing Business As	010		
-	change Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Initial return	P. O. BOX 1464		(907) 842-43	70
	Terminated	City or town, state or country, and ZIP + 4			
1	Amended	DILLINGHAM, AK 99576-1464		G Gross receipts \$	836,4
	Application	F Name and address of principal officer: H. ROBIN SAMU	ELSEN, JR.	H(a) Is this a group return for affiliates?	or Yes
	penning	P.O. BOX 1464 DILLINGHAM, AK 99576-14	64	H(b) Are all affiliates includ	led? Yes
I T	ax-exempt sta	tus: X 501(c)(3) 501(c) ( ) ◀ (insert no.)	4947(a)(1) or 527	If "No," attach a list. (s	see instructions)
JW	Vebsite: 🕨			H(c) Group exemption num	
K F	orm of organia	ation: X Corporation Trust Association Other	L Year of f	ormation: 1998 M State of	f legal domicile:
Part	tl Sun	nmary			
Activities 8	<ul><li>4 Number</li><li>5 Total n</li><li>6 Total n</li></ul>	or of independent voting members of the governing body (Part VI, li umber of individuals employed in calendar year 2010 (Part V, line 2 umber of volunteers (estimate if necessary)	2a) SEE S	4 5 6	
		ross unrelated business revenue from Part VIII, column (C), line 12	70		
- 1					
	b Net un	related business taxable income from Form 990-T, line 34			
-			<u></u>	Prior Year	Current Year
e	8 Contrib	utions and grants (Part VIII, line 1h)	·····	Prior Year 421,555.	
enue	8 Contrib 9 Progra	nutions and grants (Part VIII, line 1h)	<u></u>	Prior Year 421,555. 0.	835,7
Revenue	8 Contrib 9 Progra 10 Investr	nutions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), lines 3, 4, and 7d)	<u></u>	Prior Year 421,555. 0. 2,484.	835,7
Revenue	8 Contrib 9 Progra 10 Investri 11 Other r	nutions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u></u>	Prior Year         7b           421,555.         0.           2,484.         0.	835,7
Revenue	8 Contrib 9 Progra 10 Investri 11 Other r 12 Total re	evenue - add lines 8 through 11 (must equal Part VIII, column (A), I		Prior Year           421,555.           0.           2,484.           0.           424,039.	Current Year 835,7 ( 836,4
Revenue	8 Contrib 9 Progra 10 Investr 11 Other r 12 Total re 13 Grants	autions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue - add lines 8 through 11 (must equal Part VIII, column (A), l and similar amounts paid (Part IX, column (A), lines 1-3)	<u></u>	Prior Year         7b           421,555.         0.           2,484.         0.           424,039.         0.	835,7
Revenue	8 Contrib 9 Progra 10 Investr 11 Other r 12 Total re 13 Grants 14 Benefit	autions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue - add lines 8 through 11 (must equal Part VIII, column (A), l and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4)	ine 12)	Prior Year         7b           421,555.         0.           2,484.         0.           424,039.         0.           0.         0.	835,7
Revenue	8 Contrib 9 Progra 10 Investri 11 Other r 12 Total re 13 Grants 14 Benefit 15 Salarie	nutions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue - add lines 8 through 11 (must equal Part VIII, column (A), I and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), line	ine 12)	Prior Year         7b           421,555.         0.           2,484.         0.           424,039.         0.	835,7
Revenue	8 Contrib 9 Progra 10 Investr 11 Other r 12 Total re 13 Grants 14 Benefit 15 Salarie 16 a Profess	autions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue - add lines 8 through 11 (must equal Part VIII, column (A), I and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), line sional fundraising fees (Part IX, column (A), line 11e)	ine 12)	Prior Year         7b           421,555.         0.           2,484.         0.           424,039.         0.           0.         0.           109,384.         0.	835,
Expenses Revenue	<ul> <li>8 Contrib</li> <li>9 Progra</li> <li>10 Investra</li> <li>11 Other r</li> <li>12 Total re</li> <li>13 Grants</li> <li>14 Benefind</li> <li>15 Salarie</li> <li>16 a Profession</li> <li>b Total fet</li> </ul>	autions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue - add lines 8 through 11 (must equal Part VIII, column (A), 1 and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), line sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25)	ine 12)	Prior Year         7b           421,555.         0.           2,484.         0.           424,039.         0.           0.         0.           109,384.         0.	835,7 836,4 58,5
Expenses Revenue	<ul> <li>8 Contrib</li> <li>9 Progra</li> <li>10 Investra</li> <li>11 Other r</li> <li>12 Total rd</li> <li>13 Grants</li> <li>14 Benefit</li> <li>15 Salarie</li> <li>16 a Profession</li> <li>b Total fut</li> <li>17 Other distance</li> </ul>	Autions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g) hent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue - add lines 8 through 11 (must equal Part VIII, column (A), 1 and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), line sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	ine 12)	Prior Year           421,555.           0.           2,484.           0.           424,039.           0.           109,384.           0.	835,7 836,4 58,5 835,2
Expenses Revenue	<ul> <li>8 Contrib</li> <li>9 Progra</li> <li>10 Investr</li> <li>11 Other r</li> <li>12 Total re</li> <li>13 Grants</li> <li>14 Benefit</li> <li>15 Salarie</li> <li>16 a Profession</li> <li>b Total fe</li> <li>17 Other e</li> <li>18 Total e</li> </ul>	autions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue - add lines 8 through 11 (must equal Part VIII, column (A), 1 and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), line sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) ▶ expenses (Part IX, column (A), lines 11a-11d, 11f-24f) xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	ine 12)	Prior Year           421,555.           0.           2,484.           0.           424,039.           0.           109,384.           0.           576,277.	835,7
Expenses Revenue	<ul> <li>8 Contrib</li> <li>9 Progra</li> <li>10 Investr</li> <li>11 Other r</li> <li>12 Total rd</li> <li>13 Grants</li> <li>14 Benefit</li> <li>15 Salarie</li> <li>16 a Profess</li> <li>b Total ft</li> <li>17 Other d</li> <li>18 Total e</li> </ul>	Autions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g) hent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue - add lines 8 through 11 (must equal Part VIII, column (A), 1 and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), line sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	ine 12)	Prior Year           421,555.           0.           2,484.           0.           424,039.           0.           109,384.           0.           576,277.           685,661.	835,7 836,4 58,5 835,2 835,2 893,5
Expenses Revenue	<ul> <li>8 Contriti</li> <li>9 Progra</li> <li>10 Investri</li> <li>11 Other ri</li> <li>12 Total ri</li> <li>13 Grants</li> <li>14 Benefiti</li> <li>15 Salariei</li> <li>16 a Professi</li> <li>b Total fit</li> <li>17 Other eight</li> <li>18 Total eight</li> <li>19 Revenition</li> </ul>	Autions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g) hent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue - add lines 8 through 11 (must equal Part VIII, column (A), 1 and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), line sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (A), line 25) expenses (Part IX, column (A), line 11a-11d, 11f-24f) xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ue less expenses. Subtract line 18 from line 12	ine 12)	Prior Year           421,555.           0.           2,484.           0.           424,039.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           576,277.           685,661.           -261,622.	835,7 836,4 58,3 835,2 893,5 -57,1
Expenses Revenue	<ul> <li>8 Contrib</li> <li>9 Progra</li> <li>10 Investr</li> <li>11 Other r</li> <li>12 Total re</li> <li>13 Grants</li> <li>14 Benefit</li> <li>15 Salarie</li> <li>16 a Profest</li> <li>b Total fit</li> <li>17 Other e</li> <li>18 Total e</li> <li>19 Revent</li> <li>20 Total a</li> <li>21 Total li</li> </ul>	Autions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g) hent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue - add lines 8 through 11 (must equal Part VIII, column (A), 1 and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), line sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), line 11a-11d, 11f-24f) xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ue less expenses. Subtract line 18 from line 12 ssets (Part X, line 16) abilities (Part X, line 26)	ine 12)	Prior Year           421,555.           0.           2,484.           0.           424,039.           0.           109,384.           0.           576,277.           685,661.           -261,622.           Beginning of Current Year	835,7 836,4 58,5 835,2 835,2 893,5 -57,5 End of Year 590,0 138,5
Expenses Revenue	<ul> <li>8 Contrib</li> <li>9 Progra</li> <li>10 Investr</li> <li>11 Other r</li> <li>12 Total re</li> <li>13 Grants</li> <li>14 Benefit</li> <li>15 Salarie</li> <li>16 a Profest</li> <li>b Total fit</li> <li>17 Other e</li> <li>18 Total e</li> <li>19 Revent</li> <li>20 Total a</li> <li>21 Total li</li> </ul>	Autions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g) hent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue - add lines 8 through 11 (must equal Part VIII, column (A), 1 and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), line sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (A), line 25) expenses (Part IX, column (A), line 11a-11d, 11f-24f) xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ue less expenses. Subtract line 18 from line 12	ine 12)	Prior Year           421,555.           0.           2,484.           0.           424,039.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           576,277.           685,661.           -261,622.           Beginning of Current Year           596,860.	835,7 836,4 58,5 835,2 835,2 893,5 -57,1 End of Year 590,0 138,5
Net Assets or Expenses Revenue	<ul> <li>8 Contrib</li> <li>9 Progra</li> <li>10 Investr</li> <li>11 Other r</li> <li>12 Total re</li> <li>13 Grants</li> <li>14 Benefit</li> <li>15 Salarie</li> <li>16 a Profest</li> <li>b Total fit</li> <li>17 Other e</li> <li>18 Total e</li> <li>19 Revent</li> <li>20 Total a</li> <li>21 Total ii</li> <li>22 Net as</li> <li>11 Sign</li> </ul>	Autions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue - add lines 8 through 11 (must equal Part VIII, column (A), 1 and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), line sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), line 11e, 116, 116, 24f) xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ue less expenses. Subtract line 18 from line 12 ssets (Part X, line 16) abilities (Part X, line 26) sets or fund balances. Subtract line 21 from line 20 mature Block	ine 12)	Prior Year           421,555.           0.           2,484.           0.           424,039.           0.           424,039.           0.           576,277.           685,661.           -261,622.           Beginning of Current Year           596,860.           163,000.           433,860.	835, 836, 58, 58, 835, 893, -57, End of Year 590, 138, 451,
A Net Assets or Expenses Revenue	<ul> <li>8 Contrib</li> <li>9 Progra</li> <li>10 Investr</li> <li>11 Other r</li> <li>12 Total rd</li> <li>13 Grants</li> <li>14 Benefit</li> <li>15 Salarie</li> <li>16 a Profess</li> <li>b Total fit</li> <li>17 Other d</li> <li>18 Total e</li> <li>19 Reveni</li> <li>20 Total a</li> <li>21 Total li</li> <li>22 Net as</li> <li>t II Signature</li> </ul>	autions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue - add lines 8 through 11 (must equal Part VIII, column (A), 1 and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), line sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) ▶ expenses (Part IX, column (A), lines 11a-11d, 11f-24f) xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ue less expenses. Subtract line 18 from line 12 sets (Part X, line 16) abilities (Part X, line 26) sets or fund balances. Subtract line 21 from line 20 mature Block	ine 12)	Prior Year           421, 555.           0.           2,484.           0.           424,039.           0.           424,039.           0.           0.           109,384.           0.           576,277.           685,661.           -261,622.           Beginning of Current Year           596,860.           163,000.           433,860.	835,7 836,4 58,5 835,2 893,5 -57,5 End of Year 590,0 138,5 451,0
A Net Assets or Expenses Revenue	<ul> <li>8 Contrib</li> <li>9 Progra</li> <li>10 Investr</li> <li>11 Other r</li> <li>12 Total rd</li> <li>13 Grants</li> <li>14 Benefit</li> <li>15 Salarie</li> <li>16 a Profess</li> <li>b Total fit</li> <li>17 Other d</li> <li>18 Total e</li> <li>19 Reveni</li> <li>20 Total a</li> <li>21 Total li</li> <li>22 Net as</li> <li>t II Signature</li> </ul>	Putions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g) hent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue - add lines 8 through 11 (must equal Part VIII, column (A), 1 and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), lines 1-3) s, other compensation, employee benefits (Part IX, column (A), line sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) ▶ expenses (Part IX, column (A), lines 11a-11d, 11f-24f) xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ue less expenses. Subtract line 18 from line 12 ssets (Part X, line 16) abilities (Part X, line 26) sets or fund balances. Subtract line 21 from line 20 <b>nature Block</b> perjury. I declare that I have examined this return, including accompanying lete. Declaration of preparer (other than officer) is based on all information	ine 12)	Prior Year           421, 555.           0.           2,484.           0.           424,039.           0.           424,039.           0.           0.           109,384.           0.           576,277.           685,661.           -261,622.           Beginning of Current Year           596,860.           163,000.           433,860.	835,7 836,4 58,5 835,2 893,5 -57,5 End of Year 590,0 138,5 451,0
A Net Assets or Expenses Revenue	<ul> <li>8 Contrib</li> <li>9 Progra</li> <li>10 Investr</li> <li>11 Other r</li> <li>12 Total rd</li> <li>13 Grants</li> <li>14 Benefit</li> <li>15 Salarie</li> <li>16 a Profess</li> <li>b Total fit</li> <li>17 Other d</li> <li>18 Total e</li> <li>19 Reveni</li> <li>20 Total a</li> <li>21 Total li</li> <li>22 Net as</li> <li>t II Signature</li> </ul>	autions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue - add lines 8 through 11 (must equal Part VIII, column (A), 1 and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), line sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) ▶ expenses (Part IX, column (A), lines 11a-11d, 11f-24f) xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ue less expenses. Subtract line 18 from line 12 sets (Part X, line 16) abilities (Part X, line 26) sets or fund balances. Subtract line 21 from line 20 mature Block	ine 12)	Prior Year           421, 555.           0.           2,484.           0.           424,039.           0.           424,039.           0.           0.           109,384.           0.           576,277.           685,661.           -261,622.           Beginning of Current Year           596,860.           163,000.           433,860.	835,7 836,4 58,3 58,3 835,2 893,5 -57,1 End of Year 590,0 138,3 451,6
A Net Assets or Expenses Revenue	8 Contrib 9 Progra 10 Investr 11 Other r 12 Total rd 13 Grants 14 Benefit 15 Salarie 16 a Profess b Total fi 17 Other e 18 Total e 19 Reveni 20 Total a 21 Total li 22 Net as t II Sig er penalties of ect, and comp	autions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue - add lines 8 through 11 (must equal Part VIII, column (A), 1 and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), line sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (A), line 25) ► expenses (Part IX, column (A), line 11e,, typenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ue less expenses. Subtract line 18 from line 12 ssets (Part X, line 16) abilities (Part X, line 16) abilities (Part X, line 16) mature Block perjury, I declare that I have examined this return, including accompanying lete. Declaration of preparer (other than officer) is based on all information Signature of officer	ine 12)	Prior Year           421, 555.           0.           2,484.           0.           424,039.           0.           424,039.           0.           0.           109,384.           0.           576,277.           685,661.           -261,622.           Beginning of Current Year           596,860.           163,000.           433,860.	835, 836, 58, 58, 835, 893, -57, End of Year 590, 138, 451,
A Net Assets or Expenses Revenue	<ul> <li>8 Contrib</li> <li>9 Progra</li> <li>10 Investr</li> <li>11 Other r</li> <li>12 Total re</li> <li>13 Grants</li> <li>14 Benefit</li> <li>15 Salarie</li> <li>16 a Profest</li> <li>b Total fit</li> <li>17 Other e</li> <li>18 Total e</li> <li>19 Revent</li> <li>20 Total a</li> <li>21 Total it</li> <li>22 Net as</li> <li>till Sig</li> <li>ere penalties of</li> </ul>	Putions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue - add lines 8 through 11 (must equal Part VIII, column (A), 1 and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), line sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ue less expenses. Subtract line 18 from line 12 ssets (Part X, line 16) abilities (Part X, line 26) sets or fund balances. Subtract line 21 from line 20 mature Block perjury, I declare that I have examined this return, including accompanying lete. Declaration of preparer (other than officer) is based on all information Staci S. Fieser Finance Office	ine 12)	Prior Year           421, 555.           0.           2,484.           0.           424,039.           0.           424,039.           0.           0.           109,384.           0.           576,277.           685,661.           -261,622.           Beginning of Current Year           596,860.           163,000.           433,860.	835, 836, 58, 58, 835, 893, -57, End of Year 590, 138, 451,
A Net Assets or Expenses Revenue	8 Contrib 9 Progra 10 Investr 11 Other r 12 Total rr 13 Grants 14 Benefit 15 Salarie 16 a Profes: b Total fr 17 Other e 18 Total e 19 Reven 20 Total a 21 Total li 22 Net as 11 Sig er penalties of ect, and comp	Autions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g) hent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue - add lines 8 through 11 (must equal Part VIII, column (A), 1 and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), line sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ue less expenses. Subtract line 18 from line 12 ssets (Part X, line 16) abilities (Part X, line 26) sets or fund balances. Subtract line 21 from line 20 mature Block perjury, I declare that I have examined this return, including accompanying lete. Declaration of preparer (other than officer) is based on all information <b>Staci S. Fieser Finance Office</b> Type or print name and tille	ine 12) es 5-10) g schedules and statements of which preparer has any t	Prior Year         421, 555.         0.         2, 484.         0.         424, 039.         0.         424, 039.         0.         109, 384.         0.         576, 277.         685, 661.         -261, 622.         Beginning of Current Year         596, 860.         163, 000.         433, 860.	835,7 836,4 58,5 835,2 893,5 -57,5 End of Year 590,0 138,5 451,0 Ige and belief, it is
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BER Prind Balances Expenses Revenue	<ul> <li>8 Contriti</li> <li>9 Progra</li> <li>10 Investr</li> <li>11 Other r</li> <li>12 Total rd</li> <li>13 Grants</li> <li>14 Benefiti</li> <li>15 Salarie</li> <li>16 a Profession</li> <li>b Total fit</li> <li>17 Other distribution</li> <li>18 Total e</li> <li>19 Revenit</li> <li>20 Total a</li> <li>21 Total li</li> <li>22 Net as:</li> <li>till Siger penalties of</li> <li>ect, and comp</li> <li>gn</li> <li>Print/T</li> <li>HUE</li> <li>arrer</li> <li>Only</li> </ul>	nutions and grants (Part VIII, line 1h)         m service revenue (Part VIII, column (A), lines 3, 4, and 7d)         evenue (Part VIII, column (A), lines 3, 4, and 7d)         evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         evenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         and similar amounts paid (Part IX, column (A), lines 1-3)         s paid to or for members (Part IX, column (A), line 4)         s, other compensation, employee benefits (Part IX, column (A), line 3)         s, other compensation, employee benefits (Part IX, column (A), line 4)         s, other compensation, employee benefits (Part IX, column (A), line 3)         expenses (Part IX, column (A), line 11e)         undraising expenses (Part IX, column (D), line 25)         expenses (Part IX, column (A), lines 11a-11d, 11f-24f)         xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         ue less expenses. Subtract line 18 from line 12         ssets (Part X, line 16)         abilities (Part X, line 26)         sets or fund balances. Subtract line 21 from line 20         mature Block         perjury, I declare that I have examined this return, including accompanying lefe. Declaration of preparer (other than officer) is based on all information         Stanci S. Freeser       Finance Officer         Stanci S. Freeser       Finance Officer         Stanci S.	p schedules and statements of which preparer has any 1	Prior Year         421, 555.         0.         2, 484.         0.         424, 039.         0.         424, 039.         0.         0.         109, 384.         0.         576, 277.         685, 661.         -261, 622.         Beginning of Current Year         596, 860.         163, 000.         433, 860.         .and to the best of my knowled         knowledge.         Date         Firm's EIN         Firm's EIN	835, 836, 58, 835, 835, 893, -57, End of Year 590, 138, 451, lige and belief, it is 11

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Form 990 (2010)

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For Paperwork Reduction Act Notice, see the separate instructions.

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Part III	Statement of Program Service Accor Check if Schedule O contains a respo	mplishments nse to any question in this Part III	<u></u>	· · · · [X]
	describe the organization's mission: ACHMENT 1			
the prio If "Yes,	e organization undertake any significa or Form 990 or 990-EZ? "describe these new services on Sche e organization cease conducting, or m	edule O.	conducts, any program	Yes X
If "Yes, Describ Section	s? "describe these changes on Schedule be the exempt purpose achievements 501(c)(3) and 501(c)(4) organizations ons to others, the total expenses, and	O. for each of the organization's three s and section 4947(a)(1) trusts are	largest program services by expense e required to report the amount of gra	Yes X es. ants and
a (Code: PORT	)(Expenses\$ MOLLER SONAR - PHASE II -	102_ including grants of \$ SEE SCHEDULE O	) (Revenue \$	)
b (Code:	)(Expenses\$ 130, MOLLER SONAR - PHASE I - S	673. including grants of \$	) (Revenue \$	)
		27 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		
	- 			
c (Code:	) (Expenses \$)	566, including grants of \$	) (Revenue \$	)
PORT	MOLLER SELECTIVITY - SEE S	SCHEDULE O		
		· · · · · · · · · · · · · · · · · · ·		
	rogram services. (Describe in Schedule		e ¢ )	
(Expense) e Total p	ses \$ 351,290, including grants rogram service expenses ►		εφ <u>)</u>	
·				Form <b>990</b> (2
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Form 9	90 (2010) 92-0168036			Page <b>3</b>
Part				
			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	L
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>X</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,		N/	A
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		X
_	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,"	9		X
4.0	complete Schedule D, Part IV	5		
10	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
11	VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	6 - 17 (0 - 17 - 17 - 17 - 17 - 17 - 17 - 17 - 1		
a	Schedule D, Part VI	11a		X
h	Did the organization report an amount for investments—othersecurities 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		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
Ū	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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		Х
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		X
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	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,	444		v
	business, and program service activities outside the United States? 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	15		x
	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	16		x
	to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
17		17		x
10	on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		,	
18		18		X
10	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>			
19	If "Yes, "complete Schedule G, Part III	19		X
20 -	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form			
u	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	N	A
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Form	990 (2010) 92-0168036		l	Page <b>4</b>
Par	Checklist of Required Schedules (continued)			
			Yes	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		X
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		X
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		Х
<b>24</b> a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N,	A
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			7
	to defease any tax-exempt bonds?	24c	N/	А
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	N	/A
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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?		a.	
	If "Yes," complete Schedule L, Part I	25b		Х
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		Х
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		Х
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		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	X	
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note, All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2010)

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Cart N       Statements Regarding Other IRS Fillings and Tax Compliance Check if Schedule O contains a response to any question in this Pert V.       V         1	Form	990 (2010) 92-0168036		Page 5
1 a Enter the number reported in Box 2 of Ferm 1096. Enter 40-16 not applicable     10     0       b Enter the number of Forms W-20 included in line 1a. Enter-0-16 not applicable     10     0       c Die the organization component by with backing under for reportable payments to vendors and reportable garning (garnbing) ventings to price winners?     10     NA       2a Enter the number of forms W-20 included in line 1a. Cluic Mean 1 Tax     0     2       b If at least one is reported on line 2a, cluic the organization for the value of the sale organization for the value of the organization have unrelated boarness grass income of 51,000 or more during the year?     20     NA       3a Dif the organization component is organization have an interval. In or a signature or other handraid account is component on 15 Module 0.     30     30     10     NA       4a At any time during the calendar year, did the organization have an interval. In or a signature or other handraid account.     5a     X     X       5b Wash to organization approx to aprohibited the sheller transaction?     5a     X     X       5b Wash to organization approx to aprohibited the sheller transaction?     5a     X     X       5b Wash to organization approx to approhibited the sheller transaction?     5a     X     X       5b Wash to organization cocked a sport to approhibited the sheller transaction?     5a     X       5b Wash to organization cocked a sport to approhibited the sheller transactin?     5a     X	Par			
1a       Entor the number reported in Box 3 of Form 1036. Enter -0- if not applicable       1a       0       1b       1b       0       0       1b       1b       0       0       1b       1b       0       1b       1b       0       1b       1b       0       1b       1b       1b       0       1b       1b       1b       0       1b		Check if Schedule O contains a response to any question in this Part V		
b Enter the number of Forms W-26 included in line 1s. Enter -0- if not opplicable       1       1       0       1       0       1       0       1       0       1       0       1       0       1       0       1       0       1       0       1       0       1       0       1       0       1       0       1       0       1       0       1       0       1       0       1       0       1       0       0       1       0       1       0       0       0       1       0       0       0       1       0       0       0       1       0				Yes No
b Enter the number of Forms W-26 included in line 1s. Enter -0- if not applicable       1	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
copchable gaming (gambing) winnings to prize winners?       1c       N/A         2a Enter the number of employees reported on Form W-A. Transmittal of Wage and Tax Statements, field for the calendar year randing with or within the year covered by this return?       1c       N/A         b If steast one is reported on line 2a, did the organization file all required (derial employment tax returns?       2b       N/A         3a Did the organization have unalistic business grass incoher d \$1,000 armos curing the year?       3a       3a       3a       3a       N/A         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 is a foreign country;       >       3a       3a <t< td=""><td></td><td></td><td></td><td></td></t<>				
Terrer for unmoder of employees reported on Form V+3, Transmittal of Wage and Tax       2a       0         Statements, filed for the calendar year ending with or within the year covered by this return       2a       0         Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-//er, (see instructions)       3a       X         B Det the organization have unrelated business gross income of \$1,000 rmme during the year?       3a       X         b If Yes, "has tifled a form 900-Tor this year? if Y0," provide an explanation in Scheduke 0       3a       X         A at any time during the clarast year, did the organization have uninterest, in, or a signature or other authority account/?       3a       X/A         b If Yes, "has tifled a form 900-Tor this year? if Y0," provide an explanation in Scheduke 0       3a       X         See instructions for fling requirements for Form TD F90-22.1, Report of Foreign Bank and Friancial Accounts.       5a       X         b U dary taxable party notify the organization have the renot tax deutbile?       5a       X         b U regenization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicition in express statement that such contributions or gifts were not tax deutbile?       5a       X         b U res, "id the organization include with every solicition an express statement that such contributions or far X       7b       X/A         c If Yes, "id the organization include with every	с	Did the organization comply with backup withholding rules for reportable payments to vendors and		
Statements, field for the calendar year ending with or within the year overwed by this return [2]       0 <t< td=""><td></td><td>reportable gaming (gambling) winnings to prize winners?</td><td>1c</td><td>NYA</td></t<>		reportable gaming (gambling) winnings to prize winners?	1c	NYA
bit of televalues intervention       20       N/A         bit of televalues intervention       20       N/A         Note. If the sum of lines ta and 2a is greater than 250, you may be required to e-/fit, lese instructions)       3a       X         bit the required to e-/fit, lese instructions)       3a       X       X         bit "Yes," that if field a form 390-T for this year?       M /A       X       X         bit "Yes," that if field a form 390-T for this year?       M /A       X       X         bit "Yes," that if field a form 390-T for this year?       M /A       X       X         bit "Yes," that if field a form 390-T for this year?       M /A       X       X         bit "Yes," that if field a form 390-T for this year?       M /A       X       X         bit any taxable party notify the organization and the explanation in a year intervent.       See N/A       X         bit any taxable party notify the organization that it was or is a party to a prohibited tax shelt intrascenton any time of tax deductible?       See N/A         bit "Yes," did the organization and year indite to explanation in access statement that such contributions or gifts were not tax deductible?       See N/A         bit "Yes," did the organization neity were any subsce to individe tax shelt intrascentor for the year?       To N/A         col the organization neity exchange, or othewise dispose of tangble personal proper	2a			
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)       3a       is       is<		Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0		
3a Did he organization have unrelated business gross income of \$1,000 or more during the yea?       3a       X         b If Yes, " has if field a Form 900-T for this yea? If 'No," provide an explanation in Schedule O.       3b       N/A         3b A 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.       - </td <td>b</td> <td>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td> <td>2b</td> <td>NA</td>	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	NA
3b       bit Yes, 'has it filed a Form 990-T for this year' // 'No, 'provide an explanation in Schedule 0.       3b       N/A         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other financial account; vor, a financial account, a foreign country.       3b       N/A         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other financial account.       7b       At a X         bit Yes, ''s enter the name of the foreign country.       >       See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bark and Financial Accounts.       Sa       Xa         5a       Was the organization a party to a prohibited tax shelter transaction?       Sa       X       So       X         5a       Was the organization shell any contributions stat were not tax deductible?       Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       So       N/A         7b       Organization receive a payment in excess of 575 made party as a contribution and party for goods and services provided to the payor?       Za       Za       Za         7c       Xa       Yes,'' did the organization receive a payment in excess of 575 made party is as a contribution and party for goods and services provided to the payor?       Za       Za       Za       Za       Za       Za       Za       Za				
4 A: 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.       44       X         b If Yeas, "enter the name of the foreign country.				
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account).     Image: Security is a security is a prohibited to the property is a security is a prohibited to the property is a prohibited tax sheller transaction at property is a prohibited tax sheller transaction?     Image: Security is a prohibited tax sheller transaction at property is a prohibited tax sheller transaction?     Image: Security is			3b	<u> </u>
account)?     4a     X       b If "Yes," enter the name of the foreign county.     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?     5a     X       5a Was the organization aparty to a grohibited tax shelter transaction at any time during the tax year?     5a     X       6a Does the organization have annual gross receipts that are normally greater than \$100.00, and did the organization noticute were not tax deductible?     5c     N/A       6a Does the organization include with ever solicitation an express statement that such contributions on the aveces of \$75 made party as a contribution and party for goods and services provided to the payor?     7b     N/A       7 Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?     7a     X       b If "Yes," indicate the number of Forms 222 filed during the year     7d     N/A     7c     X       7 Did the organization receive a payment, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       7 Did the organization active any challed intelletual property differed measastane encoved acontractor of oralife directletual property differed measastane encoved acontractor or oralife directletual property. directly, on a personal benefit contract?     7t     X/A       7 Did the organization contributions indue do nor advised fund maintained by a sponsoring organa	4a			
b if Yes,* enter the name of the foreign county: <ul> <li>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</li> <li>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</li> <li>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</li> <li>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</li> <li>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</li> <li>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</li> <li>See instructions for filing requirements for Form Step Park as a contribution and party for solution and did the organization number of provided with every solicitation an express statement that such contributions or gifts were not tax deductible?</li> <li>Organizations that may receive deductible contributions under section 170(c).</li> <li>Did the organization neotive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the eagor?</li> <li>Did the organization neotive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</li> <li>To the organization receive any and the value of the goods or services provided?</li> <li>To the organization receive a contribution of cars, tosts, aratines, or other vehicle, did the organization file Form 3993 as required?</li> <li>Th N/A</li> <li>To the organization make any taxable distributions under section 4966?</li> <li>Sponsoring organizations maintaining doron advised funds and sections 599(a)(3) supporting organizations. Enter:</li> <li>Bronsos income from members or shareholders</li></ul>				v
See instructions for filing requirements for Form TD F 90-21. Report of Foreign Bank and Flandal Accounts.       Sa       Xa         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       Sa       X         5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       Sa       X         6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization neduce with every solicitation an express statement that such contributions or gifts ever not tax deductible?       Sa       X         7 Organizations that may receive deductible contributions under section 170(c).       Did the organization neceive anyment in excess of \$75 made party as a contribution and party for goods and services provided to the payore, or otherwise dispose of angible personal property for which it was required to file Form \$2827       7c       X         7 Urgs, "indicate the number of Forms 8282 filed during the year       7d       N/A       Sa         8 Urd we organization neceive an purport provemiums, directly or indirectly, on a personal benefit contract?       7f       X         9 Urd the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7f       X         9 Urd the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f       X         9 Urd the organization make any taxable distributions under section 4506(2)(3) supporting organization. <t< td=""><td></td><td></td><td><u>4a</u></td><td>X</td></t<>			<u>4a</u>	X
5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax yet?       5a       X         b       Did any taxable party notify the organization file Form 8886-17       5b       X         6a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible?       5c       N/A         7       Organization share annual gross receipts that are normally greater than \$100,000, and did the organization notude with every solicitation an express statement that such contributions or gifts were not tax deductible?       7c       N/A         7       Organizations that may receive deductible contributions under section 170(c).       a Did the organization notify the donor of the value of the goods or services provided?       7a       X         7       D       N/A       7b       N/A         7       Did the organization notify the donor of the value of the goods or services provided?       7c       X         7       Did the organization notify the donor of the value of the goods or services provide?       7c       X         7       Did the organization notify the donor of the value of the goods or services provide?       7c       X         6       Did the organization notify the donor of the value of the goods or services provide?       7c       X         7       Did the organization receive any fu	b			
b Did any taxable party notify the organization that it was or is party to a prohibited tax shelter transaction       6b       X         6 Did any taxable party notify the organization that it was or is party to a prohibited tax shelter transaction       6c       N/A         6 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?       6c       N/A         6 Did the organization receive a payment in excess of \$75 made party as a contribution and party for gools       7a       X         7 Organizations to the payor?       7b       N/A       7a       X         7 Did the organization receive a payment in excess of \$75 made party as a contribution and party for gools       7a       X         7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 622?       7b       N/A         7 Did the organization receive any tunds, directly or indirectly, on a personal benefit contract?       7c       X         7 Did the organization receive any tunds, directly or indirectly, on a personal benefit contract?       7f.       N/A         8 Did the organization sell, exchange, or advised funds and section \$60(a)(3) supporting organizations. Did the supporting organization, and vasible distributions under section 4966?       9a       N/A         9 Sponsoring organizations maintaining donor advised funds and section \$60(a)(3) supporting organizations included on Part			-1008/8	
b Did aly lakable pairs floting the organization file form 8886-17.       is provided to solicit any contributions that were not hav deductible?       is provided to solicit any contributions that were not hav deductible?         6a Dees 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?       is b       is b         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       is b       is b       is b         c Organizations that may receive deductible contributions under section 170(c).       a) did the organization notify the donor of the value of the goods or services provided?       is b       is b       is c       x         c Did the organization notify the donor of the value of the goods or services provided?       is c       is c       x       x         c Did the organization notify the donor of the value of the goods or services provided?       is c       x       x         c Did the organization notify the donor of the value of the goods or services provided?       is c       x       x         c Did the organization notify the donor of the value of the goods or services provided?       is c       x       x         c Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year?<				
6a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?       6a       X         b If "Yees," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       N/A         7 Organizations that may receive deductible contributions under section 170(c).       10 di the organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       N/A         7b       Did the organization receive a payment in excess of angible personal property for which it was required to file Form 8282?       7c       X         7c       X       To       N/A       7c       X         7c       N/A       To       X       7c       X         7d       If "Yes," indicate the number of Forms 8282 filed during the year       To       N/A       7c       X         7d       If the organization received a contribution of qualified intellectual property, did the organization file Form 8282.       7d       N/A         9       If the organization make and taxable distributions or advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations and the supotend as arrowing organizati				
organization solicit any contributions that were not tax deductible?       6a       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       N/A         7       Organization stat may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         7       D the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         7       D the organization notify the donor of the value of the goods or services provided?       7a       X         7       D di the organization notify the donor of the value of the goods or services provided?       7c       X         7       D di the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         7       D di the organization receive a contribution of qualified intellectual property, did the organization file a form 1089-C?       8       N/A         8       Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization make a distribution sunder section 4966?       9a       N/A         9       D di the organization make a distribution sunder section 4966?       9a       N/A         9       D di the organization make a distribution sunder section 4966?			50	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization neceive any funds, directly or indirectly, to pay premiums on a personal property for which it was required to file Form 5252? f Did the organization for the value of the value of the goods or services provided? c Did the organization notify the donor of the value of the goods or services provided? f Did the organization notify the donor of the value of the goods or services provided? f Did the organization forms 5252 filed during the year f Did the organization for goid field intellectual property, did the organization file form 899 as required? f If the organization cole qualified intellectual property, did the organization file a Form 1098.C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? f Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? f Did the organization members or shareholders f Gross income from there sources (Do not net amounts due or paid to other sources against amounts due or received form them.) f Section 501(c)(12) organizations. Enter: a Gross income from there sources (Do not net amounts due or paid to other sources against amounts due or receive any painzation increasingue to maintain the year f Yes, "enter the amount of tax-	6a		62	x
gifts were not tax deductible?       6b       N/A         7       Organizations that may receive deductible contributions under section 170(c).       a)       bit de organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         7       Dright be organization notify the donor of the value of the goods or services provided?       7a       X         7       Did the organization notify the donor of the value of the goods or services provided?       7d       N/A         7       Did the organization receive any thous, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         7       Did the organization receive any thous, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         7       Did the organization receive a a ontribution of cars, boats, angrianes, or other vehicles, did the organization file a contribution of cars, boats, angrianes, or other vehicles, did the organization file a contribution of cars, boats, angrianes, or or related person?       7d       N/A         8       Sponsoring organizations maintaining donor advised funds       and services       9b       N/A         9       Did the organization make a distribution to a donor, donor advised funds       a bit he organization make a distribution to a donor advised funds       a bit he organization make a distribution to a donor, donor advised funds       a bit he organization ma	1.		Ja	
9       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 services provided to the payor?       7a       X         9       If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       N/A         9       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         7       Td       N/A       Z       X         9       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         7       Td       X       Td       X         9       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d       N/A         9       Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holding at any time during the year?       9a       N/A         9       Sponsoring organizations. Enter:       10b       N/A       10b       N/A         10       Section 501(c)(12) organizations. Enter:       11a       N/A       12a       N/A         11       Section 501(c)(12) organizations. En	D	-	6h	N/A
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       N/A         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       N/A         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 82827       7d       N/A         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8399 as required?       7d       N/A         g If the organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year?       8       N/A         g Sponsoring organizations. Enter:       10a       N/A         a Did the organization meke a distribution to a donor, donor advised funds.       10b       N/A         g Gross income from members or shareholders       10a       N/A         g Did the organizations. Enter:       10a       N/A         a Gross income from members or shareholders<	7	5		
and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       N/A         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       N/A         e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         f Id the organization received a contribution of cars, bats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7g       N/A         8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization make any taxable distributions under section 4966?       9a       N/A         9 Sponsoring organization make any taxable distributions under section 4966?       9b       N/A         10 de the organization make any taxable distributions included on Part VIII, line 12       10a       N/A         11 section 501(c)(17) organizations. Enter:       11a       N/A         a Gross income from members or shareholders       11b       N/A         12 Section 501(c)(12) organizations. Enter:       11b       N/A				
b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       N/A         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       x         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       N/A         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       x         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       N/A         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7g       N/A         8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations maintaining donor advised funds.       8       N/A         9 Sponsoring organization make any taxable distributions under section 4966?       9a       N/A       9b       N/A         10 der dorganization make any taxable distributions included on Part VIII, line 12       10a       N/A       N/A         11 section 501(c)(7) organizations. Enter:       10b       N/A       11b       N/A         12 Section 501(c)(12) organizations. Enter:       11a       N/A       12b       N/A         13 Section 501(c)(12) organizations. Ent	a		7a	X
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       N/A       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       N/A         f       Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization radvised funds.       8       N/A         g       Sponsoring organizations maintaining donor advised funds.       9a       N/A         g       Sponsoring organizations maintaining donor advised funds.       9a       N/A         g       Sponsoring organizations as there:       10a       N/A         g       Sponsoring organizations Enter:       10b       N/A         g       Gross income from members or shareholders       11a       N/A         g       Gross income from other sources (Do not net amounts due or paid to o	h			N/A
required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       N/A         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?       8       N/A         8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year?       8       N/A         9 Sponsoring organization make and stributions under section 4966?       9a       N/A         9 Section 501(c)(7) organizations. Enter:       9a       N/A         10b the organization. Form 990, Part VIII, line 12       10a       N/A         10b cross income from members or shareholders       11a       N/A         11b       N/A       11b       N/A         12a Section 501(c)(12) organizations. Enter:       11a       N/A         12b Gross income from there sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       N/A         12a Section 501(c)(12) organizations. Enter:       11				
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       N/A         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       Tf       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       Th       N/A         8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations maintaining donor advised funds.       Th       N/A         a Did the organization make any taxable distributions under section 4966?       9a       N/A         9 Sponsoring organizations. Enter:       10a       N/A         a Initiation fees and capital contributions included on Part VIII, line 12       10a       N/A         11 Section 501(c)(12) organizations. Enter:       11a       N/A         a forses income from members or shareholders       11b       N/A         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a       N/A         12 Section 501(c)(2)9 qualified nonprofit health plans in more than one state?       13a       N/A         13 Section 501(c)(2)9 qualified nonprofit health plans in more than one state?       13a       N/A	Ŭ		7c	Х
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       N/A         f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 108-C?       7h       N/A         8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year?       8       N/A         9 Sponsoring organization make any taxable distributions under section 4966?       9a       N/A         9 Did the organization make a distributions included on Part VIII, line 12       10a       N/A         9 Section 501(c)(7) organizations. Enter:       10a       N/A         11 Section 501(c)(12) organizations. Enter:       11a       N/A         12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13 Section 4947(a)(1) non-exempt interest received or accrued during the year       12b       N/A         13 a the organization licensed to issue qualified health plans in more than one state?       13a       N/A         13a       N/A </td <td>d</td> <td></td> <td></td> <td></td>	d			
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<ul> <li>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?</li></ul>	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A
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12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       N/A         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       N/A         a Is the organization licensed to issue qualified health plans in more than one state?       13a       N/A         Note. See the instructions for additional information the organization must report on Schedule O.       13b       N/A         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       N/A         13a       N/A       13b       N/A         13a       N/A       13a       N/A         13b       N/A       13b       N/A         13c       N/A       13a       14a	b			
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13       Section 501(c)(29)       qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       N/A         c       Enter the amount of reserves on hand       13b       N/A       13c       N/A         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X			120	
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the organization is licensed to issue qualified health plans	h			
c Enter the amount of reserves on hand	U			
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1a       1a       1a       1a       1a         b       Enter the number of voting members included in line 1a, above, who are independent       1a       1a       1a         2       Did any officer, director, trustee, or key employees have a family relationship or business relationship with any other officer, director, trustee, or key employees to a management company or other person?       2       X         2       Did the organization diseague agrindrant changes to its governing documents since the part of the organization secone aware during the year of a significant diversion of the organization secone aware during the year of a significant diversion of the organization secone aware during the year of a significant diversion of the organization's assets?       5       X         2       Does the organization have members is stockholders, or other persons who may elect one or more members or stockholders?       7a       X         3       Does the organization have members is stockholders, or other persons?       7b       X         4       X       X       X       X       X         5       X       Ba       X       X       X       X       X         4       Does the organization have withen y bact on behalf of the governing body?       Ba       X       X       X       X       X       X       X       X       X       X       X       X       X       X	Form 9	90 (2010) 92-0168036			Page
Check if Schedule O contains a response to any question in this Part VI         Section A. Governing Body and Management         1a Ener the number of voting members included in line 1a, abox, who are independent       1a         2 Did any officer, directin, truske, or key employee have a family relationship or a business relationship with any other officer, directin, truske, or key employee a family relationship or a business reliabonship with any other officer, directin, truske, or key employees to a management courseny or other person?       2         3 Did the organization deegate control over management courses ince the pitor Form 590 was like?       5         4 Does the organization have members or stockholdors?       6         5 Does the organization have members or stockholdors?       7         6 Dat the organization have members or stockholdors?       7         7 Does the organization have members or stockholdors?       7         8 Did the organization have members, stockholdors?       7         9 Des the organization have members, stockholdors?       7         9 Did the organization have methers, stockholdors?       7         9 Did the organization have methers, stockholdors?       7         9 Dis fore gave fing develop the store have mark a	Part	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, o	b belo r cha	ow, nge	and s in
1a       Enter the number of voting members of the governing body at the end of the tax year       1a       1a       1b       6         2 Did any officer, director, tucked, or key employee have a family relationship or a business relationship with any other officing, director, tucked, or key employee have a family relationship or a business relationship with any other officing, director, tucked, or key employee have a family relationship or a business relationship with any other officing, director, tucked, or key employee and a management company or other person?       2       X         3       Did the organization deciga award using bey ward of a significant diversion of the organization's assets?       6       X         4       Does the organization have members or stockholders, or other persons who may elect one or more members.       6       X         5       Does the organization accemences, stockholders, or other governing body?       8       7       6       X         6       Does the organization accemences.       80 dive to approval by members, stockholders, or other areanson?       7       7       8       7       8       7       8       7       8       7       8       7       8       7       8       7       8       7       8       7       8       7       8       7       8       7       8       7       8       7       8       7       8       7       8		Check if Schedule O contains a response to any question in this Part VI			Σ
1a       1a       1a       1a         b       Enter the number of voting members included in line 1a, above, who are independent       1b       1c         2       Ded any officion, director, trustee, or key employee?       2       x         3       Ded any officion, director, trustee, or key employee?       2       x         4       2       x       x       x         5       Ded the organization declear supplication compares to the power power for the person?       3       x         6       Does the organization have with any other offician diversion of the organization's assess?       6       X         7       Does the organization and equipation compares to the power persons who may elect one or more members or stockholders, or other persons?       7a       Dx         8       Ded the organization and equipation to any end order stockholders, or other persons?       7b       X         9       Des the organization and equipation and the meetings held or written actions undertaken during the year of the governing body?       8a       x         9       Des the organization have written powernes, stockholders, or other persons?       7b       X         9       Des the organization and equipations of the governing body?       8a       x       x         9       Is there any officion (director, trustee, or twy employee isted in Part VI)	Sect	ion A. Governing Body and Management		Voc	N
Image: the infinited of voling members includes in line 1a, above, who are independent.       10       10         2 Did any officer, director, trustee, or key amployee have a simily relationship or a business relationship with any other officer, director, trustee, or key amployee to a sample of the pressor?       30         3 Did the organization delogate control over management duties customain) performed by or under the direct supervision of files of inforces or trustees, or key employees to a management company of the person?       3         4 Did the organization bace aware during the year of a significant diversion of the organization's assetts?       5         5 Did the organization have members is stockholders; or other persons who may elect one or more members of the governing body?       6         6 Does the organization have members is stockholders; or other persons who may elect one or more members of the governing body?       7         b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?       7         b Are organization hower members is order to approval by members, stockholders, or other persons?       7         b Are organization hower written optices and organization for members of the governing body?       8a         b Each committee with autionity to act on behalf of the governing body?       8a         c Stepter any officer, director, trustee, or key employees and procedures governing the activities of such chapter, if the arganization forwide accept of the same ado a procedures and acception is a secesthed at the organization have written uplicies and pro				res	
Definition function of voling relations in backets in the stock, which is a back we be independent of the state independent of the state is a stock, which is a back we relationship with any other afficer, director, trustee, or key employees the summary independent of the state is a state independent of the state is a state independent of the state is a state is a state independent of the state is a state is a state independent of the state is a state state is a state is	1a	Enter the number of voting members of the governing body at the end of the tax year			
any other officer, director, trustee, or key employee?       2       X         3       Did the organization delegate control over meagement duties customarily performed by or under the direct supervision of officers, directors of trustees, or key employees to a management company or other person?       3       X         4       Did the organization become aware during if to year of a significant diversion of the organization sectors?       6       X         5       Date the organization become aware during if to year of a significant diversion of the organization sectors?       6       X         6       Dess the organization above members or stockholders?       6       X         7       Dest the organization of the governing body, subject to approval by members, stockholders, or other persons?       7       7         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8       8       X         9       Is there any officer, director, trustee, or key employee issed in Part VII, Section A, who cannot be reached at the organization have written policies and procedures governing tody?       8       8       X       X         9       Is there any officer, director, trustee, or key employee issed in Part VII, Section A, who cannot be reached at the organization have written policies and procedures postening tody?       8       8       9       X         9       Is there any officer, dir	b				
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describe in Schedule O how this is done       12c X         13       Does the organization have a written whistleblower policy?       13       X         14       Does the organization have a written document retention and destruction policy?       14       X         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?       15       X         14       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       X         15       Did the organization's CEO, Executive Director, or top management official       15b       X       15b       X         16       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         16       If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements?       16a       X         17       List the states with which a copy of this Form 990 is required to be filed       AK					
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Does the organization have a written document retention and destruction policy?       14       X         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?       15         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       X         16 a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement       16a       X         b       If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?       16a       N/i         Section C. Disclosure       16b       N/i         17       List the states with which a copy of this Form 990 is required to be filed       AK_i       16b       N/i         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.       16b       N/i         19       Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	42				Х
<ul> <li>14 Does the organization have a whiten document retenuon and destront policy 1 means and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?</li> <li>a The organization's CEO, Executive Director, or top management official</li></ul>					Х
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a       X         a The organization's CEO, Executive Director, or top management official       15a       X         b Other officers or key employees of the organization       15b       X         If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)       16a       15a       X         16a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?       16a       X         17       List the states with which a copy of this Form 990 is required to be filed       AK/         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.       0         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.       State the name, physical address, and telephone number of the person who possesses the books and records of the organization: STACIFIESER, 411_FIRST_AVENUE_			- 14		
a The organization's CEO, Executive Director, or top management official       15a X         b Other officers or key employees of the organization       15b X         if "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)       16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement       16a X         b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?       16a N/4         7       List the states with which a copy of this Form 990 is required to be filed        AK_4         18       Section C. Disclosure       16b N/4         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: <a href="STACI_FIESER">STACI_FIESER, 411 FIRST_AVENUE_EAST, DILLINGHAM, AK 99576-1464_907-842-4370</a>	15				
<ul> <li>a The organization's CEO, Executive Director, of top management of the arrangement of the organization in the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li></ul>			150	x	
b       Other binders of key employees of the organization       102         if "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)       16a       16a         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement       16a       X         b       If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate       16a       X         its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard       16b       N//i         Section C. Disclosure       16b       N//i         17       List the states with which a copy of this Form 990 is required to be filed       AK,         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       X         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.       State the name, physical address, and telephone number of the person who possesses the books and records of the organization:       STACI_FIESER, 411 FIRST_AVENUE_EAST, DILLINGHAM, AK 99576-1464       907-842-4370         Form 990 (21					X
<ul> <li>16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li></ul>	b		150		
with a taxable entity during the year?       16a       X         b       If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?       16a       X         Section C. Disclosure       16b       N/i         17       List the states with which a copy of this Form 990 is required to be filed       ▲K,         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       X         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.       State the name, physical address, and telephone number of the person who possesses the books and records of the organization:       STACIFIESER, 411FIRST_AVENUE_EAST, DILLINGHAM, AK99576-1464         18A       STACIFIESER, 411FIRST_AVENUE_EAST, DILLINGHAM, AK99576-1464       State the name, physical address, and telephone number of the person who possesses the books and records of the organization:       STACIFIESER, 411FIRST_AVENUE_EAST, DILLINGHAM, AK99576-1464					
<ul> <li>b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?</li></ul>	16 a	•			v
<ul> <li>its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?</li></ul>			16a		A
the organization's exempt status with respect to such arrangements?       16b       N/ i         Section C. Disclosure       17       List the states with which a copy of this Form 990 is required to be filed       ▲AK,         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.       ○       ○         19       Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.       20       State the name, physical address, and telephone number of the person who possesses the books and records of the organization:       STACI_FIESER, 411 FIRST_AVENUE_EAST, DILLINGHAM, AK 99576-1464	b				
Interstatus with respect to such an angements?         Section C. Disclosure         17       List the states with which a copy of this Form 990 is required to be filed       ▶_AK,         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.         19       Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.         20       State the name, physical address, and telephone number of the person who possesses the books and records of the organization:                ▶ STACI FIESER, 411 FIRST AVENUE EAST, DILLINGHAM, AK 99576-1464					1.7
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<ul> <li>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.</li> <li>Own website X Another's website X Upon request</li> <li>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.</li> <li>20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► STACI FIESER, 411 FIRST AVENUE EAST, DILLINGHAM, AK 99576-1464 907-842-4370</li> <li>Form 990 (24)</li> </ul>	Sect				
<ul> <li>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.</li> <li>Own website X Another's website X Upon request</li> <li>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.</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► STACI FIESER, 411 FIRST AVENUE EAST, DILLINGHAM, AK 99576-1464 907-842-4370</li> </ul>	17	List the states with which a copy of this Form 990 is required to be filed			
policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► STACI_FIESER, 411 FIRST AVENUE EAST, DILLINGHAM, AK 99576-1464 907-842-4370 Form 990 (24)	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.	)		
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► STACI_FIESER, 411_FIRST_AVENUE_EAST, DILLINGHAM, AK 99576-1464 907-842-4370 ISA 21000	19	policy, and financial statements available to the public.			
ISA Form 990 (24 2 1.000	20	organization: ▶ STACI_FIESER, 411 FIRST AVENUE EAST, DILLINGHAM, AK 99576-1464			
2 1.000	ISA	907-842-4370	Form	990	(201
	15A 42 1.000	SW8662 1832 V 10-7.2 746940	. 0111		(201

Form 990 (201	92-0168036 Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Complet organizatior	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the '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	Posit	(C) sition (check all that apply)				lv)	(D) Reportable	(E) Reportable	(F) Estimated
ATTACHMENT 3	hours per week (describe hours for related organizations in Schedule O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	ropensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) H. ROBIN SAMUELSEN, JR. PRESIDENT OF THE BOARD	.10	X						0.	112,510.	28,752.
(2) ROBERT HEYANO										
TREASURER OF THE BOARD	.10	X						500.	14,500.	0.
(3) HATTIE ALBECKER SECRETARY OF THE BOARD	.10	х						500.	11,900.	0.
(4) FRED T. ANGASAN, SR. VICE PRESIDENT OF THE BOARD	.10	x						550.	8,050.	0.
(5) MOSES KRITZ BOARD MEMBER	.10	X						500.	10,000.	0.
(6) VICTOR SEYBERT BOARD MEMBER	.10							500.	9,800.	0.
(7) GERDA KOSBRUK BOARD MEMBER	NONE	x						250.	6,150.	0.
(8) HELEN SMEATON EXECUTIVE DIRECTOR	3.75			x				8,648.	91,699.	26,205.
(9)										
(10)	-									
(11)										
(12)										
(15)										
(16)										

Form 990 (2010) Part VII Section A. Officers, Directors, T	watasa K					and		92-0168036	tod Emplo		Page {
Part VII Section A. Officers, Directors, T (A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)			(( checl	C)	hat employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensa from rela organizati (W-2/1099-M	ble Ition ted ons	(F) Estimated amount of other compensation from the organization and related organizations
(17)	-										
(18)	-										
(19)	-										
(20)	-										
(21)	-										
(22)	_										
(23)	_										
(24)	-										
(25)								,,,,,,,			
(26)	-										
(27)											
(28)	_										
1b Sub-total c Total from continuation sheets to Part VII, Se	ction A							11,448.		,609.	54,957.
<ul> <li>d Total (add lines 1b and 1c)</li></ul>	mited to thos	se liste	ed a	bov	e) w		► ceiv			, 009.	
3 Did the organization list any former offi employee on line 1a? If "Yes, "complete Schee	cer, directo dule J for sud	or or ch ind	tru lividu	istee ual	ə, I •••	key e	mpl	loyee, or highest	compensa	ated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations individual	greater th	ian \$	150	,000	)?	lf "Y	es,"	and other comp complete Sched	bensation f ule J for s	rom such	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "											5 X
Section B. Independent Contractors								that reacing	mara the	n @100	000 of
1 Complete this table for your five highest compensation from the organization.	compensat	ea ir	idep	ena	ient	cont				un (\$100	
(A) Name and business ad	dress							(B) Description of ser	vices	СС	(C) ompensation
ATTACHMENT 4											
<ul> <li>2 Total number of independent contractors ( more than \$100,000 in compensation from t</li> </ul>	including bu	ut not ion	t lim	nitec		thos 2	e li	sted above) who	received		
											Form <b>990</b> (2010

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Form	990 (20	010)	92-0168036 Page <b>9</b>					
	t 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		
gifts, grants ar amounts	1a b c d	Federated campaigns     1a       Membership dues     1b       Fundraising events     1c       Related organizations     1d						
Contributions, gifts, grants and other similar amounts	e f	Government grants (contributions)     1e     564,410.       All other contributions, gifts, grants, and similar amounts not included above     1f     271,359.	-					
an C	g h	Noncash contributions included in lines 1a-1f: \$	835,769.					
Program Service Revenue	2a b c d e	Business Code						
fog	f	All other program service revenue						
Pr	g 3 4	Total. Add lines 2a-2f       ►         Investment income (including dividends, interest, and other similar amounts)       ▲TTACHMENT 5         Income from investment of tax-exempt bond proceeds       ►	<u> </u>		0.	647.		
	5	Royalties · · · · · · · · · · · · · · · · · · ·	0.		0.			
	6a b c d	Gross Rents	0.		0.			
	7a	Gross amount from sales of assets other than inventory						
	b c d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	0.		0.			
r Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
Other	ь	Less: direct expenses b			가 있었다. 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전	a an		
Ò	с 9а	Net income or (loss) from fundraising events         Gross income from gaming activities.         See Part IV, line 19	0.		0.			
	b c	Less: direct expenses b	0.		0.			
	10a	Gross sales of inventory, less returns and allowances						
	b c	Less: cost of goods sold b         Net income or (loss) from sales of inventory ▶         Miscellaneous Revenue       Business Code	0.		0.			
	11a		1					
	b c							
	d	All other revenue						
	е 12	Total. Add lines 11a-11d			0.	647.		
-			00011201		<u> </u>			

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Form 990 (2010)

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Form 990 (2010) Part IX Statement of Functional Expenses		92-016		
Section 501(c)(3) ar All other organizations must complete	nd 501(c)(4) organizat.	ions must complete all	columns.	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0.			
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.			
<ul> <li>5 Compensation of current officers, directors, trustees, and key employees</li></ul>	11,448.		11,448.	
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.	42,256.		
7 Other salaries and wages	42,200.	42,200.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	259.		259.	
9 Other employee benefits	-103.	554.	-657.	
0         Payroll taxes	4,484.	3,822.	662.	······
1 Fees for services (non-employees):     a Management	. 0.			
b Legal	1.80.		180.	
c Accounting	5,500.		5,500.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	1,000.		1,000.	
g Other	0.			
2 Advertising and promotion	0.			
3 Office expenses	0.			
	0.			
5 Royalties	0.			
7 Travel	31,706.	26,346.	5,360.	
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	0.			
0 Interest	0.			
1 Payments to affiliates	0.			
2 Depreciation, depletion, and amortization	0.			
3 Insurance	U .			
4 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 MATERIALS AND SUPPLIES	67,719.	67,552.	167.	
b CONTRACT_PERSONNEL	328,433.	289,658.	38,775.	
c CONTRACTUAL	277,220.	277,220.		
d ALLOCATED OVERHEAD	30,888.	30,888.		
e EQUIPMENT_LEASE	79,824.	79,824.	1 250	
f All other expenses	12,770.	11,511.	<u>    1,259.</u> 63,953.	
<ul> <li>5 Total functional expenses. Add lines 1 through 24f</li> <li>6 Joint Costs. Check here ► if following SOP 98-2 (ASC 958-720). Complete this line</li> </ul>	893,584.	829,631.		
only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form 990 (

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Form 990 (2010)

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Par		Balance Sneet	(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	363,844.	2	459,798.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	136,656.	4	123,579.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons			
		described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of			
		section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Iss	8	Inventories for sale or use		8	
1	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	*	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	96,360.	15	6,665.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	596,860.	16	590,042.
	17	Accounts payable and accrued expenses		17	4,350.
	18	Grants payable		18	
-	19	Deferred revenue	163,000.	19	134,000.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
abi		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		25	
	26	Total liabilities. Add lines 17 through 25	163,000.	26	138,350.
		Organizations that follow SFAS 117, check here  X and complete			
ces		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	433,860.	27	451,692.
Bal	28	Temporarily restricted net assets		28	
l pc	29	Permanently restricted net assets		29	
Net Assets or Fund Balan		Organizations that do not follow SFAS 117, check here  and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	433,860.	33	451,692.
1	34	Total liabilities and net assets/fund balances	596,860.	34	590,042.

Form 990 (2010)

For	m 990 (2010) 92-0168036			Pa	ge <b>12</b>
-	art XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			X	
	T = 1 (much small Dart)/(II column (A) line 12)	1		36,4	
1	Total revenue (must equal Part VIII, column (A), line 12)		8	93,5	84.
2	Total expenses (must equal Part IX, column (A), line 25)	. 3	-	-57,1	68.
3	Revenue less expenses. Subtract line 2 from line 1	4	4	133,8	860.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5		75,0	00.
5 6	Other changes in net assets or fund balances (explain in Schedule O)				
	column (B))	. 6	4	151,6	592.
Pa	Art XII         Financial Statements and Reporting           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 O.				
2a	Ctransformer and the second seco		2a		X
b			2b	Х	
c	the second s	t of			
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain i	n			
	Schedule O.				
d	where the second state of				
	issued on a separate basis, consolidated basis, or both: Separate basis X 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				1
	the Single Audit Act and OMB Circular A-133?		3a	Х	
b	and the second s	•	3b	x	

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SCHED		Public	Charity Status	and	Pu	olic S	Supp	ort		OMB No. 1545-	0047
(Form 990	) or 990-EZ)		Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.								) blic
Department of	of the Treasury enue Service	► Attach	to Form 990 or Form 990-E2	z. 🕨	See se	eparate i	nstructio	ons.		Inspecti	
	e organization							Employ	/er identi	fication number	
BRISTO	L BAY SCIEN	VCE & RESEARCH I	NSTITUTE							-0168036	
Part I	Reason for	Public Charity Status	s (All organizations mus	st com	plete	this pa	rt.) See	e instru	ictions.		
The organ	nization is not a	private foundation becau	use it is: (For lines 1 throu	gh 11,	check	only one	e box.)				
1	A church, conv	ention of churches, or a	ssociation of churches des	scribed	in s	ection '	170(b)(1	)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3	A hospital or a	cooperative hospital ser	vice organization describe	ed in	sectio	n 170(b	)(1)(A)(i	ii).			
4	A medical res	earch organization ope	erated in conjunction wi	th a h	ospital	descri	bed in	section	n 170(b	)(1)(A)(iii). Ente	er the
	hospital's name	e, city, and state:									
5	-	n operated for the ber (1)(A)(iv). (Complete P	efit of a college or universe art II.)	ersity (	owned	or ope	erated b	oy a goʻ	vernmer	ntal unit describ	ed in
6	A federal, state	, or local government or	governmental unit describ	oed in	sect	ion 170	(b)(1)(A	)(∨).			
7 X	An organizatio	n that normally receive	es a substantial part of it	s supp	ort fro	m a go	vernme	ntal un	it or fro	m the general p	oublic
	described in se	ection 170(b)(1)(A)(vi).	(Complete Part II.)								
8	A community tr	ust described in section	on 170(b)(1)(A)(vi). (Com	plete P	art II.)						
9	An organizatio	n that normally receive	s: (1) more than 331/3 %	of its	suppo	rt from	contrib	utions,	membe	ership fees, and	gross
	receipts from	activities related to its	exempt functions - subj	ect to	certai	n excep	otions, a	and (2)	no mo	re than 331/3%	of its
		n gross investment income and unrelated business taxable income (less section 511 tax) from businesses the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
<b></b>											
10	An organization	n organized and operate	d exclusively to test for pu	iblic sa	fety. S	ee se	ction 50	J9(a)(4).	Iono of	or to corry of	it tho
11	An organizatio	on organized and oper	ated exclusively for the	benet	it of,	to perio	0111 ING		ions of	O(a)(2) Soo so	
	purposes of o	ne or more publicly su	pported organizations de	escribe	a in si Totion		509(a)(1 mploto	) OF SE	le throu	(3(a)(2)). See Store 11h	5011011
			es the type of supporting	lli - Eu	nction	ally integ	arated	intes i	d	Type III - Othe	r
- []	a Type I	b Type	the organization is not					rectly		_ •·	
e	By checking i	then foundation manage	gers and other than one	or mo	re nuh	dicty su	nnorted	organi	izations	described in se	ection
	•	ection 509(a)(2).	gers and other than one		ic pub	noiy ou	pponea	organ			
f	If the organize	ation received a writter	determination from th	e IRS	that it	is a T	vpe I. T	vpe II.	or Type	e III supporting	
ł								<b>)</b>  ,	,,	11 0	
a			zation accepted any gift or								
g	following perso										
	(i) A person	who directly or indire	ctly controls, either alor	ne or t	ogethe	er with	person	s desci	ribed in	(ii) Ye	s No
			ly of the supported organ							110(1)	X
		nember of a person desc								11g(ii)	X
			n described in (i) or (ii) ab	ove?						11g(iii)	X
h	Provide the fol	lowing information about	the supported organization	on(s).							
(i) Na	ame of supported	(ii) ElN	(iii) Type of organization		Is the ation in		ou notify		Is the ation in	(vii) Amount o support	of
	organization		(described on lines 1-9 above or IRC section	col. (i)	listed in verning	in col	anization I. (ì) of		rganized	300001	
			(see instructions))		ment?	+	upport?		U.S.?		
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)				ļ							
(D)											
(E)											
Total	work Paduation /	Act Notice see the Instruc	tions for	1	1	1	1	JSc	hedule A	(Form 990 or 990-E2	2010

2.2.2.4 Grant 1. 1. 1.

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

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### Schedule A (Form 990 or 990-EZ) 2010

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Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Part II

- ----

Sec	tion A. Public Support						(D) T ()	
Caler	ndar year (or fiscal year beginning in) 🕨 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") • • • • • •	1,208,386.	358,978.	401,225.	421,555.	835,769.	3,225,913.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	1,208,386.	358,978.	401,225.	421,555.	835,769.	3,225,913.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						508,597.	
e	shown on line 11, column (f).						2,717,316.	
	Public support. Subtract line 5 from line 4.							
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
7	Amounts from line 4	1,208,386.	358,978.	401,225.	421,555.	835,769.	3,225,913.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,466.	29,593.	18,648.	2,484.	647.	90,838.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on				1			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) · ATCH· 1 · · · · ·	1,166.					1,166.	
11	Total support. Add lines 7 through 10				11.1993 (1999-1994) 		3,317,917.	
12	Gross receipts from related activities, etc. (se	e instructions)				12		
13	First five years. If the Form 990 is for organization, check this box and stop here			nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶	
Sec	tion C. Computation of Public Sup					1.1	01 00 04	
14	Public support percentage for 2010 (line			, column (f))		14	81.90 % 71.88 %	
15	Public support percentage from 2009 So	chedule A, Part	II, line 14			15		
16a	33 1/3 % support test - 2010. If the o	rganization did	not check the	box on line 13,	and line 14 is	s 33 1/3 % or mor	e, check ▶ X	
	this box and stop here. The organization	on qualifies as a	publicly suppor	rted organizatio	n		· · · ·	
b	33 1/3 % support test - 2009. If the c check this box and stop here. The orga	organization did	not check a b es as a publiciv	ox on line 13 o supported orga	or 16a, and line	9 15 IS 33 1/3 %		
17a	10%-facts-and-circumstances test - 2	010. If the orga	inization did not	check a box or	n line 13, 16a o	r 16b, and line 1	4 is 10%	
	or more, and if the organization me Part IV how the organization meets t	eets the "facts- he "facts-and-c	and-circumstan	ces" test, chec est. The organi	k this box⊹an zation qualifies	d stop here. E as a publicly s	xplain in upported	
b	organization							
18	Private foundation. If the organizatio	n did not cheo	k a box on line	ə 13, 16a, 16b	, 17a, or 17b,	check this box	and see	
	instructionsSchedule A (Form 990 or 990-EZ) 2010							

### Schedule A (Form 990 or 990-EZ) 2010

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- Statement - - -

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	ule A (Form 990 or 990-EZ) 2010				. 0100000		
Par	<b>Support Schedule for Organ</b> (Complete only if you checke If the organization fails to qua	d the box on li	ne 9 of Part I	or if the organ	ization failed to omplete Part II	o qualify under .)	Part II.
Sect	ion A. Public Support						
	llendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
2							
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 Tax revenues levied for the organization's						
4							
	benefit and either paid to or expended on				1		
-	its behalf						
5							
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
~	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	L					1
14	First five years. If the Form 990 is for	the organization	n's first, second	, third, fourth, c	or fifth tax year	as a section 501	(c)(3)
	organization, check this box and stop here			<u></u>	<u></u>	<u></u>	
Sec	tion C. Computation of Public Sup	oport Percent	age			1 1	
15	Public support percentage for 2010 (line 8, c						%
16	Public support percentage from 2009 Sched			<u></u>	<u></u>	16	%
Sec	tion D. Computation of Investmen	<u>it Income Per</u>	centage				
17	Investment income percentage for 2010 (li	ne 10c, column (f	) divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2009	Schedule A, Part	III, line 17			18	%
19 a	33 1/3 % support tests - 2010. If the or	ganization did n	ot check the bo	ox on line 14, ar	nd line 15 is mo	re than 331/3 %,	and line
	17 is not more than 331/3 %, check th	nis box and sto	p here. The org	ganization qualifi	es as a publicly	supported organ	nization 🕨 🛄
b	33 1/3 % support tests - 2009. If the org	anization did not	check a box on	line 14 or line 1	19a, and line 16	is more than 331	/3 %, and
	line 18 is not more than 331/3%, check	this box and s	top here. The c	organization quali	fies as a publicly	supported organ	nization 🕨 🔄
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19	b, check this b	ox and see inst	ructions 🕨
						Schedule A (Form S	990 or 990-EZ) 2010

Page **4** 

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Schedule A (Form 990 or 990-EZ) 2010

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Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

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	•				ATTACHMENT	1
SCHEDULE A, PART	II - OTHER INCO	ME				
DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
MISC INCOME	1,166.					1,166.
TOTALS	<u> </u>					1,166.

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SCHEDULE D	Quantaneontal Einensial Statema	OMB No. 1545-0047
(Form 990)	Supplemental Financial Statement Complete if the organization answered "Yes," to For	m 990, <u>2010</u>
Department of the Treasury	Part IV, line 6, 7, 8, 9, 10, 11, or 12.	Open to Public
Internal Revenue Service	► Attach to Form 990. ► See separate instructi	ons. Inspection
Name of the organization	IENCE & RESEARCH INSTITUTE	92-0168036
Part Organi	zations Maintaining Donor Advised Funds or Other Similar Fur	
organiz	ation 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	
	ibutions to (during year)	
	s from (during year)	
	at end of year	donor advised
funds are the or	ganization's property, subject to the organization's exclusive legal control?	• • • • • • • • • • • • • • • • • • •
6 Did the organiza	tion inform all grantees, donors, and donor advisors in writing that grant fu	unds can be
•	aritable purposes and not for the benefit of the donor or donor advisor, or t	
purpose conferr	ing impermissible private benefit?	
Part IIConsei1Purpose(s) of co	onservation easements held by the organization (check all that apply).	
· [] ·		ation of an historically important land area
		ation of a certified historic structure
	on of open space	
	2a through 2d if the organization held a qualified conservation contribution	in the form of a conservation
easement on the	e last day of the tax year.	Held at the End of the Tax Year
- Total number of	conservation easements	
	estricted by conservation easements	
	ervation easements on a certified historic structure included in (a)	
	ervation easements included in (c) acquired after 8/17/06, and not on a	
historic structure	listed in the National Register	
	ervation easements modified, transferred, released, extinguished, or termi	inated by the organization during the
	s where property subject to conservation easement is located	
	zation have a written policy regarding the periodic monitoring, inspection,	
violations, and e	inforcement of the conservation easements it holds?	Yes No
6 Staff and volunt	eer hours devoted to monitoring, inspecting, and enforcing conservation e	asements during the year
▶		
	nses incurred in monitoring, inspecting, and enforcing conservation easer	nents during the year
►\$	ervation easement reported on line 2(d) above satisfy the requirements of	f section 170(h)(4)(B)
9 In Part XIV, des	cribe how the organization reports conservation easements in its revenue	and expense statement, and
	and include, if applicable, the text of the footnote to the organization's finar	ncial statements that describes the
	ccounting for conservation easements.	· Other Similar Accets
Part III Organi	zations Maintaining Collections of Art, Historical Treasures, of the if the organization answered "Yes" to Form 990, Part IV, line 8	3.
1a If the organizat works of art, I public service,	ion elected, as permitted under SFAS 116 (ASC 958), not to report nistorical treasures, or other similar assets held for public exhibition provide, in Part XIV, the text of the footnote to its financial statements th	, education, or research in furtherance of at describes these items.
b If the organiza	tion elected as permitted under SFAS 116 (ASC 958), to report in	its revenue statement and balance sheet
works of art, I	istorical treasures, or other similar assets held for public exhibition provide the following amounts relating to these items:	i, education, or research in furtherance of
(i) Povenues in	cluded in Form 990, Part VIII, line 1	▶\$
(ji) Assets inclu	ded in Form 990, Part X	
2 If the organiza	tion received or held works of art, historical treasures, or other si	milar assets for financial gain, provide the
following amou	nts required to be reported under SFAS116 (ASC958) relating to these	e items:
a Revenues inclu	ded in Form 990, Part VIII, line 1	· · · · · · · · · · ► \$
b Assets included	in Form 990, Part X	<u></u>
JSA		· · · · ·
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	ule D (Form 990) 2010		C.A.L. Lling	terical 7				Accotel	ontinue		-
Par	t III Organizations Maintaining (	collections o	of Art, His	torical i	reasures	, or Ou	ner Sinnar	Asseis	ontinue		
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and	other reco	ords, che	eck any of	the foll	owing that a	are a sign	ificant u	se of its	3
а	Public exhibition		d		oan or exch	nange pi	rograms				
	Scholarly research		e		u	•					
b	Preservation for future generati	ions	υĽ								
с	Provide a description of the organizati	ionia collection	and over	alain how	, thay furth	hor the	organization	s exempt	purpose	in Pa	rt
4		ion's collection	is and exp	Jan now	aney iuru		organization	o exemp	, puipeee		•
	XIV.										
5	During the year, did the organization so	licit or receive	donations	of art, hi	storical tre-	asures,	or other simi	а Г			
	assets to be sold to raise funds rather th	han to be main	tained as p	part of the	e organizat	ion's co	illection?		Yes	<u> </u> N	<u>o</u>
Par	t IV Escrow and Custodial Arran	ngements.Co	omplete if	the orga	anization a	answer	ed "Yes" to	Form 99	0, Part I	V,	
	line 9, or reported an amount	t on Form 990	D, Part X,	line 21.							
1a	Is the organization an agent, trustee, cus	sto dian or othe	er intermed	iary for c	ontributions	s or othe	er assets not				
, a	included on Form 990, Part X?							[	Yes	N	0
Ь	If "Yes," explain the arrangement in Part	XI V and com	olete the fol	llowing ta	ble:			-			
a	If tes, explain the analigement in art	va v and com		no ming ta	Γ		A	Amount			_
	D				-	1.0					—
С	Beginning balance										—
d	Additions during the year				••••	1d					—
е	Distributions during the year										
f	Ending balance				••••	1f					
2a	Did the organization include an amount	on Form 990,	Part X, line	e 21? .				•••• [	Yes	N	0
b	If "Yes," explain the arrangement in Part	XIV.									
Par	tV Endowment Funds. Comple	te if organiza	tion answ	ered "Ye	es" to Fori	m 990,	Part IV, line	e 10.	·····		
		a) Current year	(b) Prior		(c) Two yea		(d) Three ye	ears back	(e) Four	years bac	K
1a	Beginning of year balance										
b	Contributions										2.000
	Net investment earnings, gains,										_
U	and losses										
							<u> </u>				—
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	y ear end bal	ance held a	as:							
а	Board designated or quasi-endowment	►	%								
b	Permanent endowment	%									
с	Term endowment ► %										
	Are there endowment funds not in the po	os session of	the organiz	ation tha	t are held a	and adm	inistered for t	he			
ou	organization by:								<u> </u>	res N	0
	(i) unrelated organizations								3a(i)		
	(ii) related organizations					••••			3a(ii)		
	(II) related organizations	· · · · · · · · · · ·	••••••	· · · · ·					3b		
b	If "Yes" to 3a(ii), are the related organiza								<u> </u>		
4	Describe in Part XIV the intended uses of	of t he organiza	ation's endo	owment i	unds.						
Pa	t VI Land, Buildings, and Equip				ne 10.			1			
	Description of investment		or other basis estment)	(b) Co	st or other bas (other)		) Accumulated depreciation	(	d) Book val	ue	
1a	Land										
b	Buildings										
	Leasehold improvements										
ں ب_	Equipment										
d								-			
e	Other			rt V aali	mn (R) lina	10(0)	<b></b>				
Tota	I. Add lines 1a through 1e. (Column (d)	must equal Fol	111 990, Pal	н х, coiui	ни (в), ше	10(0).)	<u> </u>				

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Schedule D (Form 990) 2010

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			92-0168036	Page 3
Schedule D (Fo	Investments - Other Securities. See F	orm 990, Part X, line ´		raye J
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu	Je
(1) Financia	I derivatives			
(2) Closely-	held equity interests			
(A)				
(B)				
(D) (E)				
(F)				
(G)				
(H)				
(I)				
	(b) must equal Form 990, Part X, col. (B) line 12.)		·	
Part VIII	Investments - Program Related. See F	orm 990, Part X, line		
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu	ue
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)			· · · · · · · · · · · · · · · · · · ·	······
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.) 📃 🕨			
Part IX	Other Assets. See Form 990, Part X, li			(b) Book value
(1)	(a	) Description		
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				· · · · · · · · · · · · · · · · · · ·
(9)				
(10)				
the second se			<u></u>	
Part X	Other Liabilities. See Form 990, Part X (a) Description of liability	(b) Amount		
1. (1) Feder	al income taxes	(0)7100011		
(1) 1 eder				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
(10)			]	
(11)				
Total. (Colui	mn (b) must equal Form 990,  Part X, col. (B) line 25	.) 🕨		ana mananana manana ang kasarang kasarang kasarang kasarang kasarang kasarang kasarang kasarang kasarang kasar Kasarang kasarang kasa

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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). JSA 0E1270 1.000 SWR662 1832

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Part )		ents	
	Total revenue (Form 990, Part VIII, column (A), line 12)	1	836,416.
1 2	Total expenses (Form 990, Part IX, column (A), line 25)	2	893,584.
2	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-57,168.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6		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	-57,168.
Part		turn	
1	Total revenue, gains, and other support per audited financial statements		836,416.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	. <u>2e</u>	
3	Subtract line 2e from line 1	3	836,416.
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.)		
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	836,416.
Part		Return	
1	Total expenses and losses per audited financial statements	. 1	893,584.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments 2b		
c	Other losses 2c		
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	3	893,584.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	893,584.
Part	XIV Supplemental Information		
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp dditional information.	nete this p	
<u> </u>		Scheo	iule D (Form 990) 2010

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Schedule D (For	m 990) 2010	
Part XIV	Supplemental Information	(continued)

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#### SCHEDULE O (Form 990 or 990-EZ)

## 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.



Department of the Treasury Internal Revenue Service Name of the organization

BRISTOL BAY SCIENCE & RESEARCH INSTITUTE

Employer identification number 92-0168036

DESCRIPTION OF HOW THE ORGANIZATION MAKES ITS DOCUMENTS PUBLICLY AVAILABLE PART VI, SECTION C, LINES 18 & 19 BBSRI'S FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST BY CONTACTING US AT 1-907-842-4370 OR WRITING TO US AT PO BOX 1464, DILLINGHAM, AK 99576-1464. IN ADDITION, OUR FORM 990 IS AVAILABLE FOR VIEWING ON THE WEBSITE GUIDESTAR.ORG.

BUSINESS RELATIONSHIPS OF BOARD MEMBERS

PART VI, SECTION A, LINE 2

BOARD MEMBERS H. ROBIN SAMUELSEN, JR. AND MOSES KRITZ SIT ON THE BOARD OF ANOTHER CORPORATION THUS CREATING A BUSINESS RELATIONSHIP.

PROCESS FOR REVIEW OF THE FORM 990

PART VI SECTION B LINE 11B

PRIOR TO FILING THE RETURN, A DRAFT OF THE FORM 990 TAX RETURN WILL BE SUBMITTED TO THE FINANCE OFFICER BY THE TAX PREPARER. THIS DRAFT WILL BE REVIEWED BY THE FINANCE OFFICER AND STAFF. THE FINANCE OFFICER WILL THEN HAVE THE CEO/BOARD PRESIDENT AND COO REVIEW THE DRAFT RETURN BEFORE AUTHORIZING THE TAX PREPARER TO FINALIZE THE RETURN. A COPY OF THE TAX RETURN WILL BE PROVIDED TO THE BOARD MEMBERS UPON REQUEST.

MONITORING OF CONFLICT OF INTEREST POLICY

PART VI SECTION B LINE 12C

BOARD MEMBERS ARE REQUIRED TO DECLARE A CONFLICT OF INTEREST ON EACH AND

Schedule O (Form 990 or 990-EZ) 2010	Page 2
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EVERY VOTE THEY TAKE IF ONE EXISTS.

## COMPENSATION OF OFFICERS AND DIRECTORS

PART VII SECTION A, LINE 1A, COLUMNS D, E, AND F ALL BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE (BBSRI) BOARD MEMBERS ARE ALSO MEMBERS OF THE BOARD OF BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION (BBEDC), A 501(C)(4) ORGANIZATION, AND RECEIVE COMPENSATION FROM THIS ENTITY. HELEN SMEATON IS COO OF BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION AND RECEIVES HER COMPENSATION FROM BBEDC.

#### NUMBER OF EMPLOYEES

PART I, LINE 5

BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE HAD 6 EMPLOYEES THAT WERE COMPENSATED BY ITS AFFILIATED COMPANY, BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION, AN ENTITY EXEMPT FROM TAXATION UNDER IRC SECTION 501(C)(4).

## COMPENSATION OF THE EXECUTIVE DIRECTOR

PART VI, SECTION B, LINE 15A HELEN SMEATON IS THE EXECUTIVE DIRECTOR OF BBSRI. SHE IS ALSO THE COO OF BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION. THE BBSRI BOARD ESTABLISHED A SALARY LIMIT NOT TO EXCEED \$10,000 FOR THE EXECUTIVE DIRECTOR. FOR 2010, SHE RECEIVED \$8,648 OF COMPENSATION RELATED TO HER WORK PERFORMED FOR BBSRI.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PART XI, LINE 5

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION MADE A CAPITAL CONTRIBUTION

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OF \$75,000 TO BBSRI IN 2010.

CHANGE IN AUDIT OVERSIGHT PROCESS

PART XII, LINE 2C

THE BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION BOARD OF DIRECTORS HAS THE AUTHORITY TO CREATE AND DISSOLVE COMMITTEES AND APPOINT PERSONS TO SERVE ON COMMITTEES. IN 2010, THE BOARD DECIDED TO SEPARATE OUT THE AUDIT COMMITTEE FROM THE FINANCE & AUDIT COMMITTEE IN ORDER TO INCREASE AND IMPROVE BOARD GOVERNANCE BEST PRACTICES. THE FINANCE & AUDIT COMMITTEE WAS RENAMED THE FINANCE & BUDGET COMMITTEE AND IS RESPONSIBLE FOR THE BUDGET, FINANCIAL STATEMENT REVIEW, AND MONITORING OF THE PERFORMANCE OF INVESTMENT FUNDS. THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE ANNUAL AUDIT AND OTHER ISSUES GOVERNING CORPORATE GOVERNANCE, DISCLOSURE, AND RESPONSIBILITY.

PORT MOLLER SONAR - PHASE II

PART III, LINE 4A

THIS PROJECT IS THE CONTINUATION OF A TWO-PHASE PROJECT TO DESIGN AND OPERATE A LOW-COST, LOW POWER SONAR SYSTEM TO CHARACTERIZE FISH BEHAVIOR AND ENUMERATE SALMON RETURNING TO BRISTOL BAY. DURING PHASE I OF THIS PROJECT THE BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE (BBSRI) INVESTED IN THE NON-RECURRING ENGINEERING COSTS TO DESIGN AND BUILD ONE UP-LOOKING SONAR, DATA STORAGE SYSTEM, AND COMMUNICATION LINK. PHASE II ENTAILED BUILDING THREE ADDITIONAL SONAR SYSTEMS, ONE COMMUNICATION LINK, AND THE OPERATION OF THE SONAR SYSTEMS IN THE BERING SEA NEAR PORT MOLLER, ALASKA IN 2010.

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THE OBJECTIVES OF THE STUDY WERE TO:

A. BUILD THREE UP-LOOKING SONAR SYSTEMS AND ONE COMMUNICATION LINK IDENTICAL TO THOSE DEVELOPED DURING PHASE I OF THIS PROJECT.

B. TEST THE SONAR SYSTEMS, WITH ACCOMPANYING COMMUNICATION LINKS, IN BRISTOL BAY DURING JUNE 2010. SPECIFICALLY, THIS OBJECTIVE WAS TO DETERMINE WHETHER SALMON TRAVELING VERY NEAR THE SURFACE (WITHIN 1 METER) COULD BE DETECTED BY THE SONAR SYSTEM RESTING ON THE BOTTOM ~60 METERS BELOW THE SURFACE.

C. IF FISH WERE DETECTED, DESCRIBE THE VERTICAL DISTRIBUTION OF MIGRATING SOCKEYE AND INVESTIGATE ANY RELATIONSHIPS WITH ENVIRONMENTAL COVARIATES AND TIME OF DAY.

D. COMPARE CATCH TEST FISHING INDEX VALUES TO THE CORRESPONDING NUMBER OF FISH ENUMERATED BY THE SONAR TO IMPROVE OUR UNDERSTANDING OF HOW WELL THE TEST FISHING REPRESENTS THE PASSING ABUNDANCE OF SOCKEYE.

E. DESCRIBE THE SWIMMING SPEED OF SOCKEYE MIGRATING PAST PORT MOLLER.

BBSRI CONTRACTED SCIENTIFIC FISHERY SYSTEMS, INC. (SCIFISH) IN THE SPRING OF 2010 TO BUILD A TOTAL OF 4 UP-LOOKING, BOTTOM-FOUNDED SONAR SYSTEMS TO BE USED TO CHARACTERIZE SOCKEYE SALMON BEHAVIOR OFFSHORE OF PORT MOLLER, ALASKA. IN ADDITION TO THE SONAR UNITS, 2 COMMUNICATION BUOYS WERE DESIGNED AND BUILT TO ALLOW FOR DATA TRANSFER IN-SEASON WHILE THE SONAR IS DEPLOYED ON THE SEAFLOOR. BUILDING AND TESTING OF THE SONAR UNITS WAS COMPLETED BY THE LAST WEEK IN MAY. THE SONAR EQUIPMENT WAS TRANSPORTED TO HOMER, ALASKA AND LOADED ABOARD THE R/V PANDALUS FOR TRANSPORTATION TO

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PORT MOLLER. ON 19 JUNE ALL FOUR SONAR UNITS PLUS TWO COMMUNICATION BUOYS WERE DEPLOYED AT STATION 4 OF THE PORT MOLLER OFFSHORE TEST FISHERY. TWO SONAR SYSTEMS WERE RETRIEVED 28 JUNE AND TWO WERE RETRIEVED ON 2 JULY.

TWO OF THE FOUR BOTTOM-FOUNDED SONAR UNITS WERE LINKED TO THE SURFACE COMMUNICATION BUOYS AND THESE WERE ACCESSED VIA A WIRELESS INTERNET CONNECTION FROM A SECOND TEST FISHING VESSEL, THE F/V DELIVERANCE. THE WIRELESS CONNECTION WAS TESTED DURING THE DEPLOYMENT; THE COMMUNICATION LINK WAS SUCCESSFUL WITH ONLY ONE OF THE TWO SURFACE UNITS. COMMUNICATION WITH THE SONAR ALLOWED THE TECHNICIANS TO VERIFY THE SONAR WAS OPERATING BUT THE SLOW DOWNLOAD SPEED PROHIBITED USING THE LINK IN AS A VIABLE OPTION FOR OBTAINING A FULL DAY'S DATA WITHIN A 1 TO 1.5 HOUR PERIOD, WHICH WAS DEEMED MOST USEFUL SPEED FOR FUTURE IN-SEASON INTERPRETATION OF THE DATA. FUTURE IMPROVEMENTS INCLUDE THE NEED TO SIGNIFICANTLY ACCELERATE THE DOWNLOAD SPEEDS IF THE DATA ARE NEEDED ON AN IN-SEASON BASIS.

ONE OF THE 4 BOTTOM-FOUNDED SONAR UNITS DID NOT COLLECT DATA DURING ITS DEPLOYMENT; THE REMAINING THREE UNITS OPERATED SUCCESSFULLY FOR THE DURATION OF THE DEPLOYMENT. THE PRIMARY OBJECTIVE OF ASSESSING WHETHER THESE SONAR SYSTEMS COULD DETECT SALMON IN THE TOP FEW METERS OF THE OCEAN WAS SUCCESSFUL. THREE SYSTEMS OPERATED FOR A TOTAL OF 806 HOURS OVER A 12-DAY PERIOD. HUNDREDS OF ACOUSTIC TARGETS ALMOST CERTAINLY SALMON WERE OBSERVED IN ECHOGRAMS FROM THREE OF THE SONAR UNITS DEPLOYED.

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MOST OF THESE FISH TARGETS WERE WITHIN A FEW METERS OF THE OCEAN SURFACE.

TECHNICAL (I.E., DESIGN) PROBLEMS WITH THE SONAR SYSTEMS WERE ENCOUNTERED WHEREBY THE SIGNAL-TO-NOISE RATIO WAS INSUFFICIENT FOR THEM TO BE FULLY FUNCTIONAL AS "SPLIT-BEAM" SONAR. SPLIT-BEAM FUNCTIONALITY IS REQUIRED TO CALCULATE SWIMMING SPEED OF THE FISH (ACOUSTIC TARGETS) AND THEREFORE OBJECTIVE (E) WAS NOT ACHIEVED. HOWEVER, "SINGLE-BEAM" ACOUSTIC DATA FROM THE SONAR UNITS WAS AVAILABLE; THESE DATA WERE ANALYZED DURING THE FALL OF 2010 AND OBJECTIVES C AND D WERE ACHIEVED. INFERENCES WERE MADE REGARDING THE ABUNDANCE AND BEHAVIOR OF ADULT SOCKEYE AND THESE WERE COMPARED TO GILLNET TEST FISHING DONE AT THE SITE. IN ADDITION, RECOMMENDATIONS WERE MADE TO IMPROVE THE DESIGN FEATURES OF THE SONAR UNITS FOR USE IN 2011.

PORT MOLLER SONAR - PHASE I

PART III, LINE 4B

THIS PROJECT WAS PHASE I OF A TWO-PHASE RESEARCH PROJECT BY THE BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE (BBSRI) TO DESIGN AND OPERATE A LOW-COST, LOW-POWER SONAR SYSTEM TO CHARACTERIZE ADULT SALMON BEHAVIOR AND TO ENUMERATE SALMON RETURNING TO BRISTOL BAY, ALASKA. THIS FIRST PHASE WAS AN INVESTMENT IN THE NON-RECURRING ENGINEERING AND COMPONENTS TO DESIGN AND BUILD AN ONBOARD COMPUTER, SPLIT-BEAM ACOUSTIC TRANSCEIVER, POWER AND DATA STORAGE SYSTEMS, AND A COMMUNICATION LINK WITH THE

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SURFACE. BASED ON RESULTS FROM PHASE I, BESRI WOULD THEN DECIDE TO PROCEED WITH PHASE II WHICH WOULD INVOLVE BUILDING THREE ADDITIONAL SYSTEMS AND OPERATING ALL FOUR OF THESE SONAR SYSTEMS IN 2010 IN THE BERING SEA NEAR PORT MOLLER, ALASKA.

DATA GATHERED BY THIS SONAR EQUIPMENT WILL BE USED TO IMPROVE THE IN-SEASON ESTIMATES OF THE ABUNDANCE OF BRISTOL BAY SALMON RETURNS USED BY FISHERY MANAGERS AND THE SALMON INDUSTRY. BRISTOL BAY IS HOME TO THE WORLD'S LARGEST AND MOST VALUABLE SOCKEYE SALMON FISHERY; IMPROVEMENTS TO THE PORT MOLLER TEST FISHERY ARE WORTH MILLIONS OF DOLLARS TO THE FISHING INDUSTRY.

IN 2010, BBSRI WORKED WITH SCIENTIFIC FISHERIES SYSTEMS (SCIFISH) TO DESIGN AND BUILD ONE SEAFLOOR MOUNTED UP-LOOKING SONAR. IN ADDITION TO THE SONAR, A WIRELESS COMMUNICATION BUOY WAS DEVELOPED TO DOWNLOAD ACOUSTIC DATA FROM THE SEAFLOOR AND MAKE AVAILABLE TO BE RETRIEVED BY A VESSEL NEAR THE BUOY. THE INITIAL DESIGN AND CONFIGURATION WAS DONE BY DR. JAE-BYUNG JUNG (SCIFISH) IN POULSBO, WASHINGTON, AND THE ASSEMBLY WAS COMPLETED BY SCIFISH IN THEIR ANCHORAGE, ALASKA FACILITY. AFTER COMPLETION, THE SONAR AND BUOY WERE TESTED BEFORE THE DECISION WAS MADE TO PROCEED WITH PHASE II.

THE SPECIFIC OBJECTIVES OF THE STUDY WERE TO:

1. DESIGN CUSTOM ELECTRONICS AND CIRCUIT BOARD COMPONENTS THAT

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PERFORM PHASE DEMODULATION, CARRIER REMOVAL, AND TIME VARYING GAIN FOR A SPLIT-BEAM TRANSDUCER.

2. DEVELOP SOFTWARE TO CONFIGURE AND OPERATE THE TRANSCEIVER, HARD DRIVE, AND SURFACE COMMUNICATION EQUIPMENT.

 DESIGN AND BUILD A WATERPROOF HOUSING AND POWER SUPPLY (LITHIUM BATTERIES) THAT CAN OPERATE FOR UP TO FOUR WEEKS ON THE SEA FLOOR.
 DESIGN AND BUILD A WIRELESS COMMUNICATIONS LINK USING FIBER OPTIC

CABLE THAT CAN PROVIDE COMPUTER ACCESS TO THE UNIT FROM A NEARBY VESSEL WHILE THE UNIT IS OPERATING ON THE SEA FLOOR.

BENCH TESTING OF THE SONAR INDICATED THE SONAR AND BUOY WOULD PERFORM TO SPECIFICATIONS WHILE IN THE FIELD. BASED ON THIS INFORMATION PHASE II WAS IMPLEMENTED AND 3 MORE SONAR SYSTEMS AND 1 MORE COMMUNICATION BUOY WERE PRODUCED. ALL EQUIPMENT WAS DEPLOYED APPROXIMATELY 35 MILES OFFSHORE OF PORT MOLLER, ALASKA FROM 19 JUNE TO 2 JULY.

PORT MOLLER SELECTIVITY

PART III, LINE 4C

SINCE 1967 THE PORT MOLLER SALMON TEST FISHERY HAS BEEN USED ANNUALLY TO ASSESS THE ABUNDANCE, AGE COMPOSITION, AND RIVER OF ORIGIN (STOCK COMPOSITION) OF THE BRISTOL BAY SOCKEYE SALMON RUN APPROXIMATELY 160 MILES WEST OF BRISTOL BAY. THE TEST FISHERY INVOLVES A VESSEL AND CREW FISHING A GILLNET DAILY AT SPECIFIC LOCATIONS ALONG A TRANSECT LINE BETWEEN PORT MOLLER, ALASKA AND CAPE NEWENHAM FROM EARLY JUNE TO EARLY JULY. DATA COLLECTED DURING THE TEST FISHERY ARE ANALYZED ON A DAILY BASIS AND USED BY FISHERY MANAGERS TO REGULATE THE COMMERCIAL FISHERY, BY

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PROCESSORS TO MANAGE TENDERING FLEETS AND PROCESSING CAPACITY, AND BY FISHERMEN TO HELP CHOOSE FISHING DISTRICTS TO FISH. SINCE 2002, THE BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE (BBSRI) HAS MANAGED THE PORT MOLLER TEST FISHERY IN COLLABORATION WITH THE ALASKA DEPARTMENT OF FISH AND GAME (ADF&G) AND WITH SUPPORT FROM SALMON PROCESSORS AND, MORE RECENTLY, WITH SUPPORT FROM FISHERMEN.

THE SPECIFIC OBJECTIVES OF THE PORT MOLLER TEST FISHERY ARE TO PROVIDE INTERESTED PARTIES WITH:

1) AN INDEX OF ABUNDANCE (FISH CAUGHT PER HOUR OF FISHING).

2) AGE COMPOSITION DATA OF THE TEST FISHERY CATCH (PROPORTION OF RUN BY  $\sim 6$  DIFFERENT AGE CLASSES).

3) STOCK COMPOSITION ESTIMATES OF THE TEST FISHERY CATCH BASED ON GENETIC ANALYSIS (PROPORTION OF THE CATCH BOUND FOR 5 COMMERCIAL FISHING DISTRICTS).

4) SEA SURFACE TEMPERATURES, SEA STATE, AND WEATHER CONDITIONS AT EACH TEST FISHING STATIONS.

#### SELECTIVITY STUDY

IN 2010, BBSRI CONTINUED A RESEARCH PROGRAM TO DEVELOP A NEW GILLNET FOR THE PORT MOLLER TEST FISHERY TO REPLACE THE CONFIGURATION THAT HAD BEEN USED FOR OVER 4 DECADES. THE SIZE AND AGE OF THE RETURNING SALMON VARIES AMONG YEARS AND A SINGLE SIZE GILLNET OFTEN LEADS TO PROBLEMS WITH

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INTERPRETING THE ANNUAL ABUNDANCE OF SALMON RUN DUE TO THE SIZE SELECTIVE NATURE OF THE SINGLE MESH GILLNET. IN 2009, BBSRI DEVELOPED A "REPLACEMENT NET" USING A COMBINATION OF ALTERNATING 4.5 INCH AND 5.125 INCH MESH PANELS. IN 2010, THE GOAL OF THE STUDY WAS TO COLLECT PAIRED SETS OF THE TWO DIFFERENT NET CONFIGURATIONS OVER THE COURSE OF THE SALMON RUN (THE HISTORICAL NET AND THE PROPOSED REPLACEMENT NET).

THE FISHING VESSEL DELIVERANCE WAS CHARTERED AND STAFFED BY BBSRI. FROM JUNE 17 THROUGH JULY 2, THE DELIVERANCE MADE A TOTAL OF 98 GILLNET SETS, EACH LASTING ~1 HR, AND CAPTURED AND MEASURED A TOTAL OF 5,199 SOCKEYE SALMON. FROM THESE DATA, MESH-SPECIFIC "SELECTIVITY CURVES" WERE DEVELOPED AND THE SELECTIVITY CURVE OF THE REPLACEMENT NET (2 PANELS OF EACH MESH SIZE) WAS ALSO DEVELOPED. FROM THE 2010 RESULTS IT WAS CONCLUDED THAT THE REPLACEMENT NET WAS SUPERIOR TO THE "TRADITIONAL NET" IN SEVERAL WAYS AND THE REPLACEMENT NET WAS USED FOR THE 2011 TEST FISHERY, REPRESENTING THE FIRST SIGNIFICANT CHANGE IN SAMPLING GEAR IN DECADES. (THE RESULTS FROM THE 2011 TEST FISHING HAVE PROVEN THAT THIS WAS A SUBSTANTIAL IMPROVEMENT IN THE TEST FISHERY; THE NEW NET PROVIDED LESS BIAS ESTIMATES OF THE AGE AND STOCK COMPOSITION, AND AS WELL, BETTER TRACKING OF THE DAY-TO-DAY SALMON ABUNDANCE.)

ATTACHMENT 1

## FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE'S MISSION IS TO UNDERTAKE SCIENTIFIC AND EDUCATIONAL PROJECTS TO FACILITATE A GREATER UNDERSTANDING OF THE ENVIRONMENT AND FISHERIES RESOURCES FOR THE BRISTOL BAY REGION AND TO PURSUE PROJECTS THAT WILL FOSTER ECONOMIC

Schedule O (Form 990 or 990-EZ) 2010

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	ATTACHMENT 1 (CONT'D)

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HEALTH AND VITALITY TO THE REGION AND ITS INHABITANTS.

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	ATTACHMENT 2		
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICE	<u>S</u>		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
OTHER PROGRAMS CONDUCTED IN 2010			
PORT MOLLER		64,950.	
MODERNIZE CATCH SAMPLING		9,116.	
KVICHAK SMOLT BIOLOGICAL SAMPLING		34,780.	
SMOLT SONAR - KVICHAK SMOLT IMPROVEMENTS		46,838.	
SMOLT SONAR - KVICHAK SMOLT MONITORING		35,291.	
SMOLT SONAR - UGASHIK SMOLT DEVELOPMENT		85,836.	
SMOLT SONAR - UGASHIK SMOLT OPERATIONS		74,479.	
TOTALS		351,290.	

ATTACHMENT 3

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## FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS	DEVOTED	FOR	RELATED	ORGANIZA	TION
H. ROBIN SAMUELSEN, JR.						
PRESIDENT OF THE BOARD		40.00				
ROBERT HEYANO						
TREASURER OF THE BOARD		1.90				
HATTIE ALBECKER						
SECRETARY OF THE BOARD		1.90				
FRED T. ANGASAN, SR.						
VICE PRESIDENT OF THE BOARD		1.30				
MOSES KRITZ						
BOARD MEMBER		1.90				
VICTOR SEYBERT						
BOARD MEMBER		1.70				
GERDA KOSBRUK						
BOARD MEMBER		1.10				

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HELEN SMEATON EXECUTIVE DIRECTOR

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			ATTACHMEN	Т 4	
990, PART VII- COMPENSATION OF THE FIVE	HIGHEST P	AID IND. CONTRACT	TORS		
NAME AND ADDRESS		DESCRIPTION OF :	SERVICES	COMPE	NSATION
LGL ALASKA RESEARCH ASSOCIATES, INC. 1101 EAST 76TH AVENUE, SUITE B ANCHORAGE, AK 99518		PROFESSIONAL SI	ERVICE	. 2	57,060.
SCIENTIFIC FISHERY SYSTEMS, INC. P. O. BOX 242065 ANCHORAGE, AK 99524-2065		PROFESSIONAL SI	ERVICE	2	293,164.
TOTAL COMP	PENSATION				50,224.
FORM 990, PART VIII - INVESTMENT INCOME			ATTACHMEN	NT 5	
DESCRIPTION		(B) RELATED OR EXEMPT REVENUE	(C) UNRELAI BUSINESS		(D) EXCLUDEE REVENUE
INTEREST INCOME	64	7.			647.
TOTALS	64	7.			647.
FORM 990, PART X - DEFERRED REVENUE			ATTACHMEN	NT 6	
DESCRIPTION			ENDI BOOK V		
CDQ FISHERIES RESEARCH 2011			13	4,000.	
TOTALS			13	4,000.	

SCHEDULE R (Form 990)	Related Orga	Related Organizations and Unrelated Partnerships	d Unrelate	d Partnersh	ips		9 OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	<ul> <li>Complete if the organization</li> <li>Attach to</li> </ul>	• organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990.	Form 990, Part IV, line 33, 34, 35 ▶ See separate instructions.	ine 33, 34, 35, 36, or instructions.	37.		Open to Public Inspection
Name of the organization BRISTOL BAY SCI	n SCIENCE & RESEARCH INSTITUTE					Employer identifica 92-0168036	Employer identification number 92–0168036
Part I Identific	Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)	ie organization ansv	vered "Yes" on	Form 990, Part I	IV, line 33.)		
	(a) Name, address, and EIN of disregarded entity	Ē.	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)							
(2)		900 VIII (20 00) 400 400 400 400 400 400 400					
(3)							
(4)							
			-				
Part II Identific	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	(Complete if the org he tax year.)	janization answ	/ered "Yes" on F	orm 990, Part IV	, line 34 becaus	e it had
Nam N	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
$-(1) \frac{\text{BRISTOL BAY ECONO}}{\text{PO BOX } 1464}$	BRISTOL BAY ECONOMIC DEVELOPMENT CORP 92-0142567	ECON. GROWTH	AK	501 (C) (4)		N/A	×
(4)							
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Sched	Schedule R (Form 990) 2010
JSA 0E1307 1.000 SW8662 1832	32 V 10-7.2		746940				

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Other     Freedingation (accord)     Stare of total (accord)     Stare of tota	treated as a par	tnership during tr	ne tax year.)		1	~~~		
Share of total income     Share of total income	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionato allocations? Yes No	(i) Code V-UBI mount in box 20 of Schedule K-1 (Form 1065)	(j) Gener. manaç partın Partın Yes	(K) Percentage ownership
Image: state of total income     Image: state of total income     Image: state of total income       Image: state of total income     Image: state of total income     Image: state of total income								
Wered     ************************************								
Share of total income     (1)       Share of total income     (1)       Share of total income     (1)								
Share of total income end-of-year assets end-of-year assets								
swered "Yes" on Form 990, Part IV, Share of total income end-of-year assets								
wered "Yes" on Form 990, Part IV, share of total income end-of-year assets								
wered "Yes" on Form 990, Part IV, Share of total income share of total income end-of-year assets								
Primary activity     Legal domicile (state of (state of (sta	as a Corporatic zations treated a	on or Trust(Com	plete if the orga or trust during th	nization answer ie tax year.)	ed "Yes" or	n Form 990,	Part IV,	
	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(f) hare of total inc		(g) are of rear assets	(h) Percentage ownership
							-	
		eated as a par entity entity entity entity entity entity entity entity entity	eated as a partnership during tr (d) Predominant income (related, will be a componential sections 512-514) s a Corporation or Trust(Com ations treated as a corporation (c) Primary activity (c) regal domicile (c) (c) (c) regal domicile (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	eated as a partnership during the tax year.)	eated as a partnership outing the tax year.) Direct (d) in Prodied Fand, entity income (eated, entity income eated, entity	Control     Control	of year to total income amount services of the amount services of th	National     Share of end-of-year     (h)     (h)     (h)     (h)       assets     assets     mount in bx 20     manue       assets     assets     assets     assets       assets     from 1060, Part       grant     from 1060, Part       grant     from 1060, Part       grant     from 101       grant     from 101       grant     from 100       grant

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Schedule R (Form 950) 2010	92-0168036		Page 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34,	"Yes" to Form 990, Part	IV, line 34, 35, 35a, or 36.)	6.)
<ul> <li>Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.</li> <li>1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?</li> <li>a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity</li></ul>	elated organizations listed	in Parts II–IV?	Yes
b Gift, grant, or capital contribution to other organization(s)			1b X
e Loans or loan guarantees by other organization(s)		• • • • • • • • •	
f Sale of assets to other organization(s)	· · · · ·	•••••••••••••••••••••••••••••••••••••••	
	•		
i Louidinge of facilities, equipment, or other assets to other organization(s)	· · · · · · · · · · · · · · · · · · ·		
			<b>1</b>
J Lease of facilities, equipment, or other assets from other organization(s)		· · · · · · · · · · · · · · · · · · ·	
Performance of services or membership or fundraising solicitations		•	<b>11</b> ×
_	• • • • • • • • • • • • • • • • • • • •	· · · ·	
n Sharing of paid employees	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • •	- 198 - 198
o Reimbursement paid to other organization for expenses	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • •	
		· · · · ·	1p X
d Other transfer of cash or property to other organization(s)	•		19 X
	line,	including covered relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining armount involved
(1) BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	U	75,000.	ACTUAL CASH
(2) BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	ц	30,888.	ACCRUAL
(3) BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	£	30,888.	ACCRUAL
(4) BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	Z	8,648.	ACTUAL WAGES
(5) BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	<u>م</u>	96,317.	ACCRUAL
JSA JSA JSASE 1832 V 10-7.2 746940			Schedule R (Form 990) 2010

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Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets							
or gross revenue) that was not a related organization. See instructions	nip through which the organization conducted more tha regarding exclusion for certain investment partnerships.	tion conducted investment part	more than fiv nerships.	e percent of	its activities	(measured by to	otal ass
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3)	(e) Share of end-of-year assets	(f) Disproportionate allocations?	LE O	(h) General or managing partner?
(1)			Yes No		Yes No	(Form 1065)	Yes No
(3)							
(4)							-
(5)							
(1)							
(8)							
(6)							
[10]							
(11)							
(12)							
[13]							
[14]							
[15]							
(16)							

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Schedule R (Form 990) 2010

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Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see
	instructions).

Page **5** 

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 $\mathsf{Form}\; 8868$ 

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

X

File a separate	application for e	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 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	Name of exempt organization	Employer identification number
print	BRISTOL BAY SCIENCE & RESEARCH INSTITUTE	92-0168036
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for	P. O. BOX 1464	
iling your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	DILLINGHAM, AK 99576	

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

Application		Application	Return Code
Is For	Code	Is For	
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	0.4	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 ► STACI FIESER

Tel	ephone No. ► 907 842-4370 FAX No. ► 907 842-4336			
• If th	ne organization does not have an office or place of business in the United States, check this box			►
• If th	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		If	this is
for the	e whole group, check this box ►		and a	attach j
	with the names and EINs of all members the extension is for.			
	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
	until 08/15, 20 11, to file the exempt organization return for the organization named at	)0VE	e. The	extension is
	for the organization's return for:			
	$\mathbf{X}$ calendar year 20 <u>10</u> 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 returr	٦		
	Change in accounting period			
		·····	1	
3a	If this application is for Form 990-BL, 990-P.F., 990-T, 4720, or 6069, enter the tentative tax, less any			
i	nonrefundable credits. See instructions.	3a	\$	0.
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	\$	0.
c	Balance Due. 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	\$	0.
Cauti	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and	nd F	Form	8879-EO for
	ent instructions.			
	aperwork Reduction Act Notice, see Instructions.	Forr	n 886	38 (Rev. 1-2011)
JSA				

						_
Form 8868 (Rev	y. 1-2011)					Page 2
<ul> <li>If you are</li> </ul>	filing for an Additional (Not Automatic)	3-Month Extens	ion, complet	e only Part II and che	ck this box	<b>&gt;</b> X
Note. Only of	complete Part II if you have already been (	granted an auton	natic 3-month	extension on a previou	isly filed Form 8868.	
<ul> <li>If you are</li> </ul>	filing for an Automatic 3-Month Extensi	on, complete on	ly Part I ( or	n page 1).	service peeded)	
Part II	Additional (Not Automatic) 3-Mont	h Extension o	t lime. On	y file the original (no	Employer identification	n number
Type or	Name of exempt organization				92-0168036	
print	BRISTOL BAY SCIENCE & RESH				92-0168036	
File by the extended	Number, street, and room or suite no. If a P.	O. DOX, SEE INSTRUC	lions.			
due date for	P. O. BOX 1464 City, town or post office, state, and ZIP code	Far a foreign odd	coo oco instru	uctions		
filing your return. See		. For a loreign add		içuons.		
instructions.	DILLINGHAM, AK 99576-1464					
						01
Enter the Re	eturn code for the return that this application	on is for (file a se	parate applic	ation for each return)	<i>.</i>	. [0]1]
						Return
Application		Return	Application	1		Code
Is For		Code	ls For			
Form 990		01		•		08
Form 990-B		02	Form 1041-	A		09
Form 990-E		03	Form 4720			10
Form 990-P		04	Form 5227			11
	(sec. 401(a) or 408(a) trust)	05	Form 6069			12
Form 990-T	(trust other than above) ot complete Part II if you were not alread	06	Form 8870	onth oxtonsion on a n	raviously filed Form 8	
				onth extension on a pr	eviously mour entry	
	s are in the care of ► STACI FIESE	SR		007 040 4336		
Telephor	ne No. ▶ <u>907 842-4370</u>		FAX No. 🕨 _			
• If the org	anization does not have an office or place	e of business in t	he United St	ates, check this box .		▶∟
• If this is f	or a Group Return, enter the organization	<u>'s</u> four digit Grou	p Exemption	Number (GEN)		his is ·
for the whol	e group, check this box 🚬 🚬 🕨 🗌	If it is for pa	rt of the grou	o, check this box	▶ [] and a	ttach a
	names and EINs of all members the exter					
4 I requ	est an additional 3-month extension of tim	e until		11/15_,	20 <u>11</u> .	
5 Forca	llendar year 2010 , or other tax year be	ginning		<u>, 2</u> 0 , and ending	<u> </u>	, 20
6 If the f	ax year entered in line 5 is for less than 1	2 months, check	reason:	Initial return	Final return	
	Change in accounting period					
7 State	in detail why you need the extension $\underline{I}$	NFORMATION	NECESSAR	( TO PREPARE A C	COMPLETE AND	
ACCU	RATE RETURN IS NOT YET AVAIL	LABLE.				
8a If this	application is for Form 990-BL, 990-F	PF, 990-T, 4720	, or 6069,	enter the tentative ta	x, less any	
	fundable credits. See instructions.				8a \$	0.
b If this	s application is for Form 990-PF, 9	90-T, 4720, o	r 6069, en	ter any refundable c	credits and	
estima	ated tax payments made. Include ar	ny prior year o	ove <b>r</b> payment	allowed as a credi	t and any	
	nt paid previously with Form 8868.				8b \$	0.
c Balan	ce Due. Subtract line 8b from line 8a. In	clude vour paym	nent with this	form, if required, by u	Ising EFTPS	
	ronic Federal Tax Payment System). See			· · ·	8c \$	0.
		Signature ar	d Verifica	tion		
Under nenaltie	es of perjury, I declare that I have examined this	form, including ac	companying sch	edules and statements, and	to the best of my knowle	dge and belief,
it is true, corre	ct, and complete, and that I am authorized to prepare	e this form.	. , .			
	$() \cap$				,	<i>,</i>
	(Augulatan		Title 🕨	C.PA	Date ► 8/5	- /11
Signature 🕨	Jun in/any		1110 ₽	/	Date ► 9/5 Form 8868	(Rev. 1-2011)
				Note and the second second second		
					TRACE	
					2 - 1995 - 1995 	
				Red Control of the	and the second second	

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Form 990

Department of the Treasury

# Return of Organization Exempt From Income Tax

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

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

2011 Open to Public Inspection

Yes X No

Form 990 (2011)

OMB No. 1545-0047

Interr	al Reve	enue Service Ine organization may have to use a copy of this return to satisfy		Inspection
AF	or th	e 2011 calendar year, or tax year beginning , 2011, and end	0	, 20
Bc	heck if as	C Name of organization	D Employer identific	
-	Addre	BRISTOL BAY SCIENCE & RESEARCH INSTITUTE	92-0168030	6
-	chang	ge Doing Business As	E Talanhana numbar	
-	Name	e change Number and street (or P.O. box if mail is not delivered to street address) Room/suite	I.O. C.	
-	Initial	P. O. BOX 1464	(907) 842-4	370
-	-	City or town, state or country, and ZIP + 4	0.0	1 054 001
1	Amer	DIDDINGINAL, AR 55576 1101	G Gross receipts \$ H(a) Is this a group return	1,054,801.
	pendi		affiliates?	
-		P.O. BOX 1464 DILLINGHAM, AK 99576-1464	H(b) Are all affiliates inc	
-			i27 If "No," attach a list	
_		ite: N/A	H(c) Group exemption n	
ST. St	the state of the s		of formation: 1998 M State	of legal domicile; AK
Pa	rtl	Summary		
	1	Briefly describe the organization's mission or most significant activities: FOSTER ECONOMIC HEALTH AND VITALITY TO THE BRISTOL BAY	DECTON AND	
ce		ITS INHABITANTS THROUGH SCIENTIFIC AND EDUCATIONAL PROJ		
nan		TOWARDS UNDERSTANDING THE ENVIRONMENT AND FISHERIES RES		
Governance	2	Check this box  if the organization discontinued its operations or disposed of more t		
G		Number of voting members of the governing body (Part VI, line 1a)		7.
s os		Number of independent voting members of the governing body (Part VI, line Ta)		6.
litie		Total number of individuals employed in calendar year 2011 (Part V, line 2a)		0
Activities		Total number of volunteers (estimate if necessary)		C
A		Total unrelated business revenue from Part VIII, column (C), line 12	and the second	0
		Net unrelated business taxable income from Form 990-T, line 34		0
-			Prior Year	Current Year
1	8	Contributions and grants (Part VIII, line 1h)		1,054,481.
Revenue	9	Program service revenue (Part VIII, line 2g)		0
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		320.
Ř	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	202 112	1,054,801.
-	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		C
	1.	Benefits paid to or for members (Part IX, column (A), line 4)		0
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		108,232.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		C
adx		Total fundraising expenses (Part IX, column (D), line 25) ▶0		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		917,434.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	. 893,584.	1,025,666.
1.1	19	Revenue less expenses. Subtract line 18 from line 12	57,168.	29,135.
Net Assets or Fund Balances	12		Beginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)	. 590,042.	730,839.
tAs	21	Total liabilities (Part X, line 26)	. 138,350.	250,012.
Pure	22	Net assets or fund balances. Subtract line 21 from line 20	. 451,692.	480,827.
	rt II	Signature Block		
Une	der per	nalties of perjury. I declare that I have examined this return, including accompanying schedules and stateme nd complete. Declaration of preparer (other than officer) is based on all information of which preparer has a	ents, and to the best of my knowle inv knowledge.	edge and belief, it is true,
	1001, U	Hogi I giona	10/00	000
cia		Stall S. AUSLI	10/30/	alla
Sig		Signature of officer	Date	
nei	e	Staci S. Fieser, Finance Officer		
_	-	Type or print name and title	FFFFFFFF	07111
Paid	1	Print/Type preparer's name Preparer's signature Date	Check II	PTIN
	oarer		0. /2 self-employed	P01479408
1.1.1.1	Only	Firm's name KPMG LLP		5565207
	0.00	Firm's address > 701 WEST 8TH AVENUE, SUITE 600 ANCHORAGE, AK 99501	Phone no. 907	-265-1200

Firm's address ► 701 WEST BTH AVENUE, SUITE 600 ANCHORAGE, AK 99501 May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

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BRISTOL	BAY	SCIENCE	æ	RESEARCH	INSTITUTE

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Part III	-			Pa
		a response to any question in this Par	t III	· · · · · X
	describe the organization's mis	sion:		
prior Fo	organization undertake any s orm 990 or 990-EZ? describe these new services of	ignificant program services during the	e year which were not listed on the	Yes X
services	?	ting, or make significant changes		Yes X
Describ	es. Section 501(c)(3) and 50	service accomplishments for each	of its three largest program services 947(a)(1) trusts are required to repo each program service reported.	
		224, 367. including grants of \$	) (Revenue \$	)
PORT	MOLLER SELECTIVITY -	SEE SCHEDULE O		
·		·····		
			·····	
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
		······································		
				•••• <i>•</i> ••
<b>b</b> (Code:		145,801. including grants of \$	) (Revenue \$)	)
PORT	HOLLER TEST FISHERY -	· SEE SCHEDULE O		
	) (Expenses \$	139,551, including grants of \$	) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
	) (Expenses \$ SONAR - IMPROVEMENTS	<u>139,551.</u> including grants of \$ - SEE SCHEDULE O	) (Revenue \$	)
			) (Revenue \$	)
			) (Revenue \$	)
			) (Revenue \$	)
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			) (Revenue \$	
SMOLT	SONAR - IMPROVEMENTS	- SEE SCHEDULE O		
<u>SMOLT</u>	SONAR - IMPROVEMENTS	chedule O.) ATTACHMENT	2	
SMOLT	SONAR - IMPROVEMENTS	chedule O.) ATTACHMENT	2	

BRISTOL BAY SCIENCE & RESEARCH INSTITUTE 92-0168036

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

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Form 990 (2011)



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Form 990 (2011)

BRISTOL BAY SCIENCE & RESEARCH INSTITUTE

92-0168036

Page 4

Kulturianan Community

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
		23	х	
~ .	employees? If "Yes," complete Schedule J	23		
24 a	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			v
	through 24d and complete Schedule K. If "No," go to line 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_N[/	Ł
С	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	NĮ	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_N/I	<u>۱</u>
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
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		Х
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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
		28a		х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	205		х
	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)			v
	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 contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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		Х
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		Х
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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
-	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		v
• -	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20	v	
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2011)

# BRISTOL BAY SCIENCE & RESEARCH INSTITUTE

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Form	990 (2011)		Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance		
	Check if Schedule O contains a response to any question in this Part V	••••	<u></u>
		Lassessmuss in	Yes No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1. S. M.	
		354	74.7 S
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		
	reportable gaming (gambling) winnings to prize winners?	1c	N/A
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1.25	2840 (ACT)
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>N/A</u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions),	[	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	N/A
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	X
b	If "Yes," enter the name of the foreign country:	1.00	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N/A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		v
	organization solicit any contributions that were not tax deductible?	<u>6a</u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 h	23/7
-	gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c). Did the experimetion receive a neutrino sector $175$ mode partly as a contribution and partly for goods.		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	X
L	and services provided to the payor?	7b	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		_N/A
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c	X
لم	required to file Form 8282?	10	Carse - Starl
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		
	organization, have excess business holdings at any time during the year?	8	NZA
9	Sponsoring organizations maintaining donor advised funds.	Sec.	
-	Did the organization make any taxable distributions under section 4966?	9a	N/A
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/A
10	Section 501(c)(7) organizations. Enter:		Sec. 46
а	Initiation fees and capital contributions included on Part VIII, line 12	1002	TYPE COMP
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A		State of the
11	Section 501(c)(12) organizations. Enter:	1.200	netste se
а	Gross income from members or shareholders		Sec. 25.
b	Gross income from other sources (Do not net amounts due or paid to other sources	4.44	
	against amounts due or received from them.),		Sec. 201 and
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	14200	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u>N/A</u>
	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 organization is licensed to issue qualified health plans 13b N/A		A State
	Enter the amount of reserves on hand I3c N/A		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	N/A

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Form 9	BRISTOL BAY SCIENCE & RESEARCH INSTITUTE 92–0168			Page 6
Far	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change			
	O. See instructions.	<i>, , , , , , , , , ,</i>	00//	Juaio
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management			
Jeci	Ion A. Governing Douy and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tay year. If there are $\frac{1}{2}$		100	
Та	Litter the number of voting members of the governing body at the end of the tax year. In there are the tax			
	material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee have a family relationship of a business relationship with	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct	<b></b>		
5	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization make any signmean enanges to its governing decaments since the pilor i on ooo was near i i i i i i i i i i i i i i i i i i i	5		X
6	Did the organization have members or stockholders?	6		X
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code</u>		
		[	Yes	No
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		N	A
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
11a	Has the organization provided a complete 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.	140.0	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<u>12a</u>	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	4.25	х	
	rise to conflicts?	12b		<u>+</u>
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х	
13	describe in Schedule O how this was done	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			<u> </u>
.0	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
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			
<del></del>	organization's exempt status with respect to such arrangements?	16b	N	ĮΑ
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright_{}^{AK_{f}}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	601(c)	(3)s o	nly)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f inte	rest p	olicy,
	and financial statements available to the public during the tax year.			
~ ~	State the name, physical address, and telephone number of the namen who necessarily heads and recercle of the			

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 20
 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► staci Fleser 411 FIRST AVENUE EAST DILLINGHAM, AK 99576-1464
 907-842-4370

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Form 990 (2011	BRISTOL BAY SCIENCE & RESEARCH INSTITUTE 92-0168036 Page 7
<b>,</b>	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

Ta 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
ATTACHMENT 3	rełated organizations in Schedule O)	Individual trustee or director	Institutional trustee		Highest compensated employee Key employee		Former	(W-2/1099-MISC)		organization and related organizations
(1) H. ROBIN SAMUELSEN, JR. PRESIDENT OF THE BOARD	.10	x						с	116,834.	34,828.
(2) ROBERT HEYANO TREASURER OF THE BOARD	.10	х						750.	14,750.	0
(3) HATTIE ALBECKER SECRETARY OF THE BOARD	.10	X						750.	17,250.	0
(4) MOSES KRITZ BOARD MEMBER	.10	X						750.	13,250.	0
(5) VICTOR SEYBERT BOARD MEMBER	.10	X						750.	13,250.	0
(6) GERDA KOSBRUK BOARD MEMBER	.10	X						750.	9,750.	0
(7) FRED T. ANGASAN, SR. VICE PRESIDENT OF THE BOARD	.10	X						750.	10,750.	0
(8) HELEN SMEATON EXECUTIVE DIRECTOR	2.75			x				7,667.	92,620.	31,427.
(9)										
(10)										
(14)										

Form 990 (2011)

# BRISTOL BAY SCIENCE & RESEARCH INSTITUTE >2-0168036

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X-Questionary - 1 - 1

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Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (describe	(B) (C) Average Positi hours per (do not check n week box, unless per (describe officer and a di			) ition more rson i irecto	than c is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	from s	(F) Estimated amount of other compensation from the
	hours for related organizations in Schedule O)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	ISC)	organization and related organizations
	-										
	-										
	-										
	+										- <u>1975</u> -1977 - 19800 - 19800 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .						<ul> <li></li> <li><td>12,167. (12,167.</td><td>)</td><td>0</td><td>66,255. ( 66,255.</td></li></ul>	12,167. (12,167.	)	0	66,255. ( 66,255.
<ul> <li>2 Total number of individuals (including but not reportable compensation from the organizatio</li> </ul>	limited to		liste				o re	Annual and a second			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	cer, directo ule J for su	or, or ch ind	tru ividi	ual	•••	•••	• •				Yes No 3 X
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater thar	n \$15	0,0	00?	?  f	"Ye	S, "	nd other compen complete Schedu	sation from t ile J for su	ne ch	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5 X
<ul> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highest com compensation from the organization. Report of year.</li> </ul>	pensated compensat	indepe ion for	ende the	ent e ca	con	tracto dar ye	ors f ear e	that received more ending with or wit	e than \$100,0 hin the organ	000 of ization's	tax
(A) Name and business add	dress							(B) Description of s	ervices	Con	(C) pensation
ATTACHMENT 4								· · · ·			
								,, , , , , , , , , , , , , , , , , , ,			
2 Total number of independent contractors /:	noludina h	ut poi	+ 11-	aita	d +4	the		listed shows) who	received		
2 Total number of independent contractors (i more than \$100,000 in compensation from th sa					u to	2 tho:		isted above) who	receiveu		Form <b>990</b> (2011
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Form	990 (2)	011) BRISTOL BA	Y SCIENCE &	RESEARCH INS	STITUTE	92-01680	36 Page <b>9</b>
-	<u>t VIII</u>			(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	d e f	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f:       \$	175,000. 634,681. 244,800.				
	g h	Total. Add lines 1a-1f ATTACHMEN	T.7▶	1,054,481.			
Program Service Revenue	2a b c d e f	All other program service revenue					
Pro	g 3 4 5	Total. Add lines 2a-2f	erest, and 5► proceeds►	0 320. 0 0			320.
	6a b c d	Gross rents	<u> </u>	0			
	7a b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)					
Other Revenue	d 8a	events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
Othe	b c	Less: direct expenses		0			
J	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b c	Less: direct expenses		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b c	Less: cost of goods sold	<u></u>	0		1994 Andrew Andrew States	
		Miscellaneous Revenue	Business Code	6.2		Martin States	
	11a b c						
	d e 12	All other revenue			a terdelika ida	<u></u>	320.

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## Part IX Statement of Functional Expenses

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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).

Do not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1 Grants and other assistance to governments and				
organizations in the United States. See Part IV, line 21 .	0			
2 Grants and other assistance to individuals in				
the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments,				
organizations, and individuals outside the				
United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors,	10 500		10 500	
trustees, and key employees	12,500.		12,500.	
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	04 (07		
7 Other salaries and wages	84,697.	84,697.		
8 Pension plan accruals and contributions (include section				
401(k) and 403(b) employer contributions)	9,255.	8,945.	310.	
9 Other employee benefits		1,109.	671.	
0 Payroll taxes	1,780.	1,109.	0/1.	
1 Fees for services (non-employees):	0			
a Management	40.		40.	
b Legal			5,500.	
c Accounting	5,500.		5,500.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	1,000.	명의 동안 이가 있는 것이 있었다. 것은 것 	1,000.	
f Investment management fees	1,000.		1,000.	
g Other	0			
2 Advertising and promotion	0			
3 Office expenses	0			
4 Information technology	0			
5 Royalties	0			
6 Occupancy	64,789.	60,557.	4,232.	
7 Travel	04,705.	00,007.	1,252.	
8 Payments of travel or entertainment expenses	0			
for any federal, state, or local public officials	0			
9 Conferences, conventions, and meetings				
0 Interest	0			
1 Payments to affiliates	0			
2 Depreciation, depletion, and amortization	0			
3 Insurance		the second se		-
4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column			A second s	
(A) amount, list line 24e expenses on Schedule O.)				
a MATERIALS AND SUPPLIES	104,859.	104,486.	373.	
b CONTRACT_PERSONNEL	330,324.	271,244.	59,080.	
c CONTRACTUAL	296,732.	296,732.		
d EQUIPMENT_LEASE	91,352.	91,352.		
e All other expenses	22,838.	20,066.	2,772.	
	1,025,666.	939,188.	86,478.	1
25 Total functional expenses. Add lines 1 through 24e 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 ▶				
following SOP 98-2 (ASC 958-720)	0			

JSA 1E1052 1.000

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Form 990 (2011)

## BRISTOL BAY SCIENCE & RESEARCH INSTITUTE

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Par	990 (2 t X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	0
	2	Savings and temporary cash investments	459,798.	2	465,770.
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	123,579.	4	265,056.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	0
	6	Schedule L 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)	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
SS	8	Inventories for sale or use	0	8	0
<	9	Prepaid expenses and deferred charges	0	9	0
		Land, buildings, and equipment: cost or			
	iva	other basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation	С	10c	0
	11	Investments - publicly traded securities	С	11	0
1	12	Investments - other securities. See Part IV, line 11		12	0
	13	Investments - program-related. See Part IV, line 11		13	0
	13 14			14	0
		Intangible assets			13.
	15	Total assets. Add lines 1 through 15 (must equal line 34)	590,042.	1	730,839.
	<u>16</u> 17	Accounts payable and accrued expenses			11.
					0
1	18		-		158,500.
I	19	Deferred revenue	101,000!		0
	20	Tax-exempt bond liabilities			0
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
iii	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons.		22	0
		Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	0
	24	Unsecured notes and loans payable to unrelated third parties		24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		0.5	01 501
		of Schedule D		25	91,501.
_	26	Total liabilities. Add lines 17 through 25	138,350.	26	230,012.
ses		Organizations that follow SFAS 117, check here $\blacktriangleright$ X and complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	451,692.	27	480,827.
Sal	28	Temporarily restricted net assets	(	28	0
P	29	Permanently restricted net assets	(	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
s	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
let	33	Total net assets or fund balances	451,692.	33	480,827.
	34	Total liabilities and net assets/fund balances.	590,042.	34	730,839.
	<u> </u>			4	Form <b>990</b> (2011)

Form 990 (2011)

BRISTOL BAY SCIENCE & RESEARCH INSTITUTE

- Propagation - A

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Forn	n 990 (2011)				Paç	<sub>je</sub> 12		
-	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		1,05	54,8	01.		
2	Total expenses (must equal Part IX, column (A), line 25)							
2	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		45	51,6	592.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5				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		4 {	30,8	327.		
Ра	Int XII         Financial Statements and Reporting           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," ex Schedule O.	plair	in					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<b>2</b> a		X		
b	the second			2b	Х			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for c	vers	ight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountait	nt?.		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, e	xplai	ו in					
	Schedule O.							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ear w	ere					
	issued on a separate basis, consolidated basis, or both:							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	fort	n in					
	the Single Audit Act and OMB Circular A-133?			3a	Х			
b			the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	;		3b	Х			

Form 990 (2011)

SCHEDULE A	Public	Charity Status	and	Pub	lic Sı	JODC	ort		OMB No. 1545-0047	
(Form 990 or 990-EZ)		the organization is a section 4947(a)(1) nonexemp	on 501(d	c)(3) or	ganizatio				2011	
Department of the Treasury Internal Revenue Service	► Attach	h to Form 990 or Form 990-EZ. ► See separate instructions.							Open to Public Inspection	
Name of the organization							Employ	er ident	fication number	
	NCE & RESEARCH I								0168036	
		s (All organizations mu						ictions.		
		cause it is: (For lines 1 th								
2 A school dese										
		ervice organization descri								
terrore and the second se	search organization op ne, city, and state:	erated in conjunction wi	th a h	ospita	l descrit	bed in	sectio	ו 170(b	)(1)(A)(iii). Enter the	
5 🔄 An organizati	on operated for the bei	nefit of a college or univ	ersity of	owned	or oper	rated b	y a gov	/ernmei	ntal unit described in	
	o)(1)(A)(iv). (Complete F ite_or local government	or governmental unit des	cribed i	n sect	ion 170(	b)(1)(A	A)(v).			
7 X An organizati		es a substantial part of it						it or fro	m the general public	
		on 170(b)(1)(A)(vi). (Com	plete F	art II.)						
9 An organizati	on that normally receive	es: (1) more than 331/3%	of its	suppo	rt from	contrib	utions,	membe	rship fees, and gross	
		exempt functions - subj								
		ome and unrelated busi						1 511 .	ax) from businesses	
		ted exclusively to test for						۱		
		rated exclusively to test tor							or to carry out the	
		pported organizations de								
		es the type of supporting								
а 🗌 Туре					ally integ			d	] Type III - Other	
		the organization is not								
		gers and other than one	or mo	re pub	licly sup	ported	lorgan	izations	described in section	
	section 509(a)(2).	n determination from th		that it	is a Tv	ne I T	vne II	or Type	III supporting	
+	and the second							01 1390		
		nization accepted any gif	t or coi	ntributi	ion from	any of	the			
following per		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				5				
		ectly controls, either alor	ne or t	ogethe	er with	person	s desc	ribed in	(ii) Yes No	
· · · · · · · · · · · · · · · · · · ·		dy of the supported orgar	nization	?					11g(i)	
	member of a person de					· • • •			•••• 11g(ii)	
• • • • • •	• •	son described in (i) or (ii) a				• • •	••••	• • • •	11g(iii)	
h Provide the f (i) Name of supporte		ut the supported organiz		ls the	(v) Did yo		(vi)	s the	(vii) Amount of	
organization		(described on lines 1-9	organi	zation in listed in	the orga	nization	organiz	ation in	support	
		above or IRC section (see instructions))	your g	overning ment?	in col. your su			rganized U.S.?		
			Yes	No	Yes	No	Yes	No		
(A)										
(B)										
(C)										
(D)										
(E)										
Total	n Act Notice, see the Instru	Letions for					L	hedule A	(Form 990 or 990-EZ) 2011	

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

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## BRISTOL BAY SCIENCE & RESEARCH INSTITUTE

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Page	2
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Schee	ule A (Form 990 or 990-EZ) 2011						Page 2
Par	tll Support Schedule for Org	janizations De	escribed in S	ections 170(b	o)(1)(A)(iv) ar	id 170(b)(1)(A	)(vi) alifa under
	(Complete only if you check Part III. If the organization f	ed the box on	line 5, 7, or 8	of Part I or If	the organizati	on raileu to qua ste Part III )	any under
		ans to quality t			please comple		
	tion A. Public Support	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(1) 2000	(0) 2000	(4) 2010	(0) 2011	(1) 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	358,978.	401,225.	421,555.	835,769.	1,054,481.	3,072,008.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	358,978.	401,225.	421,555.	835,769.	1,054,481.	3,072,008.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	ans setti and setting and setting	na se angles de la composition de la composition de la composition de la composition de la comp	and and a second se Second second second Second second		n Holden en en 1 - Holden en en 2 - Holden en en en 2 - Holden en e	
	shown on line 11, column (f)						<u>568,559.</u> 2,503,449.
<u>6</u>	Public support. Subtract line 5 from line 4. tion B. Total Support						2,303,449.
_	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	358,978.	401,225.	421,555.	835,769.	1,054,481.	3,072,008.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,593.	18,648.	2,484.	647.	320.	51,692.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	(Explain in Part IV.)		an a	llen <b>H</b> arrie a	* X K		3,123,700.
12	Gross receipts from related activities, etc. (	see instructions) .				12	
13	First five years. If the Form 990 is f	or the organizat	ion's first, secor	id, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here				· · · · · · · · · ·		
	tion C. Computation of Public Sup Public support percentage for 2011 (li			11 column (f))		14	80.14%
14	Public support percentage for 2011 (in Public support percentage from 2010					15	81.90%
15	331/3% support test - 2011. If the c	vicanization did	not check the	box on line 13			
104	this box and stop here. The organizati	on qualifies as a	nublicly suppo	rted organizatio	n		► X
h	331/3% support test - 2010. If the o	organization did	not check a b	ox on line 13 o	or 16a, and line	e 15 is 331/3%	or more,
U U	check this box and <b>stop here</b> . The org	anization qualifi	es as a publiciv	supported orga	nization		
17a	10%-facts-and-circumstances test - 2	2011. If the ord	anization did n	ot check a box	on line 13, 16	a, or 16b, and li	ine 14 is
	10% or more, and if the organization						
	Part IV how the organization meets	the "facts-and-c	ircumstances" t	est. The organi	ization qualifies	as a publicly s	upported
	organization						
b	10%-facts-and-circumstances test -	2010. If the org	anization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the org	anization meets	s the "facts-and	d-circumstances	" test, check t	his box and st	op here.
	Explain in Part IV how the organzati	on meets the "	facts-and-circun	nstances" test.	The organization	on qualifies as a	publicly
	supported organization						►
18	Private foundation. If the organization						
	instructions	<u></u>		<u></u>		chedule A (Form 9	

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Sact	If the organization fails to qua tion A. Public Support						
	idar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
4	sold or services performed, or facilities						
	,						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					-	
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
~	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from				CN-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S		
Ŭ	line 6.)		일 이외 관광 관광장			: 성상, 김 사람이다. - 신하, 김 사람이다.	
Sec	tion B. Total Support			<u></u>			
	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
iva	payments received on securities loans,					1	
	rents, royalties and income from similar						
	sources						
b	sources						
b	sources Unrelated business taxable income (less section 511 taxes) from businesses	<u></u>					
b	sources						
	sources Unrelated business taxable income (less section 511 taxes) from businesses						
с	sources						
с	sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,						
с	sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
с 11	sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
с 11	sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or						
с 11	sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets						
с 11 12	sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
с 11 12	sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11,						
c 11 12 13	sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)	the organizati	ion's first, second.	third, fourth, o	r fifth tax year	as a section 501	(c)(3)
с 11 12 13	sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for						
c 11 12 13 14	sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here.		<u></u>				
c 11 12 13 14 Sec	sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here.	port Percen	tage		<u> </u>	· · · · · · · · · · · · · · · · · · ·	▶
c 11 12 13 14 <u>Sec</u> 15	sources	port Percen column (f) divi	ided by line 13, colu	mn (f))	<u> </u>	15	
c 11 12 13 14 <u>Sec</u> 15 16	sources	p <b>ort Percen</b> column (f) divi dule A, Part III,	itage ided by line 13, colu line 15	mn (f))	<u> </u>	15	
c 11 12 13 14 <u>Sec</u> 15 16 Sec	sources	port Percen column (f) divi dule A, Part III, <b>ht Income P</b> e	itage ided by line 13, colu line 15 ercentage	m∩ (f))	· · · · · · · · · · · · · · · · · · ·	15 16	►
c 11 12 13 14 <u>Sec</u> 15 16 Sec	sources	port Percen column (f) divi dule A, Part III, nt Income Pe	itage ided by line 13, colu line 15 ercentage h (f) divided by line	mn (f))	· · · · · · · · · · · · · · · · · · ·	15 16 17	
c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17	sources	port Percen column (f) divi dule A, Part III, nt Income Pe ne 10c, column Schedule A, Pa	itage ided by line 13, colu line 15	mn (f))	· · · · · · · · · · · · · · · · · · ·	15           16           17           18	>
c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17	sources	port Percen column (f) divi dule A, Part III, nt Income Pe ne 10c, column Schedule A, Pa ganization did	itage ided by line 13, colu line 15 ercentage (f) divided by line rt III, line 17 not check the bo	mn (f)) 13, column (f)) x on line 14, ar		15 16 17 18 ore than 331/3%,	and line
c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	sources	port Percen column (f) divi dule A, Part III, nt Income Per ne 10c, column Schedule A, Pa ganization did is box and st	Itage Ided by line 13, colu line 15	mn (f)) 13, column (f)) x on line 14, ar anization qualifie	nd line 15 is mo	15 16 17 18 ore than 331/3%, supported organ	and line ization ► [
c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	sources	port Percen column (f) divi dule A, Part III, nt Income Per ne 10c, column Schedule A, Pa ganization did is box and st inization did no	tage ded by line 13, colu line 15	mn (f)) 13, column (f)) x on line 14, ar anization qualifie line 14 or line 1	nd line 15 is mo as as a publicly 9a, and line 16	15           16           17           18           ore than 331/3%, supported organ is more than 331/	and line ization ► [ 3%, and
c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	sources	port Percen column (f) divi dule A, Part III, nt Income Per ne 10c, column Schedule A, Pa ganization did is box and st inization did no this box and	tage ded by line 13, colu line 15	mn (f)) 13, column (f)) x on line 14, ar anization qualific line 14 or line 1 ganization qualif	nd line 15 is mo as as a publicly 9a, and line 16 fies as a publicly	15       16       17       18       ore than 331/3%, supported organ is more than 331/       y supported organ	and line ization ► [ 3 %, and ization ► [

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Schedule A (Form 990 or 990-EZ) 2011

		_
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;	
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See	
	instructions).	

SCH	IEDULE D	Supplem	ental Financia	l Statomonte		OMB No. 1545-0047
(Fo	rm 990)				_	2011
_		► Complete if the Part IV, line 6, 7, 8	organization answere 9, 10, 11a, 11b, 11c, 1	1d, 11e, 11f, 12a, oi	), r 12b.	Open to Public
Inter	rtment of the Treasury nal Revenue Service	► Attach to	Form 990. ►See sepa	rate instructions.		Inspection
	e of the organization	NOR C DECEMBOU INCUIN	inc		Employer identifica 92-01680	
Pa	tl Organiza	INCE & RESEARCH INSTITU	ised Funds or Other	Similar Funds or A		
l a	organizat	ion answered "Yes" to Form 9	90, Part IV, line 6.			
			(a) Donor advis	ed funds	(b) Funds and	other accounts
1		nd of year ...........			· · · · · · · · · · · · · · · · · · ·	
2		utions to (during year)				
3		from (during year)				
4 5		at end of year	advisors in writing that	the assets held in d	lonor advised	
•	funds are the orga	inization's property, subject to th	e organization's exclusi	ve legal control?		└── Yes └── No
6	Did the organizati	on inform all grantees, donors, a	nd donor advisors in wr	iting that grant funds	s can be used	
		purposes and not for the benef				
Da	rt II Conserva	issible private benefit?	the organization and	wered "Yes" to Fo	m 990 Part IV	LI Yes No_
1		servation easements held by the				
	Preservation	of land for public use (e.g., recr	eation or education)		· · · ·	portant land area
		f natural habitat		Preservation of	a certified histor	ic structure
•		i of open space i through 2d if the organization h	old a qualified concerv	ation contribution in t	he form of a cor	servation
2		last day of the tax year.	elu a qualineu conservi			
		, ,			Held at the	End of the Tax Year
а		onservation easements			2a	
b		tricted by conservation easement			<u>2b</u>	
C		rvation easements on a certified rvation easements included in (c			2c	
d		isted in the National Register			2 d	
3	Number of consei	rvation easements modified, tran	nsferred, released, exti	nguished, or termina		ation during the
	tax year 🕨					
4		where property subject to conse				
5		ation have a written policy regard forcement of the conservation ea				Yes No
6	Staff and voluntee	er hours devoted to monitoring, i	nspecting, and enforcir	a conservation ease	ments during the	
Ŭ	▶			9	<b>U</b>	2
7	Amount of expense	ses incurred in monitoring, inspe	cting, and enforcing co	nservation easemen	ts during the year	
	▶\$				tion 170(b)(1)(D)	
8		rvation easement reported on lir D(h)(4)(B)(ii)?				Yes No
9	In Part XIV, descr	ibe how the organization reports	conservation easeme	nts in its revenue and	expense stateme	
	balance sheet, an	d include, if applicable, the text	of the footnote to the o	rganization's financia	al statements that	describes the
		counting for conservation easement tions Maintaining Collection		accurace or Other	Similar Assots	
Pa	rt III Organiza Complete	e if the organization answered	I "Yes" to Form 990,	Part IV, line 8.	ommai Asseta	•
1a	1				evenue statemei	nt and balance sheet
	works of art, his	n elected, as permitted under S torical treasures, or other simil ovide, in Part XIV, the text of the	ar assets held for pul	olic exhibition, educ statements that desc	ation, or resear	ch in furtherance of s.
b	If the organizatio	n elected, as permitted under	SFAS 116 (ASC 958)	to report in its re	venue statemen	t and balance sheet
5	works of art, his	torical treasures, or other simi	ar assets held for pul	olic exhibition, educ	ation, or resear	ch in furtherance of
		ovide the following amounts rela uded in Form 990, Part VIII, line				:
	(ii) Revenues incl (iii) Assots include	uded in Form 990, Part VIII, line ed in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·	. <b></b>	· · · · · · · · · · · · · · · · · · ·	·
2	If the organization	on received or held works of a	art, historical treasures	, or other similar a	ssets for financ	al gain, provide the
-	following amount	s required to be reported under S	SFAS 116 (ASC 958) re	lating to these items	:	
a	Revenues include	d in Form 990, Part VIII, line 1 .			🕨	
b For		n Form 990, Part X				nedule D (Form 990) 2011
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Sched	ule D (Form 990) 2011									Page 2
Par	t III Organizations Maintaining (	Collection	ns of Art, Hi	storical Tr	easures	, or Oth	er Similar A	ssets (c	ontinue	d)
3	Using the organization's acquisition, a	accession,	and other re	ecords, chec	k any of	the foll	owing that a	re a sign	ificant u	se of its
	collection items (check all that apply):		4			change pr	oarame			
a	Public exhibition		d	<b>—</b> .						
b	Scholarly research	ationa	е							
c	Preservation for future genera		otiona and a	welcin how	thoy fur	thar tha	orgonization's	e avamnt	nurnos	a in Part
4	Provide a description of the organizat	tions colled	cuons and e	explain now	they full	iner ine	organizations	s evenibr	purpos	
_	XIV.			us of out him	haviaal tra		ar other eimile	or		
5	During the year, did the organization so								Vaa	No
	assets to be sold to raise funds rather t								Yes	
Par	t IV Escrow and Custodial Arrar line 9, or reported an amou	ngements int on Forr	n 990, Part	X, line 21.	nization	answer	ed Yes to I	-0111 99	u, Part	V,
1 -	Is the organization an agent, trustee, c	ustodian or	other intern	nediary for c	ontributio	ons or ot	her assets no	t		
14	included on Form 990, Part X?							โ	Yes	No
h	If "Yes," explain the arrangement in Par							L		
U	in res, explain the analycine term a			o tono tring to	[	1	Α	mount		
~	Beginning balance					10				
с Ь	Additions during the year									
e	Distributions during the year					1e				
f	Ending balance									
2a	Did the organization include an amoun								Yes	No
	If "Yes," explain the arrangement in Pa		000, 1 0117,							
			organizatio	answered	"Voe" to	- Form (	A90 Part IV	line 10		
Par		(a) Current ye		) Prior year		o years bac	k (d) Three y		(e) Four	years back
10	Beginning of year balance	(a) Guitent ye	u) 15	j i noi year					(0): 50	
1a 5	Contributions									<u>na pose</u> CONSERT
b										
С	Net investment earnings, gains,							1		
لم	and losses.									
a	Grants or scholarships									
е	Other expenditures for facilities .							1		
	and programs									2013년 1917년 1917년 1917년 1917년
	Administrative expenses									<u> Narawa Pe</u>
g	End of year balance	1 1				(a)) hald				
2	Provide the estimated percentage of th			ance (line 1g	, column	(a)) neid	as.			
a	Board designated or quasi-endowment		%							
	Permanent endowment	%	D/							
с	Temporarily restricted endowment		%							
2.5	The percentages in lines 2a, 2b, and 2			nization the	t ara hal	d and ad	ministored for	the		
sa	Are there endowment funds not in the	possessio	n or the orga	anization tha	larenen	u anu au	ministered for	uie	F	Yes No
	organization by: (i) unrelated organizations								3a(i)	165 110
									3a(ii)	
L.	(ii) related organizations								3b	
	If "Yes" to 3a(ii), are the related organiz								50	
4	Describe in Part XIV the intended uses									
Pai	t VI Land, Buildings, and Equipr									
	Description of property		Cost or other ba (investment)		or other ba (other)		Accumulated lepreciation	((	d) Book va	lue
1a	Land							ļ		
b	Buildings							ļ		
С	Leasehold improvements							<u> </u>	. <u></u>	
d	Equipment							ļ		
e	Other									
Tota	I. Add lines 1a through 1e. (Column (d)	) must equa	al Form 990,	Part X, colun	nn (B), lin	ne 10(c).)	<b>. </b>	<u> </u>		

Schedule D (Form 990) 2011

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Schedule D (Form 990) 2011	Form 000 Dort V li	Page 3
Part VII Investments - Other Securities. See I	(b) Book value	(c) Method of valuation:
<ul> <li>(a) Description of security or category         <ul> <li>(including name of security)</li> </ul> </li> </ul>	(b) BOOK Value	Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G) (1)		
<del>(H)</del>		
(I) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	>	
Part VIII Investments - Program Related. See		line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation:
(2) 2000, plot of million of plot	(-)	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.)		<u></u>
Part X Other Liabilities. See Form 990, Part		alua
1. (a) Description of liability (1) Federal income taxes	(b) Book v	
(2) DUE TO AFFILIATE	91	, 501.
(3)		
(4)		and the second
(5)		
(6)		and the second
(7)		and the start of the second start of the
(8)		and a second
(9)		and the second
(10)		and her the second s
(11)		a service of the serv
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2:	5.) 🕨 91	,501.

 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). N/A

 Schedule D (Form 990)

 Schedule D (Form 990)

 SW8662 1832

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Schodu	le D (Form 990) 2011	JE 01	Page <b>4</b>
Part		ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,054,801.
2		2	1,025,666.
3		3	29,135.
4		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		10	29,135.
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	irņ	
1	Total revenue, gains, and other support per audited financial statements	. 1	1,054,801.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV.)	्यक्षित	
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	1,054,801.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	da Bahar	
С	Add lines 4a and 4b		1,054,801.
5	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )		1,034,801.
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re Total expenses and losses per audited financial statements		1,025,666.
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• 2005	1,020,000.
а ь		- 202	
b			
c d			
u e		2e	
3	Subtract line 2e from line 1	3	1,025,666.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	. 5	1,025,666.
Part	XIV Supplemental Information		
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines	1b and 2b;
	, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple ditional information.	ete this p	art to provide
		<b></b>	
		Sche	dule D (Form 990) 2011

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SCHE	DULE J		B No. 1	545-0	047
(Form	990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	20-	11	
		Complete if the expension answered "Ves" to Form 990	ben to	Duk	lio
	nt of the Treasury		Inspe		
	evenue Service the organization	Employer identification			
	•	CIENCE & RESEARCH INSTITUTE 92-0168036			
Part		ns Regarding Compensation			
raiti	Questio			Yes	No
1a -	Check the ap	propriate box(es) if the organization provided any of the following to or for a person listed in Form			
		Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
[		ss or charter travel Housing allowance or residence for personal use			
		Payments for business use of personal residence			
		mnification and gross-up payments Health or social club dues or initiation fees			
	Discreti	onary spending account Personal services (e.g., maid, chauffeur, chef)			
		the second s			
b	If any of the	boxes on line 1a are checked, did the organization follow a written policy regarding payment ement or provision of all of the expenses described above? If "No," complete Part III to			
	explain		1b	N,	<u>A</u>
		nization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trus	tees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	N,	<u> A</u>
		the second se			
3	Indicate which	n, if any, of the following the filing organization used to establish the compensation of the			
		CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a ization to establish compensation of the CEO/Executive Director. Explain in Part III.			
	Ŭ				
		nsation committee X Written employment contract		11.5	
		dent compensation consultant     X     Compensation survey or study       20 of other organizations     X     Approval by the board or compensation committee			
4	During the ye	ar, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing or a related organization:			
2	Pocoivo a so	verance payment or change-of-control payment?	4a		Х
		, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
		, or receive payment from, an equity-based compensation arrangement?	4c	T	Х
		y 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.			
		isted in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	-	n contingent on the revenues of:			
а	The organizat	ion?	<u>5a</u>	ļ	X
		rganization?	5b	0.000	X
	If "Yes" to lin	e 5a or 5b, describe in Part III.			
		isted in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
		n contingent on the net earnings of:	<b>6</b> -	ps-13	
	-	lion?	6a		X X
			6b		
-	It "Yes" to lin	e 6a or 6b, describe in Part III.			
		listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	7		X
0	payments no	t described in lines 5 and 6? If "Yes," describe in Part III to a contract that was subject	<u> </u>	1	+
		I contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
			8		X
9	If "Yee" to 1	ine 8, did the organization also follow the rebuttable presumption procedure described in	-	1	1
			9	N	A

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P.D. approximation (e.g.)

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

Schedule J (Form 990) 2011

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Page 2

Schedule J (Form 990) 2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2	f W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
	Ξ		10!	)	1 1	0	0	
H. ROBIN SAMUELSEN, JR	(ii) •	106,334.	10,500.		0 3,167.	31,661.	51,	0
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Page 3			990) 2011
and for			Schedule J (Form 990) 2011
and 8, a			Schedul
, 6b, 7,			
5b, 6a,			
4c, 5a,			
4a, 4b,			
1b, 3,			
nes 1a,			
Part I, Ii			
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Schedule J (Fom 990) 2011 Part III Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.			
Sched Par Com Alsc			4 Sr

SCHEDULE O (Form 990 or 990-EZ)

## 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.

0-EZ s on Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

BRISTOL BAY SCIENCE & RESEARCH INSTITUTE

92-0168036

NUMBER OF EMPLOYEES

PART I, LINE 5

BRISTOL BAY SCIENCE & RESEARCH INSTITUTE HAD 10 EMPLOYEES THAT WERE COMPENSATED BY ITS AFFILIATED COMPANY, BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION, AN ENTITY EXEMPT FROM TAXATION UNDER IRC SECTION 501(C)(4).

#### BUSINESS RELATIONSHIPS OF BOARD MEMBERS

PART VI, SECTION A, LINE 2

BOARD MEMBERS H. ROBIN SAMUELSEN, JR. AND MOSES KRITZ SIT ON THE BOARD OF ANOTHER CORPORATION THUS CREATING A BUSINESS RELATIONSHIP.

#### PROCESS FOR REVIEW OF THE FORM 990

PART VI, SECTION B, LINE 11B

PRIOR TO FILING THE RETURN, A DRAFT OF THE FORM 990 TAX RETURN WILL BE SUBMITTED TO THE FINANCE OFFICER BY THE TAX PREPARER. THIS DRAFT WILL BE REVIEWED BY THE FINANCE OFFICER AND STAFF. THE FINANCE OFFICER WILL THEN HAVE THE CEO/BOARD PRESIDENT AND COO REVIEW THE DRAFT RETURN BEFORE AUTHORIZING THE TAX PREPARER TO FINALIZE THE RETURN. A COPY OF THE TAX RETURN WILL BE PROVIDED TO THE BOARD MEMBERS UPON REQUEST.

MONITORING OF CONFLICT OF INTEREST POLICY PART VI, SECTION B, LINE 12C BOARD MEMBERS ARE REQUIRED TO DECLARE A CONFLICT OF INTEREST ON EACH AND EVERY VOTE THEY TAKE IF ONE EXISTS.

Schedule O (Form 990 or 990-EZ) 2011	Page 2
Name of the organization	Employer identification number
BRISTOL BAY SCIENCE & RESEARCH INSTITUTE	92-0168036

COMPENSATION OF THE EXECUTIVE DIRECTOR

PART VI, SECTION B, LINE 15A

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HELEN SMEATON IS THE EXECUTIVE DIRECTOR OF BBSRI. SHE IS ALSO THE COO OF BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION. THE BBSRI BOARD ESTABLISHED A SALARY LIMIT NOT TO EXCEED \$10,000 FOR THE EXECUTIVE DIRECTOR. FOR 2011, SHE RECEIVED \$8,000 OF COMPENSATION RELATED TO HER WORK PERFORMED FOR BBSRI.

DESCRIPTION OF HOW THE ORGANIZATION MAKES ITS DOCUMENTS PUBLICLY AVAILABLE PART VI, SECTION C, LINES 18 & 19 BESRI'S FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST BY CONTACTING US AT 1-907-842-4370 OR WRITING TO US AT PO BOX 1464, DILLINGHAM, AK 99576-1464. IN ADDITION, OUR FORM 990 IS AVAILABLE FOR VIEWING ON THE WEBSITE GUIDESTAR.ORG.

COMPENSATION OF OFFICERS AND DIRECTORS

PART VII, SECTION A, LINE 1A, COLUMNS D, E & F ALL BRISTOL BAY SCIENCE & RESEARCH INSTITUTE'S BOARD MEMBERS ARE ALSO MEMBERS OF THE BOARD OF BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION, A 501(C)(4) ORGANIZATION, AND RECEIVE COMPENSATION FROM THIS ENTITY. HELEN SMEATON IS COO OF BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION AND RECEIVES HER COMPENSATION FROM BBEDC.

Schedule O (Form 990 or 990-EZ) 2011	
Name of the organization	Employer identification number
BRISTOL BAY SCIENCE & RESEARCH INSTITUTE	92-0168036

PORT MOLLER SELECTIVITY

PART III, LINE 4A

SINCE 1967 THE PORT MOLLER SALMON TEST FISHERY HAS BEEN USED ANNUALLY TO ASSESS THE ABUNDANCE, AGE COMPOSITION, AND RIVER OF ORIGIN (STOCK COMPOSITION) OF THE BRISTOL BAY SOCKEYE SALMON RUN APPROXIMATELY 160 MILES WEST OF BRISTOL BAY. THE TEST FISHERY INVOLVES A VESSEL AND CREW FISHING A GILLNET DAILY AT SPECIFIC LOCATIONS ALONG A TRANSECT LINE BETWEEN PORT MOLLER, ALASKA AND CAPE NEWENHAM FROM EARLY JUNE TO EARLY JULY. DATA COLLECTED DURING THE TEST FISHERY ARE ANALYZED ON A DAILY BASIS AND USED BY FISHERY MANAGERS TO REGULATE THE COMMERCIAL FISHERY, BY PROCESSORS TO MANAGE TENDERING FLEETS AND PROCESSING CAPACITY, AND BY FISHERMEN TO HELP CHOOSE FISHING DISTRICTS TO FISH. SINCE 2002, THE BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE (BBSRI) HAS MANAGED THE PORT MOLLER TEST FISHERY IN COLLABORATION WITH THE ALASKA DEPARTMENT OF FISH AND GAME (ADF&G) AND WITH SUPPORT FROM SALMON PROCESSORS AND, MORE RECENTLY, WITH SUPPORT FROM FISHERMEN.

THE SPECIFIC OBJECTIVES OF THE PORT MOLLER TEST FISHERY ARE TO PROVIDE INTERESTED PARTIES WITH:

1) AN INDEX OF ABUNDANCE (FISH CAUGHT PER HOUR OF FISHING).

2) AGE COMPOSITION DATA OF THE TEST FISHERY CATCH (PROPORTION OF RUN BY  $\sim 6$  DIFFERENT AGE CLASSES).

3) STOCK COMPOSITION ESTIMATES OF THE TEST FISHERY CATCH BASED ON GENETIC ANALYSIS (PROPORTION OF THE CATCH BOUND FOR 5 COMMERCIAL FISHING DISTRICTS).

Schedule O (Form 990 or 990-EZ) 2011	Page 2
Name of the organization	Employer identification number
BRISTOL BAY SCIENCE & RESEARCH INSTITUTE	92-0168036

4) SEA SURFACE TEMPERATURES, SEA STATE, AND WEATHER CONDITIONS AT EACH TEST FISHING STATIONS.

SELECTIVITY STUDY

IN 2011, BESRI CONTINUED A RESEARCH PROGRAM TO DEVELOP AND TEST A NEW GILLNET (TERMED THE REPLACEMENT NET) FOR THE PORT MOLLER TEST FISHERY TO REPLACE THE CONFIGURATION (THE TRADITIONAL NET) THAT HAD BEEN USED FOR OVER 4 DECADES. THE SIZE AND AGE OF THE RETURNING SALMON VARIES AMONG YEARS AND A SINGLE SIZE GILLNET OFTEN LEADS TO PROBLEMS WITH INTERPRETING THE ANNUAL ABUNDANCE OF SALMON RUN DUE TO THE SIZE SELECTIVE NATURE OF THE SINGLE MESH GILLNET.

SPECIFIC OBJECTIVES OF THE SELECTIVITY STUDY ARE:

1) REPLICATE FROM 30 TO 60 GILLNET SETS PER YEAR AT THE HISTORICAL PORT MOLLER FISHING STATIONS USING AN EXPERIMENTAL GILLNET OF DIFFERENT CONFIGURATION THAN USED HISTORICALLY.

2) DEVELOP SELECTIVITY CURVES FOR EACH MESH SIZE IN THE EXPERIMENTAL NET AND FOR THE HISTORICAL NET.

3) SELECT A NET CONFIGURATION THAT MORE REPRESENTATIVELY SAMPLES SALMON AT PORT MOLLER THAN THE NET USED HISTORICALLY.

4) DEVELOP FACTORS THAT CAN BE USED TO CONVERT NEWLY DERIVED INDICES OF ABUNDANCE COMPARABLE TO HISTORICAL INDICES (TO THE EXTENT POSSIBLE) SO THAT MANAGERS AND INDUSTRY CAN CONTINUE TO INTERPRET INDICES IN THE CONTEXT OF HISTORICAL RESULTS.

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Schedule O (Form 990 or 990-EZ) 2011	Page 2
Name of the organization	Employer identification number
BRISTOL BAY SCIENCE & RESEARCH INSTITUTE	92-0168036

IN 2009, BBSRI DEVELOPED THE REPLACEMENT NET USING A COMBINATION OF ALTERNATING 4.5 INCH AND 5.125 INCH MESH PANELS. IN 2010, THE GOAL OF THE STUDY WAS TO COLLECT PAIRED SETS OF THE TWO DIFFERENT NET CONFIGURATIONS OVER THE COURSE OF THE SALMON RUN (THE REPLACEMENT NET VERSUS THE TRADITIONAL NET). IN 2011, THE REPLACEMENT NET WAS FISHED IN THE TRADITIONAL TEST FISHING PROGRAM AND FROM A SECOND VESSEL.

THE FISHING VESSEL DELIVERANCE WAS CHARTERED AND STAFFED BY BBSRI. FROM JUNE 15 THROUGH JULY 2, THE DELIVERANCE MADE A TOTAL OF 60 GILLNET SETS, EACH LASTING ~1 HR, AND CAPTURED AND MEASURED A TOTAL OF 5,682 SOCKEYE SALMON. FROM THESE DATA, MESH-SPECIFIC SELECTIVITY CURVES WERE DEVELOPED, AS WELL AS, THE SELECTIVITY CURVE OF THE ENTIRE REPLACEMENT NET. THE RESULTS FROM THE 2011 TEST FISHING HAVE PROVEN THAT THIS WAS A SUBSTANTIAL IMPROVEMENT. THE REPLACEMENT NET PROVIDED LESS BIAS ESTIMATES OF THE AGE AND STOCK COMPOSITIONS, AND BETTER TRACKING OF THE DAY-TO-DAY SALMON ABUNDANCE.

#### PORT MOLLER TEST FISHERY

#### PART III, LINE 4B

BESRI OPERATES THE PORT MOLLER TEST FISHERY WHICH IS CONDUCTED IN THE BERING SEA (237 MILES SOUTHWEST OF KING SALMON) AND TARGETS SOCKEYE BOUND FOR BRISTOL BAY. SOCKEYE BOUND FOR BRISTOL BAY MIGRATING PAST THIS LOCATION, ARE APPROXIMATELY SIX DAYS FROM THEIR ARRIVAL IN THE VARIOUS BRISTOL BAY INSHORE COMMERCIAL FISHING DISTRICTS. THE TEST FISHERY CATCHES, WHEN STANDARDIZED FOR GEAR USED AND FISHING TIME, GENERATE

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BRISTOL BAY SCIENCE & RESEARCH INSTITUTE	92-0168036

INDEXES THAT ARE USEFUL IN FORECASTING RUN STRENGTH AND TIMING. THIS INFORMATION CONCERNING THE RELATIVE ABUNDANCE OF THE BRISTOL BAY RUN AS WELL AS INFORMATION ABOUT THE RUN (AGE AND STOCK COMPOSITION, SIZE AT AGE ETC) IS USEFUL TO FISHERY MANAGERS, RESEARCHERS, PROCESSORS AND OTHERS. WHILE MOST INFORMATION IS COLLECTED DIRECTLY ON-DECK, AGE DETERMINATIONS ARE MADE BY ADF&G TECHNICIANS IN KING SALMON USING THE FISH SCALES COLLECTED. LIKEWISE, GENETIC SAMPLES TAKEN ARE PROCESSED BY THE ADF&G GENE CONSERVATION LABORATORY IN ANCHORAGE.

EACH YEAR THE TEST FISHERY IS SCHEDULED TO OPERATE FROM 10 JUNE TO 10 JULY. THE TEST FISHERY IS CONDUCTED IN A SERIES OF TWO-DAY TRIPS ALONG A TRANSECT RUNNING BETWEEN PORT MOLLER AND CAPE NEWENHAM. FIVE EQUIDISTANT STATIONS (NUMBERED 2, 4, 6, 8, AND 10; SPACED 18.52 KM (10 NM) APART ARE FISHED EACH DAY; FISHING OCCURS IN A SOUTH TO NORTH PROGRESSION ON THE FIRST DAY AND IN REVERSE ORDER ON THE SECOND DAY. IN THE EVENT CATCHES AT STATIONS 10 ARE RELATIVELY LARGE THE VESSEL MAY FISH ALTERNATE STATIONS 12 & 14 (10 NM AND 20 NM PAST STATION 10 RESPECTIVELY). FISH ARE SAMPLED ON THE TEST FISHERY VESSEL'S DECK IMMEDIATELY FOLLOWING EACH FISHING EVENT. SAMPLING IS CONDUCTED ON 100% OF THE SOCKEYE CATCH UP TO 144 FISH. OTHER SALMON CAPTURED IN THE PORT MOLLER TEST FISHERY ARE COUNTED BUT NOT SAMPLED FURTHER.

IN 2011, THE R/V PANDALUS WAS USED FROM 10 JUNE TO 7 JULY AS THE RESEARCH PLATFORM FOR THE TEST FISHERY, THIS IS VESSEL IS OWNED AND OPERATED BY THE ALASKA DEPARTMENT OF FISH AND GAME. BBSRI PROVIDED MANAGEMENT OF THE

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TEST FISHERY, IN-SEASON ANALYSIS, AND DAILY UPDATES TO THE STAKEHOLDERS. UPDATES WERE USUALLY SENT OUT THE SAME EVENING THAT CATCHES WERE REPORTED FROM THE TEST BOAT, AND GENETIC STOCK COMPOSITION ESTIMATES WERE FORWARDED TO THE DISTRIBUTION LIST SOON AFTER RECEIPT FROM ADF&G. THERE WERE 253 ADDRESSES IN THE PMTF EMAIL DISTRIBUTION LIST. DAILY UPDATES ARE FREE TO THE PUBLIC AND NUMEROUS REQUESTS TO BE ADDED TO THE PORT MOLLER DISTRIBUTION WERE FULFILLED OVER THE COURSE OF 2011.

### SMOLT SONAR - IMPROVEMENTS

PART III, LINE 4C

AS PART OF AN EFFORT TO RE-CONSTITUTE A BRISTOL BAY WIDE SMOLT PROGRAM, THE BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE (BBSRI) ENGINEERED A STATE-OF-THE-ART SONAR SYSTEM TO ENUMERATE SOCKEYE SALMON SMOLT LEAVING BRISTOL BAY RIVERS. BBSRI OPERATED THESE SONAR SYSTEMS ON THE KVICHAK RIVER FROM 2008 THROUGH 2011, UGASHIK RIVER 2010 - 2011 AND EGEGIK RIVER IN 2011.

IN ADDITION TO ITS OWN SONAR EQUIPMENT, EACH YEAR BESRI HAS LEASED AN UP-LOOKING SPLIT BEAM AND A SIDE-LOOKING SINGLE BEAM SONAR THAT IS OPERATED AT THE PRIMARY SONAR SITE OF EACH RIVER DRAINAGE. THE SPLIT BEAM IS USED TO ESTIMATE TARGET STRENGTH, WHICH IS REQUIRED TO GENERATE THE ABUNDANCE ESTIMATE, AND THE SIDE-LOOKING SONAR IS USED TO VERIFY CROSS-RIVER DISTRIBUTION. BY REPLACING THE LEASED SPLIT BEAM AND SIDE-LOOKING SONARS WITH NEW BESRI EQUIPMENT, THE COST ASSOCIATED WITH THE LEASE WILL BE ELIMINATED.

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ALTHOUGH THE PRIMARY BENEFIT OF THIS WORK WILL BE TO LOWER ANNUAL OPERATING COSTS, THE SMOLT PROJECT WILL REALIZE "SPIN-OFF" BENEFITS FROM THE NEWLY DESIGNED PRODUCTS. THE NEW SONAR EQUIPMENT IS DESIGNED TO OPERATE AT A MUCH LOWER POWER THAN THE CURRENT OFF-THE-SHELF SONARS. FOR EXAMPLE, THE SPLIT BEAM THAT HAS BEEN USED IN THE PAST REQUIRES ~ 175 W OF POWER, WHEREAS THE NEWLY DESIGNED SPLIT BEAM IS ESTIMATED TO USE ~ 50 W OF POWER. GIVEN THE REMOTE LOCATION OF THESE SONAR SITES AND THE COST OF BRINGING IN EXTRA POWER (12 V BATTERIES), THE REDUCTION IN MATERIALS AND MAN POWER IS SIGNIFICANT. ANOTHER ADVANTAGE OF THE NEW SONARS IS THE INTEGRATED DESIGN, WHICH IS MORE USER FRIENDLY IN A FIELD ENVIRONMENT. THE LEASED EQUIPMENT REQUIRED SEPARATE OPERATING PROCEDURES; THE NEW EQUIPMENT CAN BE OPERATED IN-LINE, ALLOWING FISHERY TECHNICIANS TO SET DATA COLLECTION PARAMETERS AND COLLECT DATA USING A SINGLE SOFTWARE APPLICATION.

### SPECIFIC OBJECTIVES WERE TO:

DESIGN AND BUILD NEW SMOLT SONAR COMPONENTS (INCLUDING THREE
 UP-LOOKING SPLIT BEAM SONARS AND THREE SIDE-LOOKING SINGLE BEAM SONARS TO
 BE INTEGRATED INTO THREE EXISTING/NEWLY DEVELOPED BBSRI SMOLT SONARS.
 INTEGRATION OF THE NEW SONAR COMPONENTS INTO THE EXISTING BBSRI
 SMOLT SONAR WILL REQUIRE DESIGNING AND BUILDING THE SONARS AND
 MODIFICATIONS TO THE CURRENT OPERATING SOFTWARE.
 THE NEW SONAR COMPONENTS WERE BUILT AND TESTED IN TIME TO USE DURING THE
 2011 SMOLT OUTMIGRATION. FOR EACH RIVER, A SPLIT BEAM AND SIDE-LOOKING
 SONAR WERE DEPLOYED. THE SPLIT BEAM WAS INCORPORATED INTO A ONE OF TWO

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ARRAYS AT EACH SITE, WHILE THE SIDE-LOOKING WAS DEPLOYED UPSTREAM OF BOTH ARRAYS.

THE SPLIT BEAM SONARS OPERATED ON THE KVICHAK AND EGEGIK RIVERS FOR THE FULL DURATION OF THE SMOLT PROJECT, APPROXIMATELY FROM 10 MAY TO 15 JUNE. DATA FROM THESE SONARS WERE ANALYZED AND USED TO ESTIMATE SMOLT TARGET STRENGTH AS WELL AS INTEGRATED INTO THE FINAL ABUNDANCE ESTIMATE. ON THE UGASHIK RIVER THE SPLIT BEAM WAS DEPLOYED BUT DUE TO UNUSUALLY HIGH WATER VELOCITIES SMOLT ABUNDANCE COULD NOT BE ESTIMATED. DATA COLLECTED FROM THE EARLY PORTION OF THE SEASON (WHILE VELOCITIES WERE LOW) WERE ANALYZED, FROM THESE DATA IT WAS DETERMINED THE SPLIT BEAM DID OPERATE AS PLANNED.

THE SIDE-LOOKING SONARS WERE DEPLOYED ON THE EGEGIK AND KVICHAK RIVERS, THE HIGH WATER VELOCITIES ON THE UGASHIK RIVER DID NOT ALLOW FOR DEPLOYMENT. DUE TO HEAVY ICE FLOW LATE INTO THE SMOLT SEASON THESE SONARS WERE NOT DEPLOYED UNTIL 3 JUNE. ONCE DEPLOYED, AT THE CORRECT ANGLE THE SONARS WOULD SAMPLE APPROXIMATELY 70% - 80% OF THE CROSS SECTION OF THE RIVER, BUT AS A RESULT OF THE SOFT SUBSTRATE THE CORRECT ANGLE WOULD BE LOST AND THE COVERAGE WOULD FALL DRAMATICALLY. DATA COLLECTED FROM THE SIDE-LOOKING SONAR AT THE TIMES THEY WERE POSITIONED CORRECTLY INDICATES THE SYSTEM IS WORKING AS INTENDED. IN ORDER TO MAKE THESE SONARS PRACTICAL FOR FUTURE USE A NEW MOUNTING SYSTEM SHOULD BE DESIGNED.

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ATTACHMENT 1

## FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE'S MISSION IS TO UNDERTAKE SCIENTIFIC AND EDUCATIONAL PROJECTS TO FACILITATE A GREATER UNDERSTANDING OF THE ENVIRONMENT AND FISHERIES RESOURCES FOR THE BRISTOL BAY REGION AND TO PURSUE PROJECTS THAT WILL FOSTER ECONOMIC HEALTH AND VITALITY TO THE REGION AND ITS INHABITANTS.

		ATTACHMEN	Т 2
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVIC	ES		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
OTHER PROGRAMS CONDUCTED IN 2011			
PORT MOLLER SONAR PHASE III		30,732.	
KVICHAK SMOLT BIOLOGICAL SAMPLING		35,958.	
SMOLT SONAR - KVICHAK SMOLT MONITORING		36,285.	
SMOLT SONAR - UGASHIK SMOLT OPERATIONS		86,162.	
SMOLT SONAR EXPANSION - EGEGIK		134,390.	
SMOLT SONAR - EGEGIK OPERATIONS		105,942.	
TOTALS		429,469.	

ATTACHMENT 3

# FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE

HOURS DEVOTED FOR RELATED ORGANIZATION

H. ROBIN SAMUELSEN, JR.

ame of the organization		Employer identification number
BRISTOL BAY SCIENCE & RESEARCH INSTITU	TE	92-0168036
		ATTACHMENT 3 (CONT'D)
PRESIDENT OF THE BOARD	40.00	
COBERT HEYANO	2.10	
REASURER OF THE BOARD	2.10	
SECRETARY OF THE BOARD	1.90	
10SES KRITZ BOARD MEMBER	2.00	
ICTOR SEYBERT	2.00	
BOARD MEMBER	1.80	
GERDA KOSBRUK BOARD MEMBER	1.20	
FRED T. ANGASAN, SR.		
VICE PRESIDENT OF THE BOARD	1.40	
IELEN SMEATON XECUTIVE DIRECTOR	40.00	

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	ATTACHMEI	NT 4
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
LGL ALASKA RESEARCH ASSOCIATES, INC 2000 W. INT'L AIRPORT RD, STE C-1 ANCHORAGE, AK 99502	PROFESSIONAL SERVICE	342,655.
SCIENTIFIC FISHERY SYSTEMS INC P.O. BOX 242065 ANCHORAGE, AK 99524-2065	PROFESSIONAL SERVICE	227,430.
TOTAL COMPENSATION	I	570,085.

FORM 990, PART VIII - INVESTMENT INCO	ME		ATTACHMENT 5	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	32	0.		320.
TOTALS	32	0.		320.

Name of the organization	Employer identification number
BRISTOL BAY SCIENCE & RESEARCH INSTITUTE	92-0168036

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION

CDQ FISHERIES RESEARCH 2012

TOTALS

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ENDING BOOK VALUE

Property and a second sec

158,500.

Participation of the second second

158,500.

NGE & RESEARCH INSTITUTE       92-0168036         tet do Organizations and Unrelated Partnershil       14 the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, 36, 36, 36, 36, 36, 36, 36, 36, 36		OMB No. 1545-0047	Open to Public Inspection	Employer identification number 92-0168036	33.)	(d)         (e)         (f)           Total income         End-of-year assets         Direct controlling entity				00, Part IV, line 34 because it had	(e)         (f)         (g)         (g)           Public charity status         Direct controlling         Section 512(b)(13)           (if section 501(c)(3))         entity         entity	N/A X				Schedule R (Form 990) 2011	
BRISTOL BAY SCIENCE & RESEARCH INSTITUTE         Related Organization answered "ves" to Form 990.         > Complete if the organization answered "ves" to Form 990.         IEBNCE & RESEARCH INSTITUTE         IEIENCE INSTITUTE         IEIENCE INSTITUTE         IEIENCE INSTITUTE         IEIENCE INSTITUTE	92-0168036	ed Partnerships	rt IV, line 33, 34, 35, 36, or 37. ate instructions.		to Form 990, Part IV, line		>			nswered "Yes" to Form 99	(if section try) (if section (if section)	501(C)(4)					
BRISTOL BAY SCIENCE & RESEARCH         Related Organization an         Name       Attach to Form 9         Attach to Form 9       Attach to Form 9         DIENCE & RESEARCH INSTITUTE       Attach to Form 9         DIENCE & RESEARCH INSTITUTE       Organization an         DIENCE & RESEARCH INSTITUTE       Print         Ication of Disregarded Entities (Complete if the organization and ElN of disregarded entity)       Print         Name, address, and ElN of disregarded entity       Print         Mone, address, and ElN of disregarded entity       Print         Mone related tax-exempt organizations during the tax.       Print         Mone related tax-exempt organization       Print         Mean.       92-0142567       Print         Mone related tax-exempt organizations during the tax.       Print         Mone related tax-exempt organization       Print         Mone related tax-exempt organizations during the tax.       Print         Mone related tax-exempt organization       Print	: INSTITUTE	tions and Unrelate	swered "Yes" to Form 990, Pa 90.		inization answered "Yes" t	(b) Primary activity				olete if the organization ar /ear.)	(b) (c) (c) hary activity Legal domicile (s or foreign count	GROWTH				_	
	BAY SCIENCE &	Related Organizat	<ul> <li>Complete if the organization ans</li> <li>Attach to Form 96</li> </ul>	RESEARCH	Identification of Disregarded Entities (Complete if the orga	(a) Name, address, and EIN of disregarded entity				fication of Related Tax-Exempt Organizations (Comp more related tax-exempt organizations during the tax y	(a) Name, address, and EIN of related organization					For Paperwork Reduction Act Notice, see the Instructions for Form 990.	

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Result     Table (all state)     Table (all state) <thtable< th=""> <thtable< th=""> <thtable< th="">     Ta</thtable<></thtable<></thtable<>		because it had one or more related organizations	ore related orgar	nizations		treated as a partnership during the tax year.)	he tax year.)		-			
Image: Section of Related Organizations       Image: Section of Related Organizations       Image: Section of Related Organizations         Image: Section of Related Organizations       Image: Section of Related Organizations       Image: Section of Related Organizations         Image: Section of Related Organizations       Image: Section of Related Organizations       Image: Section of Related Organizations         Inserting the insertion of Related Organizations       Image: Section of Related Organizations       Image: Section of Related Organizations         Inserting the insertion of Related Organizations       Image: Section of Related Organizations       Image: Section of Related Organizations         Inserting the insertion of Related Organizations       Image: Section of Related Organizations       Image: Section of Related Organizations         Inserting the insertion of Related Organizations       Image: Section of Related Organizations       Image: Section of Related Organizations         Inserting the insertion of Related Organizations       Image: Section of Related Organizations       Image: Section of Related Organizations         Inserting the insertion of Related Organizations       Image: Section of Related Organizations       Image: Section of Related Organizations         Inserting the insertion of Related Organization       Image: Section of Related Organizations       Image: Section of Related Organizations         Inserting the inserting the inserting the inserting the insection of Related Organization       Image: S		(a) Name, address, and ElN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(g) Share of end-of-year assets	(h Disprepo allocati	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(k) Percentage ownership
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to For Inter Access and Ello Transformer Trust during the tax year.       Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to For Name, address, and Ello Transformer Trust during the tax year.       Intel 34 because that on onceretation of Related Organizations Trust forming the tax year.       Intel 34 because that on onceretation of Related Organizations Trust during the tax year.       Intel 34 because that on onceretation of trust during the tax year.       Intel 34 because that on onceretation of trust during the tax year.       Intel 34 because that on onceretation of trust during the tax year.       Intel 34 because that on onceretation of trust during the tax year.       Intel 34 because that on onceretation of trust during the tax year.       Intel 34 because that onceretation of trust during the tax year.												
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						(state or foreign country)	entity	(C corp, S corp, or trust)	income		year assets	owners
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Schedule R (Form 990) 2011

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 Name of other organization ECONOMIC ВАҮ BRISTOL Part V g ۵ υ σ ٩ ъг ¥ Еc 0 a ۵ (9) 4 .... ..... Ξ 2 (3) (4) (2) 2

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Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets	entity taxed as a pa	rtnership throu	gh which the oi	rganization	conducted mo	re than five p	ercent of it	s activities (mea	asured by	total asset
or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	anization. See instri	ictions regardin	ig exclusion for a	certain inve	stment partner	ships.				
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(c) Are all partners section 501(c)(3) organizations? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionata allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(k) Percentage ownership
			section 012-014							
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Schedule R (Form 990) 2011

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# Part VII

Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

► File a ran Automatic 3-Month Extension, o ran Additional (Not Automatic) 3-Mo						
ran Additional (Not Automatic) 3-Mo		Department of the Treasury Internal Revenue Service File a separate application for each return.				
					<b>&gt;</b> X	
a <b>rt II unlesş</b> ou have already been grai						
file) You can electronically file Form	8868 if yo	u need a 3-month auto	matic extension of tim	ne to file (6	months for	
red to file Form 990-T), or an addition n extension of time to file any of the	nal (not aut	comatic) 3-month extens	sion of time. You can	electronica	lly file Form	
rs Associated With Certain Person	al Benefit (	Contracts, which must	be sent to the IRS	in paper	format (see	
ore details on the electronic filing of t	this form, vis	sit www.irs.gov/efile_and	d click on e-file for Cha	arities & Nor	profits.	
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of exempt organization or other filer, see in	structions.					
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01(a) or 408(a) trust)	05	Form 6069	***		11	
ther than above)	06	Form 8870			12	
the care of  STACI FIESER						
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		it of the group, check th	· · · · · · · · · · · · · · · · · · ·			
		ired to file Form 990-T)	extension of time			
	exempt org	anization return for the c	rganization named abo	ove. The ex	tension is	
	20	and ending		20		
		, and ending		_, 20		
	onths, check	reason: 🗌 Initial re	eturn 🔄 Final retu	າເນ		
	990-T, 4720	), or 6069, enter the	tentative tax, less an	y 3a \$	0.	
		-			0.	
		ient with this form, if re	quired, by using EFTF		0.	
e going to make an electronic fund		with this Form 8868,	see Form 8453-EO		8879-EO for	
	ructions.			Form 8868	(Rev. 1-2012)	
	hore details on the electronic filing of the file 3-Month Extension of Time. Or red to file Form 990-T and requesting a serie of the file form 990-T and requesting a serie of the file form 990-T and requesting a serie of the file form 990-T and requesting a serie of the file form of the file form 990-T and requesting a serie of the file form of the form of the file form of the form of t	hore details on the electronic filing of this form, visitic 3-Month Extension of Time. Only submit red to file Form 990-T and requesting an automatic ins (including 1120-C filers), partnerships, REMICs, sturns. a of exempt organization or other filer, see instructions. STOL BAY SCIENCE & RESEARCH INSTI- per, street, and room or suite no. If a P.O. box, see instruct O. BOX 1464 town or post office, state, and ZIP code. For a foreign add LINGHAM, AK 99576-1464 ode for the return that this application is for (file a see 01 02 01 04 101(a) or 408(a) trust) 05 obther than above) 06 in the care of $\blacktriangleright$ STACI FIESER $\blacklozenge$ 907 842-4370 on does not have an office or place of business in roup Return, enter the organization's four digit Grou- p, check this box $\blacktriangleright$ . If it is for pa- ses and ElNs of all members the extension is for- automatic 3-month (6 months for a corporation requ 08/15, 20 12, to file the exempt org ization's return for: dar year 20 11 or sear beginning, 20 r entered in line 1 is for less than 12 months, check e in accounting period ation is for Form 990-BL, 990-PF, 990-T, 4720, or x payments made. Include any prior year overpayr . Subtract line 3b from line 3a. Include your payr ederal Tax Payment System). See instructions. re going to make an electronic fund withdrawal ns. Paperwork Reduction Act Notice, see Instructions.	nore details on the electronic filing of this form, visit www.irs.gov/efile and tic 3-Month Extension of Time. Only submit original (no copies no red to file Form 990-T and requesting an automatic 6-month extension - che starts	nore details on the electronic filing of this form, visit <i>www.irs.gov/efile</i> and click on <i>e-file for Cht</i> tic 3-Month Extension of Time. Only submit original (no copies needed). red to file Form 990-T and requesting an automatic 6-month extension - check this box and comple- <i>ins</i> (including 1120-C filers), partnerships, <i>REMICs</i> , and trusts must use Form 7004 to request an <i>extens</i> . Enter ther identity of the extension or other filer, see instructions. Stroll BAY SCIENCE 4 RESEARCH INSTITUTE X 92-01680 ber, street, and room or suite no. If a P.O. box, see instructions. O. BOX 1464 (bown or post office, state, and ZIP code. For a foreign address, see instructione. LINGHAM, AK 99576-1464 def for the return that this application is for (file a separate application for each return) Return Application 0 1 Form 990-T (corporation) 0 2 Form 1041-A 0 1 Form 990-T (corporation) 0 2 Form 1041-A 0 1 Form 5227 101(a) or 408(a) trust) 0 4 Form 5227 101(a) or 408(a) trust) 0 5 Form 6069 10 1 Form 8870 In the care of ► STACI FIESER ► 907 842-4370 FAX No. ► 907 842-4336 on does not have an office or place of business in the United States, check this box	nore details on the electronic filling of this form, visit www.is.gov/efile and click on e-file for Charities & Nor tic 3-Month Extension of Time. Only submit original (no copies needed).         red to file Form 990-T and requesting an automatic 6-month extension - check this box and complete         ns (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of turns.         is of exempt organization or other filer, see instructions.       Employer identification number, 5370_124         STOL BAY SCIENCE & RESEARCH INSTITUTE       X       92-0168036         Social security number (SN)       O. BOX 1464       Social security number (SN)         for the return that this application is for (file a separate application for each return)       Implication         code for the return that this application is for (file a separate application for each return)       01         form 4720       04       Form 5027         iot(a) or 408(a) trust)       05       Form 6059         opt 842-4370       FAX No. ▶ 907.842-4336       Implication and as so and Eliko of all members the extension is for.         automatic 3-month (G months for a corporation required to file Form 990-T) extension of time       08 form 6059         opt 842-4370       FAX No. ▶ 907.842-4336       Implication and as so and Eliko of all members the extension is for.         automatic 3-month (G months for a corporation required to file Form 990-T) extension of time       08/15, 20, 12, , to file	

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Form 8868 (Rev. 1-2012)

a state and a second second

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

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<ul> <li>If you are filing for an</li> </ul>	Automatic 3-Month Extension	on, comple	te only F	'art I (on page 1).

A STATISTICS

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).						
			Enter filer's identifying number, see instruct			
	Name of exempt organization or other filer, see in	nstructions.		Employer identification	number (EIN) or	
Type or						
print	BRISTOL BAY SCIENCE & RESEAR	X 92-0168036				
-	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions.	Social security number (	SSN)	
File by the due date for	P. O. BOX 1464					
filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
return. See instructions.	DILLINGHAM, AK 99576-1464					
Enter the F	Return code for the return that this application	is for (file a	a separate application for e	ach return)	01	
Applicatio		Return	Application		Return	
ts For		Code	ls For		Code	
Form 990		01				
Form 990-	BL	02	Form 1041-A		08	
Form 990-		01	Form 4720		09	
Form 990-		04	Form 5227		10	
	T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
	T (trust other than above)	06	Form 8870		12	
STOP! Do	not complete Part II if you were not already	granted ar	automatic 3-month exte	nsion on a previously filed		
	oks are in the care of ► STACI FIESER					
	one No. ▶ 907 842-4370	1	FAX No. > 907 842-	-4336		
<ul> <li>If the or</li> </ul>	ganization does not have an office or place of	business ir	the United States, check t	his box		
<ul> <li>If this is</li> </ul>	for a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number (GE	N)	If this is	
for the who	ole group, check this box $\ldots$ $\blacktriangleright$ $\Box$ . I	f it is for pa	art of the group, check this	box <b>b</b> and	attach a	
	e names and EINs of all members the extensio				allacina	
	Jest an additional 3-month extension of time u			1/15 , 20 12 .		
5 Forc	alendar year 2011 , or other tax year beginni	ina			, 20	
	tax year entered in line 5 is for less than 12 m				, 20	
	Change in accounting period	-,				
	in detail why you need the extension INFOR	MATION	NECESARRY TO PREP	ARE THE RETURN IS		
	YET AVAILABLE		· · · · · · · · · · · · · · · · · · ·			
			• ··• ································			
8a If this	s application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the ten	tative tax less any		
	efundable credits. See instructions.		,	8a \$	n	
b If thi	s application is for Form 990-PF, 990-T,	4720, or	6069, enter any refun	dable credits and	<u> </u>	
estim	ated tax payments made. Include any pri	ior year o	verpayment allowed as	a credit and any		
amou	int paid previously with Form 8868.		, your anonou uo	8b\$	$\cap$	
OD \$						

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.

# Signature and Verification must be completed for Part II only.

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.

Fact threy er Title ► CAA Date > 8.1.12 Form 8868 (Rev. 1-2012) Signature 🕨

JSA 1F8055 4.000 SW8662 1832

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8c \$

Form 990-PF

Department of the Treasury

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation on may be able to use a copy of this return to satisfy state report

OMB No. 1545-0052 2009

Internal Revenue		Note: me loundau			copy of th				grequientent	<u>v.</u>	, 20
and all the second s		or tax year begin		1			and endi	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			Final return
G Check all	that apply:	Initial retur			<b>-</b>	of a former pu	IDIIC Charit			L	j Final letum
		Amended I	eturn		Addres	ss change			ame change		
	Name of fou	ndation							A Employer in	lentifi	cation number
Use the IRS										~ ^	0000107
label.		SAMUELSEN S									0065137
Otherwise, print	Number and	street (or P.O. box	number if	mail is not deliver	ed to street	address)	Room/su	ite	B Telephone numb	er (see p	age 10 of the instructions)
or type.											
See Specific	P.O. BOX									<u>``</u>	7) 842-4370
Instructions	City or town,	, state, and ZIP coc	е						C If exemption a pending, chec	k here	
									D 1. Foreign org	ganizatio	ons, check here 🔥 🕨 📃
	DILLING	HAM, AK 995									ons meeting the ere and attach
H_Check typ	e of organiza	tion: X Secti	on 501(	c) <u>(3)</u> exempt p							
Section	4947(a)(1) non	exempt charitable	trust	Other ta		vate foundati			F If private foun	dation s	status was terminated
I Fair mark	et value of all	assets at end	J Acco	unting method	1: 🚺 C	ash 🔣 Acc	rual				(1)(A), check here
of year <i>(fi</i>	om Part II, co	l. (c), line		ther (specify)					F If the foundation	on is in	a 60-month termination
16) 🕨 \$	8,10	08,078.	(Part I,	. column (d) m	lust be or	n cash basis.)			under section	507(b)(	(1)(B), check here 🔒 🕨
Part   Ana	lysis of Reve	nue and Expens	es (The	(a) Revenu	le and	(b) Notious	etmont	1-	) Adjusted net	,	(d) Disbursements
total	of amounts in c	columns (b), (c), an equal the amounts	a (d) s in	expenses	s per	(b) Net inve incom	1	(C	income	·	for charitable purposes
		e 11 of the instruct		books	3						(cash basis only)
1 Contrib	utions <u>, gifts,</u> grants, e	etc., received (attach sch	edule)	7	5,253.	ATCH 1					
2 Check	if the f	oundation is not required.	uired to								
3 Interes		temporary cash inves									
4 Divide	ends and interes	st from securities		25	0,053.	25	0,053.				ATCH 2
5 a Gross	rents										
		ss)									
		ale of assets not on li		91	1,929.						
b Gross	sales price for all on line 6a										
2		me (from Part IV, lir	ne 2)								
8 Nets	•	ligain							** -*=== h *******		
10 a Gross	sales less returns										
1	owances • • • Cost of goods sold										
1	-	(attach schedule)									<u></u>
		schedule)			60.		60.				АТСН З
		ough 11		-58	6,563.	25	0,113.				
		s, directors, trustees,	etc		4,950.		2,475.		<u></u>		2,475
		ries and wages	•••		6,233.				······		15,617
	on plans, emplo	-	· · · ·		4,382.						4,380
S 16 a Legal		hedule) ATCH			750.		0.			0.	750
		ich schedule) ATC			6,900.		0.			0.	6,900
		es (attach schedule			9,896.	4	9,896.				
17 Intere		· · · · · · · · · · · ·									
18 Taxes		(see page 14 of the instr		-	8,503.						
18 Taxes		schedule) and depl									
20 Occu											
20 Occup 21 Trave	-	and meetings			5,986.		2,993.				2,993
C 22 Drintin	n, conferences,				,		-,				
Pintin	0 1	ons ch schedule) AT(		Δ	8,457.		5,170.				43,287
23 Other					-,		-, -, 0.				
<b>T</b>		administrative exp		12	9,051.	ĥ	0,534.			ο.	76,402
	nes 13 through				6,385.						244,089
1		rants paid			5,436.	G	0,534.			0.	320,491
		rsements. Add lines 24	and 25		5, 300.	C				<u> </u>	
	act line 26 from		4	_05	1,999.						
		penses and disbursem			±, 222.	1 0	9,579.				
1		me (if negative, er				10	5,513.			0-	
		e (if negative, enter ork Reduction Act			he inctru	tions + <sup>D</sup>	] CH 6 js			7	Form <b>990-PF</b> (2009)

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Form 990	D-PF (2009)		0065137	Page 2
Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year (a) Book Value	⊏nd of y (b) Book Value	ear (c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments	175,598.	229,582.	229,582
3	Accounts receivable - 7,818.			
		128.	7,818.	7,818
4	Pledges receivable			
	Less: allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see page 16 of the instructions)			
7	Other notes and loans receivable (attach schedule)			
-	Less: allowance for doubtful accounts			
. 8	Inventories for sale or use			
e e	Prepaid expenses and deferred charges ATCH 9		1,003.	1,003
SS 10	Investments - U.S. and state government obligations (attach schedule)	876,668.	1,091,909.	1,091,909
	Investments - corporate stock (attach schedule) ATCH 11	4,409,934.	5,723,230.	5,723,230
1		1,294,571.	954,579.	954,579
11	Investments - corporate bonds (attach schedule) ATCH 12 Investments - land, buildings, and equipment: basis Less: accumulated depreciation (attach schedule)	1,254,571,		
	(attach schedule)			
12	Investments - mortgage loans Investments - other (attach schedule) _ATCH_13	59,894.	77,694.	77,694
13 14	Land, buildings, and		//,094.	11,004
	Less: accumulated depreciation			
15	(attach schedule) Other assets (describe ► <u>ATCH 14</u> )	33,049.	22,263.	22,263
16	Total assets (to be completed by all filers - see the			
	instructions. Also, see page 1, item I)	6,849,842.	8,108,078.	8,108,078
17	Accounts payable and accrued expenses		11,299.	
18				
	Grants payable Deferred revenue			
Liabilities 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
	Mortgages and other notes payable (attach schedule)			
		6,185.	250,263.	
22	Other liabilities (describe ► <u>ATCH_15</u> )	0,103.		
23	Total liabilities (add lines 17 through 22)	6,185.	261,562.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.	6,843,657.	7,846,516.	
Balances 5 26 26	Unrestricted	0,043,037.	7,040,010.	
Le 25	Temporarily restricted			
8 26	Permanently restricted			
or Fund 52	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
	Capital stock, trust principal, or current funds			
S 28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets 0 5 8	Retained earnings, accumulated income, endowment, or other funds			
¥ 30	Total net assets or fund balances (see page 17 of the			
ມື 31	instructions)	6,843,657.	7,846,516.	
	of the instructions)	6,849,842.	8,108,078.	
Part II	Analysis of Changes in Net Assets or Fund I	Balances		
	I net assets or fund balances at beginning of year - Part II, col		ree with	
	of-year figure reported on prior year's return)			6,843,657
				-951,999
3 Othe	r amount from Part I, line 27a r increases not included in line 2 (itemize) ►ATTACHN	4ENT 16	3	1,954,858
				7,846,516
	(in the second			, _ , 0, 020
	I net assets or fund balances at end of year (line 4 minus line	5) - Part IL column (b), lin		7,846,516
<u> </u>	** ATCH 10			Form <b>990-PF</b> (2009)

Form 990-PF (2009)	:	30-00651	37	3	Page <b>3</b>
Part IV Capital Gain	s and Losses for Tax on Inv	/estment Income			
	d describe the kind(s) of property sold (e rrick warehouse; or common stock, 200 s	-	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE PART IV SCHE		· · · · · ·	Dongton		
b					
С					
d					
е	T			l	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
<u>a</u>		· · · · · · · · · · · · · · · · · · ·	L		
b					
C					
d					
e					
Complete only for assets sho	wing gain in column (h) and owned	1		Gains (Col. (h) g (k), but not less ť	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	C01.	Losses (from co	/
a			 		
b					
C					
d					
e	. 16	agin also ontor in Part L ling 7			
2 Capital gain net income or (	(net capital loss) { If	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 }	2	-	911,929.
3 Net short-term capital gain	u				<u> </u>
· •	line 8, column (c) (see pages 13 and				
•	line 8	· · · · · · · · · · · · · · · · · · ·	3		
Part V Qualification Un	nder Section 4940(e) for Reduc	ed Tax on Net Investment Inco			
	he section 4942 tax on the distributa		period?	[	Yes 🗴 No
	ot qualify under section 4940(e). Do				
1 Enter the appropriate amo (a)	unt in each column for each year; se		e making a I	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution rat (col. (b) divided by	col. (c))
2008	429,157.	8,416,243.			0.050992
2007	371,344.	9,334,578.			0.039782
2006	602,470.	8,461,919.			0.071198
2005	433,407.	7,672,197.			0.056491
2004	344,284.	6,412,605.			0.033669
• Trial of line 4 column (d)			2		0.272152
2 Total of line 1, column (d)	or the 5-year base period - divide the	a total an line 2 by E ar by the	2		0.272152
-	ation has been in existence if less th		3		0.054430
4 Enter the net value of nonc	charitable-use assets for 2009 from I	Part X, line 5	4	7,	014,510.
5 Multiply line 4 by line 3			5		381,800.
6 Enter 1% of net investmen	t income (1% of Part I, line 27b)		6		1,896.
			7		383,696.
			8		320,491.
If line 8 is equal to or gre Part VI instructions on pag	eater than line 7, check the box in	n Part VI, line 1b, and complete t	hat part u	using a 1% tax	rate. See the
JSA				Form	990-PF (2009)

Form	990-PF (2009) 30-0065137		F	Page 4
Pa	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 1.3 of the ins	tructi	ons)	
	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🛄 and enter "N/A" on line 1.			
	Date of ruling or determination letter:(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		3,7	92.
	here ▶ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			
	of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
3	Add lines 1 and 2		3,7	92.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		3,7	92.
6	Credits/Payments:			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 4,903.			
b	Exempt foreign organizations-tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d	Backup withholding erroneously withheld		4 0	
7	Total credits and payments. Add lines 6a through 6d		4,9	03.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
~ 9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10		<u> </u>	11.
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax			
	t VII-A Statements Regarding Activities	<b></b> ,		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	<u>1a</u>		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			v
	of the instructions for definition)?	<u>1b</u>		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.		N	A
c	Did the foundation file Form 1120-POL for this year?	1c	, M	A
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ►\$ (2) On foundation managers. ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. 🕨 \$			x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			x
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	N	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b 5		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>			
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	7	Х	
7	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
8a				
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
u	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
0	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
10	names and addresses	10		Х

Form 990-PF (2009)

JSA 9E1440 1.000

Form	990-PF (2009) 30-0065137		I	Page <b>5</b>
	t VII-A Statements egarding Activities (continued)			
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	L
	Website address  WWW.BBEDC.COM			
14	The books are in care of ► STACI FIESER Telephone no. ►907-842			
	located at ▶411 FIRST AVE EAST DILLINGHAM, AK	464		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	. Ņ	/.A, ▶	·
_	and enter the amount of tax-exempt interest received or accrued during the year			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	T	Vee	N
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	NO
1a				
	(1) Engage in the sale of exchange, of leasing of property with a disqualitied person:			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disquaimed person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualitied person?			
	(4) Pay compensation to, or pay or reimburse the expenses of a disqualitied person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	(6) Agree to pay money or property to a government official? ( Exception. Check "No" if			
	the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, in terminating within 90 days.			
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	1b		X
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?		1	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1c		X
•	were not corrected before the first day of the tax year beginning in 2009?			
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)): At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
а	6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years			
h	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement - see page 20 of the instructions.)	2b	N	/A
С	If the provisions of section $4942(a)(2)$ are being applied to <b>any</b> of the years listed in 2a, list the years here.			
Ū				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			_
	foundation had excess business holdings in 2009.)	3b	N/	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?			
	F	orm 95	0-PF	(2009)

Form 990-PF (2009)		30-006	5137	Page <b>6</b>
Part VII-B Statementsegarding Activities for	or Which Form 47		the second s	
<ul> <li>5a During the year did the foundation pay or incur any amound</li> <li>(1) Carry on propaganda, or otherwise attempt to influence</li> <li>(2) Influence the outcome of any specific public election (</li> </ul>	nt to: ce legislation (section 4 (see section 4955); or to her similar purposes? able, etc., organization o see page 22 of the instru le, scientific, literary, or	945(e))?	. Yes X No . Yes X No . X Yes No . Yes X No	
<ul> <li>b If any answer is "Yes" to 5a(1)-(5), did any of the tran Regulations section 53.4945 or in a current notice regar Organizations relying on a current notice regarding disast</li> <li>c If the answer is "Yes" to question 5a(4), does the foundati because it maintained expenditure responsibility for the gr If "Yes," attach the statement required by Regulations sectors.</li> </ul>	rding disaster assistanc er assistance check her ion claim exemption fror rant? <i>ction 53.4945-5(d)</i> .	e (see page 22 of the en the tax	instructions)?	
<ul> <li>6 a Did the foundation, during the year, receive any funds, dir on a personal benefit contract?</li> <li>b Did the foundation, during the year, pay premiums, directl</li> </ul>				6b X
If "Yes" to 6b, file Form 8870. 7 a At any time during the tax year, was the foundation a part b If yes, did the foundation receive any proceeds or have an Part VIII Information About Officers, Director	y to a prohibited tax she ny net income attributab	Iter transaction?	. Yes X No	7b N/A
and Contractors 1 List all officers, directors, trustees, foundation ma				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATTACHMENT 17		4,950.	0.	3,316
2 Compensation of five highest-paid employees (oth If none, enter "NONE."	- her than those includ	led on line 1 - see p	age 23 of the instruc	tions).
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	-			
	-			
Total number of other employees paid over \$50,000				► NONE Form <b>990-PF</b> (2009)

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j	•	
Form 990-PF (2009)	30-0065137	Page 7
Part VIII Information About Officers, Directors, Trustees, Founda and Contractors (continued)	ation Managers, Highly Paid Empl	oyees,
3 Five highest-paid independent contractors for professional services (see	page 23 of the instructions). If none,	enter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		NONE
Total number of others receiving over \$50,000 for professional services		None
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist of organizations and other beneficiaries served, conferences convened, research papers produced, e	tical information such as the number tc.	Expenses
1 SCHOLARSHIP PROGRAM PROVIDING SCHOLARSHIPS TO RES		
THE 17 BRISTOL BAY CDQ COMMUNITIES TO ATTEND ACCR COLLEGES; IN 2009, 96 SCHOLARSHIPS WERE AWARDED.		309,645.
2 ACADEMIC SUPPORT PROGRAM PROVIDING SUPPORT FOR FI	RST AND	
SECOND YEAR STUDENTS AT UAF, UAA, AND FT LEWIS CO		10,846.
3		
4		
Part IX-B Summary of Program-Related Investments (see page 23 c		AA
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1_NONE		
		NONE
2		
All other program-related investments. See page 24 of the instructions.		
3 <u>NONE</u>		
		NONE
Total. Add lines 1 through 3	<u></u>	Form <b>990-PF</b> (2009)
		Form <b>990-FF</b> (2009)

Forn	n 990-PF (2009) 30-0065137	7	Page <b>8</b>
Pa	<b>Minimum Investment Return</b> (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	n foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	6,896,809.
b	Average of monthly cash balances	1b	224,521.
с	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	7,121,330.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	7,121,330.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	106,820.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,014,510.
6	Minimum investment return. Enter 5% of line 5	6	350,726.
Pa	<b>Int XI</b> Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ► and do not complete this pa		
1	Minimum investment return from Part X, line 6	1	350,726.
2 a			
b	Income tax for 2009. (This does not include the tax from Part VI.)		
с	Add lines 2a and 2b	2c	3,792.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	346,934.
4	Recoveries of amounts treated as qualifying distributions	4	10,198.
5	Add lines 3 and 4	5	357,132.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1 • • • • • • • • • • • • • • • • • •	7	357,132.
Ра	rt XII Qualifying Distributions(see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
'a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	320,491.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
2		2	0.
3	Amounts set aside for specific charitable projects that satisfy the:		
	Cuitability test (prior IDC enproved required)	3a	0.
a b	On the White the stand (attack the constituted as beneficial)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	320,491.
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		00071921
5		5	N/A
6		6	320,491.
U	Adjusted qualifying distributions. Subtract line 5 from line 4		
	qualifies for the section 4940(e) reduction of tax in those years.		

Form 990-PF (2009)

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-	990-PF (2009)	30-0065137 F					
Pa	rt XIII Undistributed Income (see page 26						
		(a)	(b) Years prior to 2008	(c)	(d) 2009		
1	Distributable amount for 2009 from Part XI,	Corpus	Tears phot to 2008	2008	357,132.		
	line 7						
2	Undistributed income, if any, as of the end of 2009:						
	Enter amount for 2008 only						
	Total for prior years: 20 07, 20 06, 20 05						
3	Excess distributions carryover, if any, to 2009:						
	From 2004						
a							
ר ה					•		
	From 2007						
		194,249.					
	Total of lines 3a through eQualifying distributions for 2009 from Part XII,	13.70.13.	· · · · · · · · · · · · · · · · · · ·				
4	line 4: $\blacktriangleright$ \$ 320, 491.						
	Applied to 2008, but not more than line 2a						
b	Applied to undistributed income of prior years (Election						
	required - see page 26 of the instructions)						
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				200 401		
d	Applied to 2009 distributable amount				320,491.		
е	Remaining amount distributed out of corpus	0.			26 641		
5	Excess distributions carryover applied to 2009	36,641.			36,641.		
	(If an amount appears in column (d), the same amount must be shown in column (a).)						
6	Enter the net total of each column as indicated below:						
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	157,608.					
	Prior years' undistributed income. Subtract						
	line 4b from line 2b						
С	Enter the amount of prior years' undistributed						
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has						
	been previously assessed						
d	Subtract line 6c from line 6b. Taxable						
-	amount - see page 27 of the instructions						
е	Undistributed income for 2008. Subtract line						
	4a from line 2a. Taxable amount - see page						
ſ	Undistributed income for 2009. Subtract lines						
1	4d and 5 from line 1. This amount must be						
	distributed in 2010						
7	Amounts treated as distributions out of corpus						
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the						
	instructions)						
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)						
9	Excess distributions carryover to 2010.						
5	Subtract lines 7 and 8 from line 6a	157,608.					
10	Analysis of line 9:	· · · · · ·					
	Excess from 2005						
b	Excess from 2006						
c	Excess from 2007						
d	Excess from 2008						
	Excess from 2009						

Form 990-PF (2009)

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Form	n 990-PF (2009)				0065137 ·		Page <b>10</b>
		aung Foundations (				n 9) NOT	APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private ope	erating		
	foundation, and the ruling		-				
b	Check box to indicate whe	ther the foundation is a pr	ivate operating foundatio			1942(j)(3) or	4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years			(e) Total
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006		
	I or the minimum investment return from Part X for each						
	year listed						
b	85% of line 2a						
C	Qualifying distributions from Part XII, line 4 for each year listed						
d	Amounts included in line 2c not						
	used directly for active conduct						
е	of exempt activities Qualifying distributions made						
	directly for active conduct of						
	exempt activities. Subtract line 2d from line 2c						
3	Complete 3a, b, or c for the						
а	alternative test relied upon: "Assets" alternative test - enter:						
	(1) Value of all assets						
	(2) Value of assets qualifying under section						
	4942(j)(3)(B)(i)						
a	"Endowment" alternative test- enter 2/3 of minimum invest-						
	ment return shown in Part X,						
с	line 6 for each year listed "Support" alternative test - enter:			<u> </u>			
Ū	(1) Total support other than						
	gross investment income (interest, dividends, rents,						
	payments on securities						
	loans (sectiori 512(a)(5)), or royalties)						
	(2) Support from general public and 5 or more						
	exempt organizations as						
	provided in section 4942 (j)(3)(B)(iii)						
	<ul> <li>(3) Largest amount of sup- port from an exempt</li> </ul>						
	organization						
Ďa	(4) Gross investment income , rt XV Supplementa	ary Information (C	omnlete this nart	only if the foun	dation had \$5 (	)00 or moi	re in assets
L G	at any time c	luring the year - see	e page 28 of the in	structions.)			
1	Information Regarding						
а	List any managers of t	the foundation who h	ave contributed more	e than 2% of the tot	tal contributions r	eceived by th	e foundation
	before the close of any	tax year (but only if th	ey have contributed in	nore than \$5,000). (	See section 507(0)	)(2).)	
	NONE						
b	List any managers of ownership of a partners	the foundation who	own 10% or more of	the stock of a corp	poration (or an ed	qually large p	ortion of the
	ownership of a partners	ship of other entity) of	which the joundation	has a 1076 of greak			
	NONE						
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	p, etc., Programs:			
	Check here ► if th	ne foundation only r	nakes contributions	to preselected cha	ritable organizatio	ins and does	not accept
	unsolicited requests for	or funds. If the found	lation makes gifts, g	rants, etc. (see pag	ge 28 of the inst	ructions) to i	ndividuals or
	organizations under oth						
а	The name, address, and		the person to whom a	pplications should be	addressed:		
 L-	ATTACHME The form in which applic		aitted and information	and materials they sh	ould include:		
α	The form in which applic			and matchais they St			
	HARVEY SAMU	ELSEN SCHOLARSH	IIP TRUST APPLI	CATION FORM AT	ATTACHMENT	20	
С	Any submission deadlin	ies:					
				0			
.,	SEE ATTACHE Any restrictions or lir	D APPLICATION A			table fields kinds	of institution	ns. or other
a	factors:	manons on awards,	such as by geogra				, .,
	SEE ATTACHE	D APPLICATION A	AT ATTACHMENT 2	0			
10.4						C + cro	990-DE (2009)

art XV Supplementary Information (c	ontinued)	·····		
Grants and Contributions Paid Duri	ng the Year or App	roved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
EE ATTACHMENT 19			SEE ATTACHMENT 19	244,08
Total	<u> </u>	• • • • • • •	🕨 🕺	244,08
Approved for future payment				
Total			▶ 3b	

Form 990-PF (2009)			30-	-0065137	Page <b>1</b> 2
Part XVI-A Analysis of Income-Prod	ucing Acti	vities			
Enter gross amounts unless otherwise indicated.	Unrela (a)	ted business income (b)	Excluded by (c)	v section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program service revenue: a	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions.)
b					
d		· · · · · · · · · · · · · · · · · · ·			
f					
<ul> <li>g Fees and contracts from government agencies</li> <li>2 Membership dues and assessments</li> </ul>		······································			
<ul> <li>3 Interest on savings and temporary cash investments</li> <li>4 Dividends and interest from securities</li> </ul>			14	250,053.	
5 Net rental income or (loss) from real estate: a Debt-financed property					
<ul><li>b Not debt-financed property</li><li>6 Net rental income or (loss) from personal property .</li></ul>					
<ul> <li>7 Other investment income</li> <li>8 Gain or (loss) from sales of assets other than inventory</li> </ul>			18	-911,929.	
9 Net income or (loss) from special events					
<ul> <li>0 Gross profit or (loss) from sales of inventory</li> <li>1 Other revenue: a</li></ul>					
b MISCELLANEOUS INCOME c			01	60.	
d e					
2 Subtotal. Add columns (b), (d), and (e)				-661,816.	-661,816.
See worksheet in line 13 instructions on page 28 to Part XVI-B Relationship of Activities	verify calculat	ions.)			
Line No. Explain below how each activitien the accomplishment of the for	ty for whic	h income is reporte	d in column	(e) of Part XVI-A con	
page 29 of the instructions.)           NOT APPLICABLE					
			······································		
			··· · ·		
					<u></u>
		······································			
	· · ·				Form <b>990-PF</b> (2009)

Form	990-PF (2009) 30-0065137		Pa	age 13
Pa	t XVII Information Regarding Transfers To and Transactions and Relations With M Exempt Organizations	lonc	harit	table
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a	organizations? Transfers from the reporting foundation to a noncharitable exempt organization of:	1-11)		x
	(1) Cash		1	X
b		1.2		1.0
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization			X
	(3) Rental of facilities, equipment, or other assets			Х
	(4) Reimbursement arrangements			X
		1b(5)		X
	(6) Performance of services or membership or fundraising solicitations		1000	X
c		10	Х	
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show value of the goods, other assets, or services given by the reporting foundation. If the foundation received less	the		market market

value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
1C	0.	BBEDC	JOINT ACTIVITIES/SHARING
			RESOURCES
11			
	· · · · · · · · · · · · · · · · · · ·		

2a	Is the foundation	directly	or indirectly	affiliated	with, or	related t	o, one o	r more	tax-exempt	organizations	described	in	
	section 501(c) of t	he Code (	other than se	ection 501(	c)(3)) or	in section	527?					. X Yes	No No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship		
BRISTOL BAY ECONOMIC		ENTITIES ARE RELATED AND HAVE		
DEVELOPMENT CORP.	501(C)(4)	COMMON CONTROL		

	belief,	penalties of perjury. I declare that I have examined this return, includi it is true, correct, and complete. Declaration of preparer (other than tax Haci (S. Piese)	payer or fiduciary) is b	dules and staten ased on all inform	FINANC	to the best of my knowledge and hich preparer has any knowledge. CE OFFICER
Sign Here	d rer's Dnly is	Preparer's N. Muni Fine	Date	Check if self-employe	Title	Preparer's identifying number (See Signature on page 30 of the instructions) P00146958
	Prepa Use C			501		13-5565207 . 907-265-1200
_						Form 000 DE (2000)

Form 990-PF (2009)

# **CLIENT'S COPY**

# HARVEY SAMUELSF SCHOLARSHIP TRUST 30-0065137 FORM 990-PF - PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property			Description					Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
	anowable	UBS07010 PROPERTY TYE				Р	VARIOUS	VARIOUS
405,756.		550,092.					-144,336.	
453,632.		UBS 07010 PROPERTY TYP 866,358.	PE: SECURIT	TIES		P	VARIOUS -412,726.	VARIOUS
		UBS07011 PROPERTY TYP	PE: SECURIT	TES		P	VARIOUS	VARIOUS
914,500.		3,118,511.					-204,011.	
		UBS07011 PROPERTY TYE	PE: SECURII	TIES		Р	VARIOUS	VARIOUS
426,695.		537,880.					-111,185.	
		UBS70614 PROPERTY TYP	PE: SECURIT	TIES		Ρ	VARIOUS	VARIOUS
6,796.		2,376.					4,420.	
		UBS 70614 PROPERTY TYP	PE: SECURIT	TES		Ρ	VARIOUS -34,837.	VARIOUS
45,096.		79,933.						
102,627.		BOA1255868 PROPERTY TYP 1,096,749.	PE: SECURII	TIES		P	VARIOUS 5,878.	VARIOUS
		BOA1255868				Ρ	VARIOUS	VARIOUS
265,454.		PROPERTY TYP 1,280,586.	E: SECURIA	145			-15,132.	
FOTAL GAIN (LC	DSS)						-911,929.	
SA								l

JSA 9E1730 1.000

HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137

ATTACHMENT 2

1

# - DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

NET INVESTMENT INCOME	146,399. 103,654. 250,053.	
REVENUE AND EXPENSES PER BOOKS	146,399. 103,654. 250,053.	
	ТОТАЈ	
DESCRIPTION	DIVIDENDS FROM SECURITIES INTEREST FROM SECURITIES	

HARVEY SAMUELSEN	EN SCHOLARSHIP TRUST	JST		30-0065137 ATTACHMENT 3	137
FORM 990PF, PART	RT I - OTHER INCOME	<u>1E</u>			
DESCRIPTION MISCELLANEOUS	INCOME	TOTALS	REVENUE AND EXPENSES PER BOOKS 60.	NET INVESTMENT <u>INCOME</u> 60.	· · ·
ТR4973 1832		7:27:16 AMV 09-8.5	790642	ATTACHMENT	JENT 3

HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137

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ATTACHMENT 4

FORM 990PF, PART I - LEGAL FEES

CHARITABLE PURPOSES	750.	750.
ADJUSTED NET INCOME		0.
NET INVESTMENT <u>INCOME</u>		0.
REVENUE AND EXPENSES PER BOOKS	750.	750.
		TOTALS
DESCRIPTION	LEGAL FEES	

ATTACHMENT 4

TRUST
SCHOLARSHIP
SAMUELSEN
HARVEY

30-0065137

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ATTACHMENT

FORM 990PF, PART I - ACCOUNTING FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES	
TAX RETURN PREPARATION FEES	6,900.			6,900.	
TOTALS	6,900.	.0	0.	6,900.	

 According to the second se second sec

ATTACHMENT 5

HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137

ATTACHMENT 6

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

NET INVESTMENT INCOME	49,896.	49,896.
REVENUE AND EXPENSES PER BOOKS	49,896.	49,896.
DESCRIPTION	INVESTMENT MANAGEMENT FEES	TOTALS

ATTACHMENT 7

# FORM 990PF, PART I - TAXES

		REVENUE AND EXPENSES PER BOOKS
D		-8,503.
	TOTALS	-8,503.

DESCRIPTION

EXCISE TAXES REFUNDED

attachment 7

30-0065137

ATTACHMENT 8

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<u>PURPOSES</u> <u>PURPOSES</u> 9,531. 27,373. 5,307. 296. State of Street of

43,287.

HARVEY SAMUELSEN SCHOLARSHIP TRUST

FORM 990PF, PART I - OTHER EXPENSES

	NET	INVESTMENT	INCOME		5,170.				5,170.
REVENUE	AND	EXPENSES	PER BOOKS	9,531.	32,543.	5,307.	780.	296.	48,457.
			DESCRIPTION	OUTREACH/SCHOOL VISITS	BBEDC ADMINISTRATION CHARGE	ACADEMIC SUPPORT	ADVERTISING	SUPPLIES	TOTALS

ATTACHMENT 8

TR4973 1832 11/8/2010 12:27:16 AMV 09-8.5

30-0065137	ATTACHMENT 9	ENDING	1,003. 1,003.				ATTACHMENT 9
	AND DEFERRED CHARGES	ENDING BOOK VALUE	1,003.				790642
HIP TRUST	PREPAID EXPENSES AND DEFERF		TOTALS				12:27:16 AMV 09-8.5
HARVEY SAMUELSEN SCHOLARSHIP	FORM 990PE, PART II - PRE	DESCRIPTION	PREPAID EXPENSES				TR4973 1832 11/8/2010

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HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137

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DESCRIPTION	BOOK VALUE	BOOK VALUE	EMV	
GOVERNMENT SECURITIES	876,668.	1,091,909.	1,091,909.	
US OBLIGATIONS TOTAL	876,668.	1,091,909.	1,091,909.	

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TRUST	
SCHOLARSHIP	
SAMUELSEN	
HARVEY	

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

ATTACHMENT 11	ENDING EMV
ATTACH	ENDING BOOK VALUE
CORPORATE STOCK	BEGINNING BOOK VALUE

4,409,934.	
FUNDS	
DUITY SECURITIES/MUTUAL	
EQUITY SE	

4,409,934.
TOTALS

5,723,230.	5,723,230.
5,723,230.	5,723,230.

30-0065137

HARVEY SAMUELSEN SCHOLARSHIP TRUST

- -

FORM 990PF, PART II - CORPORATE BONDS

		ATTACHMENT 12	12
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING
VARIOUS CORPORATE BONDS	1,294,571.	954,579.	954,579.
TOTALS	1,294,571.	954,579.	954,579.

HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137

FORM 990PF, PART II - O DESCRIPTION FOREIGN BONDS OTHER FIXED INCOME	FORM 990PF, PART II - OTHER INVESTMENTS BEGINNING BEGINNING BOOK VALUE FOREIGN BONDS OTHER FIXED INCOME 9, 641.	ENDING BOOK VALUH	ATTACHMENT 13 ENDING ENDING EMV 594. 77,694. 0.
	TOTALS 59,894.	. 77,694.	•

ATTACHMENT 13

TRUST	
SCHOLARSHIP	
SAMUELSEN	
HARVEY	

FORM 990PF, PART II - OTHER ASSETS

ATTACHMENT 14

ENDING <u>FMV</u>	22,263.	22,263.
ENDING BOOK VALUE	22,263.	22,263.
BEGINNING BOOK VALUE	33,049.	33,049.
		TOTALS
DESCRIPTION	ACCRUED INTEREST	

30-0065137

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790642

ATTACHMENT 14

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HARVEY SAMUELSEN HOLARSHIP TRUST		·	0-0065137
FORM 990PF, PART II - OTHER LIABILITIES		ATTACHMENT	15
DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
PAYABLE TO AFFILIATE (BBEDC)		6,185.	250,263.
	TOTALS	6,185.	250,263.

ATTACHMENT 16

## FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

#### DESCRIPTION

#### AMOUNT

UNREALIZED GAIN ON MARKETABLE SECURITIES 1,954,858.

TOTAL 1,954,858.

HARVEY SAMUELSEN SCHOLARSHIP T	TRUST			30-0065137
FORM 990PF, PART VIII - LIST OF OFFICERS,	ERS, DIRECTORS, AND TRUSTEES		ATTACHMENT	MENT 17
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARY ANN K. JOHNSON P.O. BOX 1464 DILLINGHAM, AK 99576	PRESIDENT .10	1,050.	0	711.
SYLVIA KASMIROWICZ P.O. BOX 1464 DILLINGHAM, AK 99576	TREASURER .10	.006	.0	.0
LUCY GOODE P.O. BOX 1464 DILLINGHAM, AK 99576	BOARD MEMBER .10	1,050.	0	550.
FRITZ SHARP P.O. BOX 1464 DILLINGHAM, AK 99576	VICE PRESIDENT .10	750.	.0	596.
HARRY WASSILY SR. P.O. BOX 1464 DILLINGHAM, AK 99576	SECRETARY .10	1,200.	.0	1,459.
	GRAND TOTALS	4,950.	0.	3, 316.

790642 7.27.16 AMV 09-8.5

TR4973 1832 11/8/2010

ATTACHMENT 17

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ATTACHMENT 18

## FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

BBEDC P.O. BOX 1464 DILLINGHAM, AK 99576 907-842-4370

Harvey Samuelsen Scholarship Trust

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Ambrosier Andrew Babiak Bennett Bennis Bobbitt								
Andrew Babiak Bennett Bennis Bobbitt	Jeff		Aleknagik, AK 99555	None	None	Educational Scholarship	2	568.00
Bennett Bennis Bobbitt	Michael		Dillingham, AK 99576	Step-Son of BBEDC Officer	None	Educational Scholarship	\$ 2,5	,568.00
Bennis Bobbitt	LISA		Naknek, AK 99633	None	None	Educational Scholarship	2	,568.00
Bobbitt	l ITTany		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,5	2,568.00
Bobbitt	Jenniter		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,5	,568.00
	Virginia		Dillingham, AK 99576	None	None	Educational Scholarship	2	2,568.00
Carpenter	Catherine			None	None	Educational Scholarship		2,568.00
Christensen	Adrianne		Port Heiden, AK 99549	Niece of BBEDC Board Member	None	Educational Scholarship		2,568.00
Christensen	Jaciyn		Port Heiden, AK 99549	Sister-in-law of BBEDC Board Member	None	Educational Scholarship		2.568.00
Chythlook	Heather		Dillingham, AK 99576	None	None	Educational Scholarship		2,568.00
Cline	Gary		Dillingham, AK 99576	None	None	Educational Scholarship		2,568.00
Copps-Wilson	Katie		Levelock, AK 99625	None	None	Educational Scholarship		2,568.00
Denslinger	Marc		Dillingham, AK 99576	None	None	Educational Scholarship		2,568.00
Donkersloot	Rachel		Naknek, AK 99633	None	None	Educational Scholarship		2.568.00
Emory	Deborah		Naknek, AK 99633	None	None	Educational Scholarship		4,663.50
Evans	Sarah		Dillingham, AK 99576	None	None	Educational Scholarship		4.663.50
Folsom	Alisha		Dillingham, AK 99576	None	None	Educational Scholarship		2.568.00
Forbes	Joel		Togiak, AK 99678	None	None	Educational Scholarship		2 568 00
Fritze	Janelle		Dillingham, AK 99576	None	None	Educational Scholarship		2 568 00
Gardiner	Melinda		Dillingham, AK 99576	None	None	Educational Scholarship		2.568.00
Gloko	Ariel	144 3 2 E C 4	Manokotak, AK 99628	None	None	Educational Scholarship		2.568.00
Gosuk	Steven		Togiak, AK 99678	None	None	Educational Scholarship		2.568.00
Groat	Lynsey		Naknek, AK 99633	None	None	Educational Scholarship		3,379.50
Hardin	Kyle		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2.5	2,568.00
Hardin	Kyrstin		Dillingham, AK 99576	None	None	Educational Scholarship		2,095.50
Hodgson	Lisa		Aleknagik, AK 99555	None	None	Educational Scholarship		2,568.00
Hulsing	Hannah		Dillingham, AK 99576	None	None	Educational Scholarship		3,379.50
Hurley	Allanah		Dillingham, AK 99576	None	None	Educational Scholarship		2,095.50
Isaacson	Colynn	and the second se	Togiak, AK 99678	None	None	Educational Scholarship		2,568.00
Jaecks	Troy		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,5	2,568.00
Jedlica	Michael		King Salmon, AK 99613	None	None	Educational Scholarship	\$ 2,5	2,568.00
Johansen	Cheri	a substantia da	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,6	4,663.50
Johnson	Colleen		Dillingham, AK 99576	None	None	Educational Scholarship		2,568.00
Junge	Laura		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,5	2,568.00
Junge	Linda		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,5	2,568.00
Kapatak	Marlene		Koliganek, AK 99576	None	None	Educational Scholarship	\$ 2,0	2,095.50
Kasayulie	Jessica		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,5	2,568.00
Kazimirowicz	Matilda		Ekwok, AK 99580	Sister of HSST Board Member	None	Educational Scholarship	\$ 2,5	2,568.00
King	Mason		Naknek, AK 99633	None	None	Educational Scholarship	\$ 2,5	2,568.00
Kritz	Marcella		Togiak, AK 99678 Togiak, AK 99678	Daughter of BBEDC Board Member	None	Educational Scholarship	\$ 2,5	2,568.00
Larsen	Shamai		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,5	2,568.00
Latsha	Ronald		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 1,5	1,284.00
Lind	Nolan		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,(	2,095.50
Lisac	Deven		Dillingham, AK 99576	None	None	Educational Scholarship		2,568.00
Lopez	Charlene		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,	2,568.00

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ATTACHMENT 19

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Harvey Samuelsen Scholarship Trust

First Name	Home Address		Relationship	Foundation Status of Recipient	Purpose of Grant or Contribution	Total Award
T		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
-		Ullingnam, Alaska 99576	None	None	Educational Scholarship	
T		Ullingham, AK 995/6	None	None	Educational Scholarship	\$ 2,568.00
		Uillingham, AK 99576	None	None	Educational Scholarship	
		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
		Naknek, AK 99633	None	None	Educational Scholarship	\$ 1,712.00
		Dillilngham, AK 99576	None	None	Educational Scholarship	\$ 2,095.50
		Dillingham, Alaska 99576	None	None	Educational Scholarship	\$ 4,663.50
		King Salmon, AK 99613	None	None	Educational Scholarship	
		Naknek, AK 99633	None	None	Educational Scholarship	
		Dillingham, AK 99576	None	None	Educational Scholarship	
Chanice		Dillingham, AK 99576	None	None	Educational Scholarship	
		King Salmon, AK 99613	None	None	Educational Scholarship	
Natasha I		Dillingham, AK 99576	None	None	Educational Scholarship	
		Dillingham, AK 99576	None	None	Educational Scholarship	
<b>-</b>		Dillingham AK 99576	None	anol	Educational Scholarship	
		Todiak AK 99678	None	None	Educational Scholarship	
		Trociak AK 99678	None	enol	Educational Scholarship	
		Dillingham AK 99576	None	None	Educational Scholarship	
		Dillingham. AK 99576	None	None	Educational Scholarship	
		South Naknek, AK 99670	None	None	Educational Scholarship	
		Dillingham, AK 99576	Great Niece of BBEDC Board Member	None	Educational Scholarship	
		Dillingham, AK 99576	None	None	Educational Scholarship	
Bethany	and the second	Dillingham, AK 99576	None	None	Educational Scholarship	
Wesley		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Andrea		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Kimberly	a satisfication and a second	Naknek, AK 99633	None	None	Educational Scholarship	\$ 4,663.50
	Arrest and a constraint of the	Dillingham, Alaska 99576	None	None	Educational Scholarship	
		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
		Dillingham , AK 99576	None	None	Educational Scholarship	\$ 1,284.00
	and the second	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 2,568.00
Shannon		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Bethany		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,095.50
		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
		King Salmon. AK 99613	None	None	Educational Scholarship	\$ 2,568.00
		Naknek, AK 99633	None	None	Educational Scholarship	\$ 2,568.00
	Same -	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,663.50
	and the second s	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 1,284.00
		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,996.00
Michael		Togiak, AK 99678	None	None	Educational Scholarship	\$ 2,568.00
Shawna	「中国の大学」	Naknek, AK 99633	None	None	Educational Scholarship	\$ 2,568.00
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					

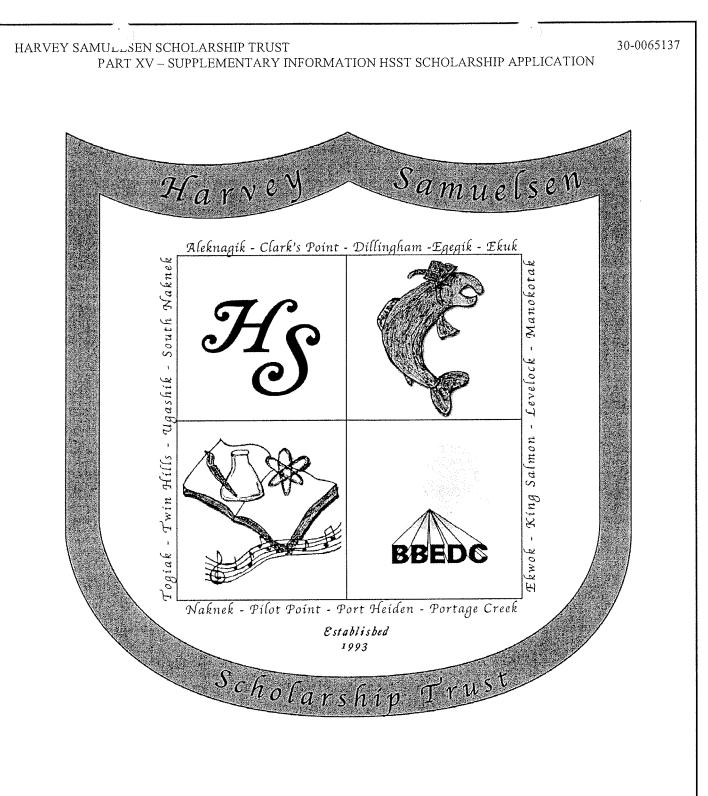
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Harvey Samuelsen Scholarship Trust

Last Name	Last Name First Name	Home Address	City, State, Zip	Relationship	Foundation Status of Recipient	Purpose of Grant or Contribution	Total Award
Wood V	Isaac	1 . A . A.	Dillingham, AK 99576	None	None	Educational Scholarshin	\$ 7 568 DD
Woods	Shelley		Dillingham, Alaska 99576	None	None	Educational Scholarship	\$ 2,500.00 \$ 2,568.00
Wysocki	Rick		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2 095 50
Zimin	Kameron		King Salmon, AK 99613	None	None	Educational Scholarship	\$ 2.568.00
Zimin	Justin		Naknek, AK 99633	Distant Cousin of BBEDC Board Member	None	Educational Scholarship	\$ 2.568.00
Zimin	Laura		Naknek, AK 99633	Distant Cousin of BBEDC Board Member	None	Educational Scholarship	\$ 2,095.50
		- <i>•</i>					\$ 254,287.00
					Less Retu	ess Returns from Prior Year Awards 💲	\$ (10,198.00)
							\$ 244,089.00

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## 2009-2010 Scholarship Application

## Harvey Samuelsen Scholarship

**Eligibility Requirements** 

2009-2010 HSST Scholarship Application

ATTACHMENT 20

In order to be considered for the Harvey Samuelsen Scholarship, you must meet the following requirements:

- ✤ Be a resident of a Bristol Bay CDQ community: Aleknagik; Clarks Point; Dillingham; Egegik; Ekuk; Ekwok; King Salmon; Levelock; Manokotak; Naknek; Pilot Point; Port Heiden; Portage Creek; South Naknek; Togiak; Twin Hills; Ugashik.
- Be enrolled in an accredited college or university
- ℜ Be able to demonstrate financial need
- ₩ Be registered as a "Full-time" student, pursuing an Associates degree or higher
- ₩ Undergraduate students must have a minimum 2.0 cumulative GPA
- ₩ Graduate students must have a minimum 3.0 cumulative GPA

## **Application Deadline is June 26, 2009**

If you have any questions regarding eligibility, call BBEDC at 1-800-478-4370 or 1-907-842-4370

HARVEY	SAMULLSEN SCHOLARSHIP TRUST PART XV – SUPPLEMENTARY INFORMATION HSST SCHOLARSHIP APPLICATION
	Harvey Samuelsen Scholarship Application Checklist
In order	for your application to be complete, you must submit the following documents:
☐ ✓	Completed Application
	BBEDC Residency Form with required attachments (photo ID + one additional doc.)
$\square$ $\checkmark$	Official High School or Official College Transcript (must show spring 2009 grades.)
	Letter of Interest
	Copy of School's Letter of Acceptance (Incoming Freshman and transfer students only)
	Release of Information Form
	Copy of Cost of Attendance sheet from University
	<b>BBEDC Residency Form must be completed every 12 months</b>
	Official Transcripts are required
appli	ications must be mailed or hand delivered to BBEDC's Dillingham Office. Mailed cations must be post-marked by June 26, 2009. FAXED APPLICATIONS WILL NOT CCEPTED.
	Application Suggestions:
發	Submit application at least 3-weeks prior to the June 26 <sup>th</sup> 2009 deadline.
资	Remember only <b>complete</b> applications will be considered (It is <b>your</b> responsibility to make sure your application is complete.)
资	Type your letter of interest and, when possible, the application as well.
發	Double-check your financial budget sheet, this information must be accurate! (Make sure your math is correct.)
资	Submit your application and all required documents in the provided pre-addressed envelope.
Mail you	r applications to: P.O. Box 1464 Dillingham AK 99576

If you have any questions or need assistance with your application, call BBEDC at 1-800-478-4370 or 1-907-842-4370

ATTACHMENT 20

P (9	arvey Samuelsen Schola O. Box 1464, Dillingham 007) 842-4370 * 1-800-47 ax: (907) 842-4336 * 1-88	n, AK 99576 78-4370
PERSONAL INFORMATION	:	
First Name:	Last Name	
SSN:		) #
Date of Birth:		
Home Address:		
City:		Zip:
Home Phone:		
Dorm room or apartment address	); 	
City:	State:	Zip:
Dorm room/apartment phone # o	r cell phone#:	
Community and State of Resider	ncy:	
E-Mail Address:		
	endant is defined as a child, gr	g current Harvey Samuelsen Scholarship Trus randchild, great grandchild, etc or a spous No
Current HSST Board Member	s include:	
Lucy Goode Mary Ann K. Johnson Sylvia Kazimirowicz Fritz Sharp Harry Wassily		
Mary Ann K. Johnson Sylvia Kazimirowicz Fritz Sharp	l to and how?	
Mary Ann K. Johnson Sylvia Kazimirowicz Fritz Sharp Harry Wassily		r a scholarship)

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High School attended:          GED       Date:	II. 1. C. 1 1 44	Cre	aduation Data
School currently attending:	High School attended:	018	
School planning to attend:	GED Date:		
Address of Financial Aid office:	School currently attending:		
City:	School planning to attend:		
Financial Aid Office Phone:	Address of Financial Aid office:		
Have you applied for admission? Yes No Been accepted? Yes No University Class Standing: 1 <sup>st</sup> year 2 <sup>nd</sup> year 3 <sup>rd</sup> year 4 <sup>th</sup> year + Graduate School College Major: Expected Graduation Date: Expected Degree: Associate Bachelor Master Doctorate Number of credit hours in which you plan to enroll: Fall Winter Spring Summer _	City:	State:	Zip:
University Class Standing: 1 <sup>st</sup> year 2 <sup>nd</sup> year 3 <sup>rd</sup> year 4 <sup>th</sup> year + Graduate School College Major: Expected Graduation Date: Expected Degree: Associate Bachelor Master Doctorate Number of credit hours in which you plan to enroll: Fall Winter Spring Summer _	Financial Aid Office Phone:		
College Major: Expected Graduation Date: Expected Degree: Associate Bachelor Master Doctorate D Number of credit hours in which you plan to enroll: Fall Winter Spring Summer	Have you applied for admission?	? Yes No Been accer	pted? Yes 🗌 No 📋
Expected Degree: Associate Bachelor Master Doctorate Number of credit hours in which you plan to enroll: Fall Winter Spring Summer	University Class Standing: 1 <sup>st</sup>	year 2 <sup>nd</sup> year 3 <sup>rd</sup> year	$\Box$ 4 <sup>th</sup> year + $\Box$ Graduate School $\Box$
Number of credit hours in which you plan to enroll: Fall Winter Spring Summer	College Major:	Expected Graduati	ion Date:
	Expected Degree: Associate	Bachelor Master	Doctorate
School on: Quarters Semesters Trimesters	Number of credit hours in which	you plan to enroll: FallV	Winter Spring Summer
	School on: Quarters 🗌 Se	emesters 🗌 Trimesters 🗍	
Cumulative GPA:	Cumulative GPA:		
<b>Application Deadline is June 26, 2009</b>			

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## HARVEY SAMUELSL., SCHOLARSHIP TRUST 30-0065137

## PART XV – SUPPLEMENTARY INFORMATION HSST SCHOLARSHIP APPLICATION FINANCIAL INFORMATION

## FINANCIAL AID

Please list all sources of financial aid (loans, scholarships, grants, etc.) you are applying for:

Name of Scholarship, Grant, etc.	Expected Date of	Amount	Amount Received, Approved
	Notification	Requested	
Total of Financial Aid Requested			
Total of Financial Aid Approved			
(Attach additional page if needed)			(Table1)

## SCHOOL YEAR EXPENSES

(Note: These figures must be as accurate as possible as we will verify them with the school you will be attending. Any intentional misrepresentation of your financial information will disqualify you from receiving any scholarship from the Bristol Bay Economic Development Corporation. If you are unsure of what your expenses will be, contact the university or college you will be attending.)

Tuition		
Fees/Due		
Room/Rent		
Meals/Food Expense	5e	
Books & Supplies		
Travel (Limited to 2	2 R.T. tickets)	
Child Care		
Miscellaneous:	Clothing (maximum allowed is \$300)	
	Entertainment (maximum allowed is \$250)	
Total School Year	Expenses	
		(Table 2)

### FINANCIAL NEED

Total School Year Expenses (Table 2)		
Total Amount of Funds Approved (Table 1)	-	
Total Estimated Financial Need		

2009-2010 HSST Scholarship Application

## HARVEY SAMUELS., SCHOLARSHIP TRUST 30-0065137

PART XV – SUPPLEMENTARY INFORMATION HSST SCHOLARSHIP APPLICATION

## LETTER OF INTEREST

Your letter of interest should be no longer than one typed page and should address the following questions:

- 1. What are your educational and career goals?
- 2. What are you contributing to your education?
- 3. Why should you be selected to receive a scholarship?

If you fail to address the above questions in your letter of interest, your application may be deemed incomplete and therefore you will not receive an award.

By signing this page and also your attached letter, you affirm that this is your own original work and understand that if it is not, your application may be rejected and any award granted may be canceled.

I, \_\_\_\_\_\_ certify that the information herein, financial or otherwise, is correct and any intentional misrepresentation therein will negate my participation now and hereafter in the Scholarship Program administered by Bristol Bay Economic Development Corporation.

Applicant's Signature:	Date:	
	Dater	

## **Application Deadline is June 26, 2009**

HARVEY SAMUELSL., SCHOLARSHIP TRUST 30-0065137 PART XV - SUPPLEMENTARY INFORMATION HSST SCHOLARSHIP APPLICATION

## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the release of any and all information contained in city councils, village councils, state, federal, private or educational agencies' records to the organization below:

## BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION P. O. Box 1464 Dillingham, Alaska 99576 Fax Number 1-888-325-4336 (In state) 907-842-4336 (Out of state)

This information is to be used for the verification of the eligibility of:

This authority shall continue in effect until this student is no longer enrolled in the Harvey Samuelsen Scholarship Program.

Signature:\_\_\_\_\_Date\_\_\_\_\_ Social Security Number:\_\_\_\_\_Date of Birth\_\_\_\_\_

I hereby authorize BBEDC to publicize my name, institution, degree and major, year in college, and village of residency to further encourage youth of the Bristol Bay Region to obtain higher education. In addition, I authorize the same organizations to provide my name for employment purposes. This authority shall continue in effect until I am no longer in the Harvey Samuelsen Scholarship Program.

Signature\_\_\_\_\_Date\_\_\_\_\_

## **Application Deadline is June 26, 2009**

		<b>BBEDC</b> Affidavit of Resider	ncy Form
Name:		Date:	
	(Please print)		
Address:		City/State:	Zip:
Phone:		Fax:How long at this	address:

The Bristol Bay Economic Development Corporation requires that anyone seeking services from BBEDC be a resident of one of the 17 Bristol Bay CDQ communities. (Aleknagik; Clarks Point; Dillingham; Egegik; Ekuk; Ekwok; King Salmon; Levelock; Manokotak; Naknek; Pilot Point; Port Heiden; Portage Creek; South Naknek; Togiak; Twin Hills; Ugashik.) Definition of a CDQ community resident: A person who has resided (lived) in the CDQ community for a period of 12 consecutive months or more immediately **prior to application** and continues to live in that CDQ community. Unexcused absences of up to 90 consecutive days per year are allowable. The residency of any person under the age of 18 years shall be the same as the residency of the adult(s) who claim that person as a dependent on their federal tax return.

In order to verify your residency in one of the 17 CDQ communities you <u>must</u> provide the following documentation:

- > A copy of your government issued photo ID (example: AK drivers license/ID, military or tribal ID) and at least one of the following documents:
  - A copy of your Permanent Fund Dividend check stub that shows your current address.
  - Copies of current utility bill receipts in your name for your residence.
  - A copy of your most recent pay check stub or W-2 that shows your address.
  - A copy of your recent AFDC or food stamp benefit receipts that shows your address.
  - A copy of your current commercial/sport fishing or hunting license that shows your address.

If you are out of the CDQ community for more than 90 consecutive days for any reason, the only **excusable absences** of more than 90 days duration are: **post-secondary educational purposes**; **military service**; **participation in BBEDC employment & training programs** or **medical reasons**. To waive the 90-day requirement you must supply one of the following:

- A copy of your school enrollment form or transcripts verifying full-time attendance during the previous year if you are a student away from home attending school.
- A copy of your current orders if you are on active military duty.
- A letter of verification of program participation from BBEDC employment & training staff.
- A letter from your physician stating the reason for the need to reside in another location and the time estimated for that stay.

By signing this affidavit, I warrant that I am a resident of the community from which I am applying and I attest that the documents submitted are true and accurate to the best of my knowledge. I acknowledge that any falsification or misrepresentation of the information submitted will result in the termination of benefits and I may be required to pay back any funds that were provided by BBEDC as a result of the information provided.

SIGNATURE:	DATE:	· · · · · · · · · · · · · · · · · · ·
This form must signed by an authorized rep	presentative of the village tribal council or the	city government.
I verify that	is a resident of	, and
has been has not be	een (Reason :	)
residing in this CDQ community for the past t	twelve months.	
Signed by:	Date:	
Organization:		
Thank you for your assistance. If you have question	ns, please call BBEDC at 842-4370 or 1-800-478-43	70.
Revised April 2008		ATTACHMENT

SCHEDUL	E	Ľ
(Form 104	1)	

## **Capital Gains and Losses**

Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No. 1545-0092

2009

Department of the Treasury Internal Revenue Service Name of estate or trust

HARVEY SAMUELSEN SCHOLARSHIP TRUST

Employer identification	number
30-0065137	

Par	t I Short-Term Capital Gains and L	osses - Assets	Held One Ye	ar or Less			(0.0.) (1.) (1.)
	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other b (see page 4 of t instructions)		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							
			n				
	Enter the short-term gain or (loss), if any, fi	om Schedule D-1	line 1h			1b	-338,049.
2	Short-term capital gain or (loss) from Form			• • • • • • • • • • •		2	
3 4	Net short-term gain or (loss) from partnersh Short-term capital loss carryover. Enter the					3	
5	Carryover Worksheet					4	(
-	column (3) on the back					5	-338,049.
Par	t II Long-Term Capital Gains and Losse (a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other I (see page 4 of f instructions)	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
				· · · · · · · · · · · · · · · · · · ·			
				· · · · · · · · · · · · · · · · · · ·			
b	Enter the long-term gain or (loss), if any, fro	om Schedule D-1,	line 6b		<i></i>	6b	-573,880.
7	Long-term capital gain or (loss) from Forms	a 2439, 4684, 6252	2, 6781, and 88	24		7	
8	Net long-term gain or (loss) from partnersh	ips, S corporation	s, and other est	ates or trusts		8	
9	Capital gain distributions					9	
0	Gain from Form 4797, Part I					10	
1	Long-term capital loss carryover. Enter the Carryover Worksheet	amount, if any, fro	om line 14 of the	e 2008 Capital Loss		11	(
2	Net long-term gain or (loss). Combine line	es 6a through 11 i	n column (f). Er	ter here and on line	14a,	12	-573,880.

<u>. . . . . .</u> . . . .

column (3) on the back . . . . . . .

Event III       Summary of Parts I and III       (1) Beneficiarius       (2) Estates       (3) Total         13       Net short-term gain or (loss)       -336, 049.         14       Net long-term gain or (loss)       -336, 049.         15       Total pressure (loss)       -336, 049.         14       Net long-term gain or (loss)       -336, 049.         15       Total pressure (loss)       -337, 880.         16       Total pressure (loss)       -337, 880.         15       Total pressure (loss)       -911, 9229.         16       Total pressure (loss)       -911, 9229.         17       Total pressure (loss)       pressure (loss)       -911, 9229.         18       Total loss (loss)       pressure (loss)       pressure (loss)       -911, 9229.         19       Total loss (loss)       pressure (loss)       pressure (loss)       pressure (loss)       -911, 9229.         10       Extern (loss also (loss)       pressure (loss)       pressure (loss)       pressure (loss)       pressure (loss)       -911, 9229.         10       Extern (loss)       pressure (loss)<	Sche	dule D (Form 1041) 2009				Page <b>2</b>
13       Net short-term gain or (loss)       13      338,049         14       Net long-term gain or (loss)      573,880         15       Untersagitured section 1250 gain (see line 18 of the writchit)       14a      573,880         16       Data not gain or (loss)      513,880       14a      573,880         16       Total not gain or (loss)       Combine lines 13 and 14a       15       14a      911,932         17       National matcomplete Pari IX: Ifine 15, column (2), a and Form 1041, line 4 (or Form 980-T, Pari L line 40, if lines 14a and 15, column (2), are not gains, point part or part 103, or b 33, 000, or form 1041, line 4 (or Form 980-T, Pari L line 40, if lines 34, is a kass, complete Pari IX: and the instruction at 103 or b 33, 000, or form 1041, line 4 (or Form 980-T, Pari L line 40, if a runs), the smaller of the (lass convolution 103), or b 33, 000, or form 1041, line 2 (or Form 980-T, Pari L line 40, if a runs), the smaller of the 34, los k kass, complete the construction score than 2800, or an amount is encored in Pari I or Pari II and there is an entry on Form 1041, line 2 (and Form 1014, line 2 (are gains, or an amount is encored in Pari I or Pari II and there sa, an entry on Form 1041, line 2 (are gains and runs), so the state or the 104, col (2) or line 146, col (2) or line 146, col (2) in more than 2800, or an 2800,		t III Summary of Parts I and II	art.		· ·	(3) Total
a Total for year       Hail	13					-338,049.
b       Unrecaptured section 1250 gain (see line 18 of the withsh)       14b			14a			-573,880.
15       Total net gein or (des). Cambre lines 13 and 14.       Image: It line 15, outum (3), is a net gein, one the gein of form (34), is a fer form 950. Furt, the 44), if lines 14s and 15, concumpted 24 and 2, are net geins, or bert V, and the Capital Loss Carryover Worksheets necessary.         Part V       Orgital Loss Limitation       Image: Item (3), is a net gein (3), is a net bas, complete Part IV and the Capital Loss Carryover Worksheets necessary.         Part V       Orgital Loss Limitation       Image: Item (3), is a net gein (3), is a net bas, complete Part IV and the Capital Loss Carryover Worksheets necessary.         Part V       Capital Loss Limitation       Image: Item (3), is a net gein (3), is a net gein (3), is a net bas, complete the Capital Loss Carryover Worksheets necessary.         CarryoverWorksheeton gein (3), is more than 33.00, or if form 1041, line 42, item (2), and (2) is more than 320, or if form 1041, line 22, is more than 220, 2), is more than 220, 2, is more than 220.         Carton: Site this part and complete the worksheet on page 8 of the instructors if.       Ether line 14b, col. (2) or incer than 220, 2, is more than 220.         Carton: Site this part and solution (4), line 22 (or Form 990-T, line 34), is a dest, complete the vorksheet on page 8 of the instructors if ether ine 14b, col. (2) are the gen or inform 104, line 22, is more than 220.         Carton: Site this part and complete the worksheet an page 8 of the instructors if ether Ima 14b, col. (2) are the gen or inform 104, line 24, col. (2) are the than 240.         17       Enter the smaller of line 14a, or 15 in column (2)         18       Ima 40, 10,	b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			
Part Marke gale of S, Column (2), earling and end parts from 1941, line 4 for From 1940. Frent (the eds) if there share and (2), earling and the table gale on Frem 1941, line 4 for From 1940. Frent (the eds) if a funct share and end parts as (loss) on Form 1041, line 4 (or Form 990. Frent (line 4, if a fusit), the smaller of:         16       Enter there and enter as a (loss) on Form 1041, line 4 (or Form 990. Frent (line 4, if a fusit), the smaller of:       16       3,000         17       The loss on line 15, column (3) or b \$3,000       or Form 1041, line 24, or Form 990. Frent (line 4, if a fusit), the smaller of:       16       3,000         18       Enter there and enter as a (loss) on Form 1041, line 24, or Form 990. Frent (line 34), is a loss, complete the Capital Loss Carrycere/Invised Sector (line 34), is a loss, complete the Capital Loss Carrycere/Invised Sector (line 34), is a loss, complete the Capital Loss Carrycere/Invised Sector (line 34), is a loss, complete the Capital Loss Carrycere/Invised Sector (line 34), and Form 1041, line 22, is more than zero.         Part V       Tax Complete the shared on page 2 of the instructions if:         Extrem for 140, line 24(2) or line 140, col (2) is more than zero.       If the instructions if and an organic the state of the instructions if.         Entor form 1041, line 24(2) (line of the convert the area.       If the instructions if and and complete the worksheet on page 8 of the instructions if.         Entor the smaller of line 140, col (2) or line 140, col (2) is more than zero.       If the instructions if and and is a regime in the instructions if a inter the smaller of line 140, col (2) is more than zero.       If	С		14c			
to Part V. I. and be not computer Part IV. If the 15, column (3), is a net loss, complete Part IV and the Capital Loss Curryover Worksheet precessary.         Part V. Capital Loss Limitation         16       Enter here and enter as a (loss) on Form 1041, line 4 (or Form 980-T, Part I, line 4c, if a trust), the smaller of train 1041, range t line 321 (or Form 980-T, line 34), is a loss, complete the Capital Loss Limitation Base samyout.         Part V. Tax Computation Using Maximum Capital Gains Rates         Form 1041 filters, Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry or Form 1044, line 24, coil (2) are more than zero.         Caution: Skp this part and complete the worksheet on page 6 of the instructions if.         Either line t usis. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 900-T, line 34, is more than zero.         Torm 900-T, usis. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 900-T, line 34, is more than zero.         Torm 900-T, usis. Complete this part only footh line 12 (or Part 900-T, line 34).         17       Enter the stable income from Form 1041, line 2 (or Form 900-T, line 34).         18       Enter the stable income from Form 1041, line 2 (or Form 900-T, line 34).         19       Enter the stable income from Form 1041, line 2 (or Form 900-T, line 34).         19       Enter the stable income from Form 1041, line 2 (or Form 900-T, line 34).						
10       Enter here and enter as a (loss) on Form 1041, line 4. (or Form 390-T, Part L, line 4.), lite statust, the smaller of lite (3, 000-).       16       (3, 000-).         Note: If the bost on lite 15, column (3) or b \$3000	Note to Pa	If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 5 art V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part	990-7 t IV a	, Part I, line 4a). If lines nd the Capital Loss C	14a and 15, column arryover Workshe <b>a</b>	(2), are net gains, go \$ necessary.
a The loss on line 15, column (3) or b 5,3000	Pa					
Note:         If the loss on line 14, course (2) is more than 35:00, joint Form 1041, joing 1, line 22 (or Form 980-T, line 34), is a loss, complete the Capital Loss           CarryowerWorksheeroopey 7: Unit in a course.         Tax Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 22, is more than 2ero.           Caution:         Skep this part and complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 22, is more than 2ero.           Caution:         Skep this part and complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero.           Tom 990-T, and Form 990-T, ine 34, is more than zero.         Image: the smaller of line 14a, orl 15 in column (2) the form 990-T, line 34)         Image: the smaller of line 14a, orl 15 in column (2) the form 990-T, line 34)           19         Enter the smaller of line 14a, orl 5 in column (2) the form 990-T, line 34)         Image: this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, and Form 990-T, line 34)         Image: the smaller of line 14a, orl 15 in column (2) the form 990-T, line 34)           19         Enter the smaller of line 14a, orl 5 in column (2) the form 990-T, line 34)         Image: the amount on line 15 or 52, 300         Image: the amount on line 23 cuult or more than the amount on line 24?           10         Enter the smalle					1 1 / / / / / / / / / / / / / / / / / /	2 000 \
Park Omputation Using Maximum Capital Gains Rates         Form 1041 filters. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 22(), and Form 1041, line 22, is more than zero.         Caution: Skip this part and complete the worksheet on page 8 of the instructions it.         Either wine 14a, col. (2) or wine 14a, col. (2) is more than zero.         Form 990-T, ine 24().       Add more than zero.         Form 990-T, and Form 990-T, ine 34, is more than zero.       Skip this part and complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero.         17       Enter the smaller of line 14a, col 15 in column (2) the the smaller of line 14a, col 15 in column (2) the the state 2 or runs's qualified dividends from Form 1041, line 22(2) (or enter the qualified dividends included in income in Part I in 200       17         18       Lenter the state's or runs's qualified dividends included in line 201 (or enter the qualified dividends included in line 201 form 1980-1, line 22, and the amount on line 24 (or enter the qualified dividends included in line 201 form or less, enter -0-       22         20       Lenter the smaller of the amount on line 17 or \$2,300       24         21       Yes, Skip lines 25 and 26; go to line 27 and check the "No" box.       25         24       Enter the amount form line 23       26       27         25       Subtract line 25 form line 2	a Note	The loss on line 15, column (3) or b \$3,000 : If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page where the provided the second	i, İin	e 22 (or Form 990-T, li	ine 34), is a loss, col	mplete the CapitalLoss
Form 1041 filters. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2). and Form 1041, line 2b(2) and Form 1041, line 2b(2). The 14e, col. (2) is more than zero.         2 Both Form 1041, line 2b(2), and Form 390-25, line 4g are more than zero.         Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, ine 34, is more than zero.         17 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)         18 Enter the smaller of line 14a or 15 in column (2) but not less than zero         19 Enter taxable income in Part I of Form 990-7. Jine 34)         19 Enter the state's or tusts gualified dividends from Form 1041, line 22() (or enter the qualified dividends from Form 1041, line 22() (or enter the qualified dividends from Form 1041, line 22), or elss, enter -0-         20 Subtract line 21 form line 20. If zero or less, enter -0-         23 Subtract line 22 form line 17. If zero or less, enter -0-         24 Enter the smaller of line 20. If zero or less, enter -0-         25 Subtract line 22 from line 23 equal to or more than the amount on line 24:         26 Subtract line 25 from line 23.         26 Subtract line 25 from line 24         27 Are the amount on line 23 equal to or more than the amount on line 24:         28 Enter the amount from line 26 (If line 26 is blank, enter -0-)         28 Enter the amount from line 26 (If line 26 is blank, enter -0-)	1					
there is an entry on Form 1041, line 20(2), and Form 1041, line 22, is more than zero. Cautions: Sky this part and complete the worksheet on page 8 of the instructions if: Either line 140, col. (2) or line 146, col. (2) is more than zero. Form 990-T, runts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. To Enter the smaller of line 14a, or 15 in column (2) but not lises than zero form Form 1041, line 20(2) certer the qualified dividends incuded in income in Part I for more from Form 1041, line 22 (or Form 990-T, line 34) Figure the estate's or trust's qualified dividends from Form 1041, line 20(2) certer the qualified dividends incuded in income in Part I of more 90-T, line 34) Caudi lines 18 and 19 Caudi lines 18 and 19 Caudi line 21 (form line 20, greater the qualified dividends incuded in line 20, greater the qualified dividends time 21 from line 20, greater the amount on line 24? Yes. Skip lines 25 and 26; go to line 27 and check the 'No" box. No. Enter the amount from line 23. Quo greater and complete to rate the smaller of the smaller of the trans the instructions for Form 1041, line 24, greater and the amount form line 23. Quo greater and complete the amount form line 24. Greater and the smaller of the smaller of the smaller of the trans and the amount form line 23. Quo greater and complete the amount form line 24. Greater and the smaller of the trans the amount form line 23. Quo greater and the mount form line 24. Grea				) are gains, or an an	nount is entered ir	n Part I or Part II and
of Form 990-T, and Form 990-T, line 34, is more than zero.       Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.         17       Enter the smaller of line 14a or 15 in column (2) but not less than zero.       17         18       Enter the smaller of line 14a or 15 in column (2) but not less than zero.       18         19       Enter the state's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part 16 Form 990-T).       19         20       Add lines 18 and 19	there Cau • Ei • Bi	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more the stien: Skip this part and complete the worksheet on page 8 of the instruction ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.	han z ns if:	zero.		
18 Enter the smaller of line 14a or 15 in column (2) but not less than zero   19 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income In Part 1 of Form 990-T)   19 Add lines 18 and 19   20 Add lines 18 and 19   21 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-   23 Subtract line 21 from line 20. If zero or less, enter -0-   24 Enter the smaller of the amount on line 17 or \$2,300   25 Is the amount on line 23 equal to or more than the amount on line 24?   26 Yes. Skip lines 25 and 26; go to line 27 and check the "No" box.   26 No. Enter the amount from line 24.   27 Yes. Skip lines 25 and 26 the same?   28 Enter the amount from line 24 and 26 the same?   29 29   29 Subtract line 28 from line 27.   29 30   31 32   32 Add lines 30 and 31   33 Are the account on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions for Form 1041)   34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule	of F	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part	gain and	s, or qualified divide complete the works	ends are included sheet on page 8	in income in Part I of the instructions if
but not less than zero       18         9       Enter the estate's or trust's qualified dividends from Form 1041, line 20(2) (or enter the qualified dividends included in income in Parl of Form 990-T)       19         20       Add lines 18 and 19       20         21       If the estate or trust is filing Form 4952, enter the amount from line 40; otherwise, enter -0-       22         23       Subtract line 22 from line 17. If zero or less, enter -0-       23         24       Enter the smaller of the amount on line 17 or \$2,300       24         25       Is the amount on line 23 equal to or more than the amount on line 24?       25         26       Subtract line 25 from line 24       26         27       Are the amounts on line 22 and 26 the same?       27         28       Enter the amount form line 26 (If line 26 is blank, enter -0-)       28         28       Enter the amount on line 27.       29         29       Subtract line 28 from line 27       29         29       Subtract line 28 from line 27       29         30       If line 20 is blank, enter -0-)       28         29       Subtract line 28 from line 27       29         30       Subtract line 28 from line 27       30         31       Sigue the 30 and 31       32         31       Sigue the 30 a	17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)		. 17		
but not less than zero       18         9       Enter the estate's or trust's qualified dividends from Form 1041, line 20(2) (or enter the qualified dividends included in income in Part 1 of Form 990.T)       19         20       Add lines 18 and 19       20         21       If the estate or trust is filing Form 4952, enter the amount from line 40; otherwise, enter -0-       22         23       Subtract line 22 from line 17. If zero or less, enter -0-       23         24       Enter the smaller of the amount on line 17 or \$2,300       24         25       Is the amount on line 23 equal to or more than the amount on line 24?       26         24       Enter the amounts on line 22 and 26 the same?       26         25       Subtract line 25 from line 24       26         26       Are the amounts on line 22 and 26 the same?       27         27       Yes. Skip lines 27 thru 30. go to line 21       No. Enter the smaller or line 17 or line 22         28       Enter the amount from line 26 (If line 26 is blank, enter -0-)       28         28       Inter the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)       31         31       32       33         32       Add lines 30 and 31       32         33       Ge the Schedule G instructions in the instructions			-			
from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part 1 of Form 990-T)       19         20       Add lines 18 and 19         21       If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-       21         22       Subtract line 21 from line 20. If zero or less, enter -0-       23         23       Subtract line 22 from line 17. If zero or less, enter -0-       23         24       Enter the smaller of the amount on line 17 or \$2,300       24         25       Is the amount on line 23 equal to or more than the amount on line 24?       26         26       Yes. Skip lines 25 and 26; go to line 27 and check the "No" box.       26         26       Za       Za       Za         27       Are the amount from line 26 (If line 26 is blank, enter -0-)       28         28       Enter the amount from line 26 (If line 26 is blank, enter -0-)       28         29       Subtract line 28 from line 27       29         30       30       31         31       Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)       32         33       Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)       33						
dividends included in income in Part I of Form 990-T) 19   20 Add lines 18 and 19   21 If the estate or trust is filing Form 4952, enter the amount from line 49; otherwise, enter -0-   23 Subtract line 21 from line 17. If zero or less, enter -0-   23 Subtract line 22 from line 17. If zero or less, enter -0-   24 Enter the smaller of the amount on line 17 or \$2,300   25 Is the amount on line 23 equal to or more than the amount on line 24?   26 Yes. Skip lines 25 and 26; go to line 27 and check the "No" box.   No. Enter the amount from line 23 26   26 Are the amount on lines 22 and 26 the same?   27 Yes. Skip lines 25 from line 24   28 Enter the amount from line 26 (If line 26 is blank, enter -0-)   29 Subtract line 28 from line 27   20 Subtract line 28 from line 27   29 30   31 Figure the tax on the amount on line 23. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)   32 Add lines 30 and 31   33 Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)   34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule	19	Enter the estate's or trust's qualified dividends				
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(see the Schedule G instructions in the instructions for Form 1041)       33         34       Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule		Add lines 30 and 31	· ·		• • • • • • • • • • • • • • • • • • • •	
34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule	33					
	31				· · · · · · /	
	54					

Schedule D (Form 1041) 2009

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#### SCHEDULE D-1 (Form 1041)

# Continuation Sheet for Schedule D (Form 1041) ► See instructions for Schedule D (Form 1041).

OMB No. 1545-0092

Department of the Treasury
Internal Revenue Service

CONTRACTOR OF THE

2009

Internal Revenue Service	Attach to	Schedule D to lis	t additional transa	ctions for lines 1a a		·
Name of estate or trust					Employer identification	n number
HARVEY SAMUELS	EN SCHOLARSH	IP TRUST			30-0065137	
Part I Short-Term	Capital Gains a	nd Losses - Ass	ets Held One Ye		.,	
(a) Description of prop 100 sh. 7% preferre	perty (Example: ed of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1a						
UBS07010		VARIOUS	VARIOUS	405,756.	550,092.	-144,336.
UBS07011		VARIOUS	VARIOUS	2,914,500.	3,118,511.	-204,011.
UBS70614		VARIOUS	VARIOUS	6,796.	2,376.	4,420.
BOA1255868		VARIOUS	VARIOUS	1,102,627.	1,096,749.	5,878.
					-	

-338,049. 1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b ..... Schedule D-1 (Form 1041) 2009 For Paperwork Reduction Act Notice, see the Instructions for Form 1041. JSA 9F1221 4.000

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

Employer identification number

.

(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d
UBS 07010	VARIOUS	VARIOUS	453,632.	866,358.	-412,726
UBS07011	VARIOUS	VARIOUS	426,695.	537,880.	-111,185
UBS 70614	VARIOUS	VARIOUS	45,096.	79,933.	-34,83
BOA1255868	VARIOUS	VARIOUS	1,265,454.	1,280,586.	-15,13
		1 			

Schedule D-1 (Form 1041) 2009

JSA

	3868 (Rev.						Page 2
		e filing for an Additional (N					
	•	complete Part II if you have filing for an Automatic 3-	• •				orm 8868.
		Additional (Not Auton					pies needed).
		Name of Exempt Organizatio				Employer identif	ication number
Type print		HARVEY SAMUELSEN	SCHOLARSHIP TRUS	ST		30-006513	37
File by	y the	Number, street, and room or	suite no. If a P.O. box, see in	structions.		For IRS use only	
	ate for	P.O. BOX 1464			uationa		
filing t return instruc	See	DILLINGHAM, AK	e, and ZIP code. For a foreigr 99576	raddress, see msur			
		of return to be filed (File		each return):			
	Form					Form 1041- A	Form 6069
	Form	990-B L	Form 990-T (sec. 401(		st)	Form 4720	<b>Form 887</b> 0
		990-EZ	Form 990-T (trust othe		a 2 mont	Form 5227	auchy filed Form 8868
		not complete Part II if yo		ited an automati	ic 5-monu	n extension on a previo	Jusiy med Porm 0000.
		is are in the care of $P = \frac{3}{2}$ ie No. $P = \frac{907}{842-4}$		FAX No	▶ 907	842-4336	
● If t	the org	anization does not have an			·		···· •
		or a Group Return, enter th					this is
		e group, check this box .		t of the group, ch	eck this bo	ox ► 🔄 and atta	ch a
list w		names and EINs of all men		11/15/0010			
4		est an additional 3-month e		11/15/2010		and ending	······································
5 6		ilendar year <u>2009</u> , or ot tax year is for less than 12		Initial return	······		e in accounting period
7		in detail why you need the				PREPARE A COMPLET	
		RATE RETURN IS NOT					
8a		application is for Form 9		720, or 6069, e	enter the t	tentative tax, less any	8a \$ 4,027
la la		fundable credits. See instru application is for Form 99		)60 ontor any re	fundable	credits and estimated	8a \$ 1,027
b		ayments made. Include a					
		usly with Form 8868.	ng phot your orotpaying				<b>8b</b> \$ 4,903
с		ce Due. Subtract line 8b f	rom line 8a. Include your	r payment with t	his form, o	or, if required, deposit	NONE
	with F	TD coupon or, if required,	by using EFTPS(Electron	ic Federal Tax Pa	ayment Sys	stem). See instructions.	8c \$ NONE
				ture and Veri		determine and in the boot	of my knowledge, and belief
		s of perjury, I declare that I ha ct, and complete, and that I am au		ng accompanying sc	nedules and	statements, and to the pest	of my knowledge and belief,
		$\sim$	~				
Signat	ure 🕨	( ini	Offra atta	Title 🕨	CPA	Date	▶ 8/8/2010
		PMG LLP					Form 8868 (Rev. 4-2009)
	7	01 WEST 8TH AVENUE	, SUITE 600				
	Al	NCHORAGE, AK 99501		-	<b></b>	AL REVENUE SER	NICE
					INICRIN	M. FIELD ASSISTANC	E
		\$			ANC	THELD ASSISTANC CHORAGE, AK 9950	8
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Form <b>8868</b> (Rev. April 2009)	Application for Extension of Time To File an Exempt Organization Return	OMB No. 1545-1709
Department of the Treasu		01010 140. 1043-1703
<ul> <li>If you are filing f</li> </ul>	or an Automatic 3-Month Extension, complete only Part I and check this box or an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of art II unlessou have already been granted an automatic 3-month extension on a previously been granted an automatic 3-month extension on a previ	
Part I Automat	c 3-Month Extension of Time. Only submit original (no copies needed).	· · · · · · · · · · · · · · · · · · ·
	ed to file Form 990-T and requesting an automatic 6-month extension - check this box and c	omplete
All other corporation time to file income to file i	ns (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 ax returns.	to request an extension of
one of the returns electronically if (1) returns, or a compo	<i>-file</i> ) Generally, you can electronically file Form 8868 if you want a 3-month automa noted below (6 months for a corporation required to file Form 990-T). However, you want the additional (not automatic) 3-month extension or (2) you file Forms 990 site or consolidated From 990-T. Instead, you must submit the fully completed and sig ails on the electronic filing of this form, visit <i>www.irs.gov/efile</i> and click on <i>e-file for Chari</i>	you cannot file Form 8868 I-BL, 6069, or 8870, group ned page 2 (Part II) of Form
Type or Nar	ne of Exempt Organization Em	ployer identification number
print	HARVEY SAMUELSEN SCHOLARSHIP TRUST	30-0065137
File by the Nur due date for	ber, street, and room or suite no. If a P.O. box, see instructions.	
iling your	P.O. BOX 1464 town or post office, state, and ZIP code. For a foreign address, see instructions.	
return. See CIT) nstructions.		NAL PEVENUE SER N.&L-FIELDASSISTANC
Form 990           Form 990-BL           Form 990-EZ           X           Form 990-PF	Form 990-1 (corporation)Form 42Form 990-T (sec. 401(a) or 408(a) trust)Form 52Form 990-T (trust other than above)Form 60Form 1041-AForm 88	ечк. ножась, дк. 9950 127 169
	the care of  STACI FIESER	RECEIVED
Telephone No.	► 907 842-4370 FAX No. ► 907 842-4336	55105
<ul> <li>If this is for a Gro or the whole group names and EINs of</li> </ul>	up Return, enter the organization's four digit Group Exemption Number (GEN) check this box . ▶ □ . If it is for part of the group, check this box ▶ □ and at Il members the extension will cover.	► □ . If this is ttach a list with the
until	automatic 3-month (6 months for a corporation required to file Form 6 08/15,2010, to file the exempt organization return for the organization nar ation's return for:	990-T) extension of time ned above. The extension is
	ndar year <u>2009</u> or ear beginning, and ending	· '·
	s for less than 12 months, check reason: Initial return Final return C	
nonrefundable	on is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less credits. See instructions. on is for Form 990-PF or 990-T, enter any refundable credits and estimated tax paym	3a \$ <sup>4,027</sup>
	any prior year overpayment allowed as a credit.	3b \$ <sup>4,903</sup>
c Balance Due.	Subtract line 3b from line 3a. Include your payment with this form, or, if required, dep upon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	posit
	oing to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Fo	
or payment instructi	-	

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

	990-PF		tion 4947(a)(1) None Treated as a Priva	ate Foundation	1		2010
nternal	Revenue Service	lote. The foundation may b	e able to use a copy of	this return to sat	tisfy state re		, 20
		or tax year beginning	Initial rature	of a former pu	and ending		Final return
5 Ch	eck all that apply:	Amended return		ss change		Name change	
Jame	of foundation	Amended return	Addres	ss change		A Employer identifi	cation number
		SCHOLARSHIP TRU					-0065137
lumb	er and street (or P.O. bo	ox number if mail is not delivered	to street address)		Room/suite	B Telephone number	(see page 10 of the instructions)
D O	. BOX 1464					(90	)7) 842-4370
	town, state, and ZIP c	ode				C If exemption applica	ation is
Sity Of	town, state, and zh e	ouc				pending, check here D 1. Foreign organiza	
DIL	LINGHAM, AK 9	9576-1464				2. Foreign organiza	
		tion: X Section 501(	c)(3) exempt private f	oundation		85% test, check i computation	here and attach
		nexempt charitable trust	Other taxable pr		on	E If private foundatio	
	ir market value of all		unting method: C	ash X Accr	ual		p)(1)(A), check here .
	year (from Part II, co		her (specify)			_ F If the foundation is	in a 60-month termination
			column (d) must be on	cash basis.)		under section 507(b	b)(1)(B), check here .
Part	total of amounts in c	nue and Expenses (The olumns (b), (c), and (d)	(a) Revenue and	(b) Net inves	and the second sec	(c) Adjusted net	(d) Disbursements for charitable
	may not necessarily	equal the amounts in the 11 of the instructions).)	expenses per books	income		income	purposes (cash basis only)
1		etc., received (attach schedule)	103,627.	ATCH 1			
2	if the t	foundation is not required to					-
3	- dituon	Sch. B					
4		est from securities	241,492.	. 241	1,492.		ATCH 2
5 8							
1	b Net rental income or (lo	ss)	10.050	1			
6 6	A Net gain or (loss) from	sale of assets not on line 10	12,859.				
	b Gross sales price for all assets on line 6a			10	2,859.		
7		ome (from Part IV, line 2) .		12	2,039.		
8		al gain				18,303	
10 :	a Gross sales less returns						
	and allowances • • • b Less: Cost of goods sold			100 C			
		(attach schedule)		1			
11		h schedule)	5,138		5,138.		ATCH 3
12		rough 11	363,116.		9,489.	18,303	
13	Compensation of office	rs, directors, trustees, etc.	4,150	2	2,075.		2,07
14		aries and wages	19,833				19,74
15 16 16		oyee benefits	5,542		0.	0	
16		hedule) ATCH 4	7,000	1	0.	0	
		tach schedule) ATCH 5	60,403	60	0,403.		
17		ees (attach schedule) .*					
17	Interest	(see page 14 of the instructions)	3,654				
19		schedule) and depletion.					
17 18 19 20							
21		and meetings	4,602	2	2,301.		2,30
21		tions	FO 000		C 21.C		FO 400
23		ach schedule) ATCH 8	58,806		5,316.		52,490
23		administrative expenses.	164,030	71	1,095.	0	. 89,08
2		h 23	298,638	]/_	-1095.	0	313,23
25		grants paid	462,668	71	1,095.	0	
26	Total expenses and disbu Subtract line 26 from	rsements. Add lines 24 and 25 m line 12 <sup>.</sup>	102/000			U.	
100		penses and disbursements	-99,552				
		ome (if negative, enter -0-)			3,394.		
	the second s	e (if negative, enter -0-).			10/00/00 C	18,303	

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Net Water and Andrews

P.S.A.general (1999)

Fo	rm 990	-PF (2010)		30.	0-0065137 Page 2		
			ttached schedules and amounts in the	Beginning of year	nd c	f year	
P	art ll	Balance Shee	escription column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearit	ng				
	2		cash investments	229,582.	390,937.	390,937.	
	2		4,297.				
	ు		otful accounts ►	7,818.	4,297.	4,297.	
	4		otful accounts ►				
	5		· · · · · · · · · · · · · · · · · · ·				
	6		officers, directors, trustees, and other				
		1 1 1	ch schedule) (see page 15 of the instructions)				
	7		eceivable (attach schedule)	동안의 유민과 가격에 가격하는 것을 가지 않는다. 		an da Harri Para ng Bilang si Para s	
		Less: allowance for doub	otful accounts ►				
ŝ	8	Inventories for sale or use		1 002	0.240	2 240	
Assets	9	Prepaid expenses and de	eferred charges ATCH 9	1,003.			
As			e government obligations (attach schedule). $^{**}$	1,091,909.			
	b	Investments - corporate	stock (attach schedule) ATCH 11	5,723,230.			
	c		bonds (attach schedule) ATCH 12	954,579.	940,197.	940,197.	
	11	Investments - land, buildings and equipment: basis Less; accumulated deprecia (attach schedule)					
	12	Investments - mortgage	loans				
	13	Investments - other (atta	ch schedule) ATCH 13	77,694.	95,370.	95,370.	
	14	Land, buildings, and equipment: basis	▶				
		Less: accumulated deprecia					
	15	(attach schedule) Other assets (describe	ATCH 14 )	22,263.	19,406.	19,406.	
	16	Total assets (to be	completed by all filers - see the				
	10		age 1, item I)	8,108,078.	8,859,207.	8,859,207.	
_	17		ccrued expenses	11,299.	13,162.		
	18						
~							
ţį	19		rs, trustees, and other disqualified persons				
iabilitie	20						
Lial	1		tes payable (attach schedule)	250,263.	297,683.		
	22	Other liabilities (describe	►ATCH 15 )				
		Tetal liabilities (odd ling	a 17 through 22)	261,562.	310,845.		
	23		s 17 through 22)	2017302.	51070101		
			low SFAS 117, check here $\blacktriangleright X$ 24 through 26 and lines 30 and 31.				
es	24	Unrestricted		7,846,516.	8,548,362.		
ũ	25						
Balances	25						
р П	26		not follow SFAS 117,				
Fund	1		plete lines 27 through 31. ►				
or F			cipal, or current funds				
	1		land, bldg., and equipment fund				
Net Assets	28		lated income, endowment, or other funds				
As	29		fund balances (see page 17 of the				
let	30			7,846,516.	8,548,362.		
z		Total lighiliting and no:	t assets/fund balances (see page 17				
	31			8,108,078.	8,859,207.		
			and a Not Accors or Fund		0,000,201.		
			anges in Net Assets or Fund		(must agree with		
1			alances at beginning of year - Part			7,846,516.	
				<i>.</i>		-99,552.	
2	Ente	er amount from Part I, I	line 27a ed in line 2 (itemize) ▶ATTACI			801,398.	
3	Othe					8,548,362.	
						0,040,002.	
5	Dec	reases not included in	line 2 (itemize)		5	8,548,362.	
<u>6</u>	Tota	I net assets or fund ba	alances at end of year (line 4 minus		o), line 30 6		
			**ATCH 1	U		Form <b>990-PF</b> (2010)	

Form 990-PF (2010)		30-0065	137		Page <b>3</b>
Part IV Capital Gain	s and Losses for Tax on Inv	estment Income		•	
(a) List a 2-story	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				(d) Date sold (mo., day, yr.)
1a SEE PART IV SCH	IEDULE				
b			_		
с					
d					
e					1
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
b					
<u> </u>					
d					
е					
Complete only for asset	s showing gain in column (h) and owne			Gains (Col. (h) g	
		(k) Excess of col. (i) over col. (j), if any	col. (k), but not less than -0-) <b>or</b> Losses (from col. (h))		
а					
b					
С					
d					
е					
2 Capital gain net income		f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7	}		12,859.
	in or (loss) as defined in sections 12				
	I, line 8, column (c) (see pages 13		}		
If (loss), enter -0- in Part	l, line 8		J <sub>3</sub>		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year: see page 18 of the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	; see page 18 of the instructions be (c) Net value of noncharitable-use assets		(d) Distribution ratio (col. (b) divided by col. (c))
2009	320,491. 7,014,510.			0.045690
2008	429,157.	8,416,243.		0.050992
2007	371,344.	9,334,578.		0.039782
2006	602,470.	8,461,919.		0.071198
2005	433,407.	7,672,197.		0.056491
Total of line 1, column (d)			2	0.264153
		e the total on line 2 by 5, or by the than 5 years	3	0.052831
Enter the net value of none	charitable-use assets for 2010 fro	m Part X, line 5	4	8,005,705.
Multiply line 4 by line 3	Multiply line 4 by line 3			422,949.
Enter 1% of net investmen	t income (1% of Part I, line 27b)		6	1,884.
Add lines 5 and 6			7	424,833.
Enter qualifying distribution	ns from Part XII, line 4		8	402,321.
If line 8 is equal to or gre Part VI instructions on page	ater than line 7, check the box i	n Part VI, line 1b, and complete	that pa	rt using a 1% tax rate. See t

Yes X No

Form	990-PF (2010) 30-0065137		Ρ	age 4
Par		e inst	ructic	ns)
	Exempt operating foundations described in section 4940(d)(2), check here 🕨 📃 and enter "N/A" on line 1.			
, a	Date of ruling or determination letter: (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		3,7	68.
	here  and enter 1% of Part I, line 27b			
с	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2		3,7	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		3,7	68.
6	Credits/Payments:			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6, 111.			
	Exempt foreign organizations-tax withheld at source			
с	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		6,1	11.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10		2,3	343.
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax > 2,343. Refunded > 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u> (1993)</u>	Yes	No
	participate or intervene in any political campaign?	<u>1a</u>		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1 b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
с	Did the foundation file Form 1120-POL for this year?	1 c	in data in	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶\$ (2) On foundation managers. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. 🕨 \$		83888	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b	N/l	H X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		A
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	<ul> <li>By language in the governing instrument, or</li> </ul>			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	1304	Х	la serie de la
	conflict with the state law remain in the governing instrument?	6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Λ	1 dahar
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) $\blacktriangleright$ AK,			
b			Х	na sere e
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b	Δ	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1	
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			X
	27)? If "Yes," complete Part XIV	9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			X
	names and addresses	10		<u> </u>

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Form 990-PF (2010)

C CONSCRIPTION OF CONTRACT

Form	990-PF (2010)	30-0065137		F	age 5
	t VII-A Statement	garding Activities (continued)			
		, did the foundation, directly or indirectly, own a controlled entity within the			
••		13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12		a direct or indirect interest in any applicable insurance contract before			
			12		X
13	Did the foundation comply	with the public inspection requirements for its annual returns and exemption application?	13	Х	
14	The books are in care of $\blacktriangleright$	WWW.BBEDC.COM STACI FIESER, FINANCE OFFICER Telephone no. ► 907-84 ST AVE EAST DILLINGHAM, AK ZIP+4 ► 99576-		70	
15	Section 4947(a)(1) nonexe	mpt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here · · · · · · · · · · · · ·		🕨	
	and enter the amount of tax	x-exempt interest received or accrued during the year		T	
16	At any time during caler	ndar year 2010, did the foundation have an interest in or a signature or other authority	1	Yes	No
		ther financial account in a foreign country?	16	Star Star Star	<u> </u>
	See page 20 of the ins	structions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter			
_	the name of the foreign cou	intry 🕨	222995		<u>8678 (23)</u>
Pa		Regarding Activities for Which Form 4720 May Be Required	<u></u>		
	-	em is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a		ndation (either directly or indirectly):			
		nd money to, or otherwise extend credit to (or accept it from) a			
		Yes X No			
		s, or facilities to (or accept them from) a disqualified person?			
		or pay or reimburse the expenses of, a disqualified person? Yes X No			
		r assets to a disgualified person (or make any of either available for			
		disqualified person)?			
		or property to a government official? (Exception. Check "No" if the			
	foundation agreed to	make a grant to or to employ the official for a period after			
		ent service, if terminating within 90 days.)Yes X No			
ł		1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	196368	a Nadarah	Х
		a current notice regarding disaster assistance (see page 22 of the instructions)?	<u>1b</u>		
		current notice regarding disaster assistance check here 🕨 🛄			
C		ge in a prior year in any of the acts described in 1a, other than excepted acts, that			X
		he first day of the tax year beginning in 2010?	1c	1	
2		ibute income (section 4942) (does not apply for years the foundation was a private ad in section 4942(j)(3) or 4942(j)(5)):			
á		), did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s)	beginning before 2010?Yes X No			
	If "Yes," list the years $~\blacktriangleright~$ _	/			
I	Are there any years liste	ed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
		uation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	19433	1 ;	A
		' and attach statement - see page 22 of the instructions.)	2 b		7
(		4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
3 8		pre than a 2% direct or indirect interest in any business enterprise			
I		bess business holdings in 2010 as a result of (1) any purchase by the foundation or			
		May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the $(2, 1)$ the disperse of heldings acquired by aff or beginning (2) the lapse of			
		ion $4943(c)(7)$ to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
		ar first phase holding period? (Use Schedule C, Form 4720, to determine if the	3 b	NI	A
		ness holdings in 2010.)		+	X
		any investment in a prior year (but after December 31, 1969) that could jeopardize its			
1		and not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		X
	Giarnable purpose that he		Form <b>9</b>	90-PF	(2010)

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Form 990-PF (2010)			30-006	55137		Page <b>6</b>
Part VII-B Stateme	en egarding Activities fo	or Which Form 47	720 May Be Requ	ired (con	1)	
5a During the year did th	e foundation pay or incur any amou	nt to:	4045(0))2	Yes	د] No	
	nda, or otherwise attempt to influer come of any specific public election				NO NO	
. ,	tly, any voter registration drive?			Yes 2	۲ <sub>No</sub>	
	an individual for travel, study, or oth				No	
	an organization other than a chari			• • • • •		
., –	, (2), or (3), or section 4940(d)(2)? (			Yes X	K No	
	urpose other than religious, charital			•		
• •	he prevention of cruelty to children c			Yes 🔰	No No	
	" to 5a(1)-(5), did any of the trans					
	3.4945 or in a current notice regard				5b	, X
Organizations relying	on a current notice regarding disast	ter assistance check h	ere			
c If the answer is "Yes"	to question 5a(4), does the foundation	ation claim exemption f	rom the tax			
because it maintained	d expenditure responsibility for the g	rant?		Yes	No	
If "Yes," attach the sta	atement required by Regulations sec	tion 53.4945-5(d).				
6a Did the foundation, di	uring the year, receive any funds, c	lirectly or indirectly, to	pay premiums		<b>-</b>	
	contract?			•	K No	v
b Did the foundation, di	uring the year, pay premiums, direc	ctly or indirectly, on a p	personal benefit contrac	ot?	6b	<b>) X</b>
If "Yes" to 6b, file Forn					ਗ	
	e tax year, was the foundation a pa				X No	
	dation receive any proceeds or have on About Officers, Directors	e any net income attric	dation Managers	Highly Paid F	nnlovees	<u> </u>
and Confr	actors					
1 List all officers, dir	ectors, trustees, foundation m	anagers and their (b) Title, and average	compensation (see (c) Compensation	e page 22 of the (d) Contributions t		
(a) Na	me and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit pla and deferred compens	ans other	ense account, allowances
ATTACHMENT 17			4,150.		0.	3,379.
				00.54	<u> </u>	<u> </u>
2 Compensation of find If none, enter "NON	ve highest-paid employees (ot = "	her than those inc	luded on line 1 - se	e page 23 of the	Instructions	•).
		(b) Title, and average		(d) Contributions	to (a) Evo	ense account,
(a) Name and address of e	ach employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benef plans and deferre		allowances
				compensation		
NONE						
I I I I I I I I I I I I I I I I I I I						
	- <u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Total number of other en	mployees paid over \$50,000 .			• • • • • • • • • • • • • • • • • • •		. ►
					Form	990-DE (2010)

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Form 990-PF (2010)

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Form 990-PF (2010)		30-0065137	Page 7
	ation About Officers, Directors, Trustees, Foundatio ntractors (continued)	n Managers, Highly Pau Emplo	yees,
	d independent contractors for professional services (se	e page 23 of the instructions). If n	one, enter "NONE."
(a) N	ame and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			NONE
Total number of others	s receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	
Part IX-A Summ	nary of Direct Charitable Activities		
	largest direct charitable activities during the tax year. Include relevant st eneficiaries served, conferences convened, research papers produced, etc.	atistical information such as the number of	Expenses
1 SCHOLARSHIP	PROGRAM PROVIDING SCHOLARSHIPS TO RES	SIDENTS OF	
	TOL BAY CDQ COMMUNITIES TO ATTEND ACCF	REDITED	
	N 2010, 80 SCHOLARSHIPS WERE AWARDED.		390,581
	PPORT PROGRAM PROVIDING SUPPORT FOR FI		
SECOND YEAR	STUDENTS AT UAF, UAA, AND FORT LEWIS	COLLEGE.	11,740
э			11, 140
3			
4	`		
	(Den and Delated langester suite (		
	nary of Program-Related Investments (see page 24 c program-related investments made by the foundation during the tax year on		Amount
1 NONE	program-related investments made by the roundation during the tax year of t		
1			
2			
	investments. See nega 24 of the instructions		
, -	investments. See page 24 of the instructions.		
3_NONE			
Total. Add lines 1 thro	ough 3		

C. S. Company C. S. C.

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Form 990-PF (2010)

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Form	990-PF (2010) 30-0065137		Page <b>8</b>
Par		gn .Jundation	S,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		7 700 400
	Average monthly fair market value of securities	1a	7,789,400.
b	Average of monthly cash balances	1b	0.
	Fair market value of all other assets (see page 25 of the instructions)	1c 1d	8,127,619.
d	Total (add lines 1a, b, and c)	10	0,127,019.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	2	Ο.
	Acquisition indebtedness applicable to line 1 assets	3	8,127,619.
3	Subtract line 2 from line 1d	<u> </u>	0,127,019.
	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		121,914.
	the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	4 5	8,005,705.
		6	400,285.
_	Minimum investment return. Enter 5% of line 5		400,203.
Pa	<b>t XI</b> Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ► and do not complete this privations.	ate operating part.)	
1	Minimum investment return from Part X, line 6	1	400,285.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.) 2b		
с	Add lines 2a and 2b	2c	3,768.
3	Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1	3	396,517.
4	Recoveries of amounts treated as qualifying distributions	4	18,303.
5	Add lines 3 and 4	5	414,820.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	414,820.
Ра	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
'a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	402,321.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
2		2	0.
3	purposesAmounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	402,321.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
v	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted gualifying distributions. Subtract line 5 from line 4		402,321.
U	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	Iculating whet	her the foundation
	gualifies for the section 4940(e) reduction of tax in those years.	-	

P.D.Bardenser, A. 1999.

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Form 990-PF (2010)

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	е	Excess from 2	2010	 
,	JSA			
14	80 1.)	000 TR4973	1832	

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Form	1 990-PF (2010)		30-00	065137	Page 9
-	rt XIII Undistributed Income (see page	e 26 of the instructio	ns)		
		(a) Corpus	<b>(b)</b> Years prior to 2009	(c) 2009	(d) 2010
1	Distributable amount for 2010 from Part XI,	Corpus			414,820.
_	line 7				
2	Undistributed income, if any, as of the end of 2010:			af sefektion i francisca para data	
	Enter amount for 2009 only		n de la francés de la destruction de la La destruction de la d		
b					
3	Excess distributions carryover, if any, to 2010:				
	From 2005				
	From 2007 298.				
	F10/11 2008				
	From 2009	157,608.			
	Total of lines 3a through e	10,,000.			
4	Qualifying distributions for 2010 from Part XII,				
	line 4: ▶ \$ 402,321.			and a fight of a state of a second state.	
а	Applied to 2009, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
с	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)				402 221
d	Applied to 2010 distributable amount				402,321.
е	Remaining amount distributed out of corpus	0.			12,499.
5	Excess distributions carryover applied to 2010	12,499.			12,499.
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:	145 100			
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	145,109.			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b Enter the amount of prior years' undistributed				
С	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
<u>م</u>	amount - see page 27 of the instructions Undistributed income for 2009. Subtract line				
C	4a from line 2a. Taxable amount - see page				
	27 of the instructions			1 I STERALENDAR STRANTSKI	
f	Undistributed income for 2010. Subtract lines				
	4d and 5 from line 1. This amount must be				
7	distributed in 2011				
'	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)				
-	applied on line 5 or line 7 (see page 27 of the instructions)				
9	Excess distributions carryover to 2011.	115 100			
	Subtract lines 7 and 8 from line 6a	145,109.		a a tha guyara Anno Anna Alfrid Anna Anna Anna Anna Anna Anna Anna	
	Analysis of line 9:				
а	Excess from 2006 144,811.		. 것을 받은 것을 같이 있다. 	· 경험 관계 전 관계 -	
b	Excess from 2007				
c	Excess from 2008 298.				
	Excess from 2009				
P	Excess from 2010	1	<ul> <li>A state of state of state</li> </ul>		1 · · · · · · · · · · · · · · · · · · ·

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Form 990-PF (2010)

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Page 9

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Form	n 990-PF (2010)			30-006	5137	Page 10		
Ра	rt XIV Private Oper	g Foundations (s	see page 27 of the i	nstructions and Part \	/II-A, que <u>19</u> )	NOT APPLICABLE		
1a	If the foundation has re foundation, and the ruling				g			
b	Check box to indicate whe	ther the foundation is a	private operating foundat	ion described in section	4942(j)	(3) or 4942(j)(5)		
<b>^</b> -		Tax year		Prior 3 years		(e) Total		
2 a	Enter the lesser of the ad- justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2010	(b) 2009	(c) 2008	(d) 2007			
b	85% of line 2a							
С	Qualifying distributions from Part XII, line 4 for each year listed							
d	Amounts included in line 2c not used directly for active conduct of exempt activities							
е 3	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon:				,,			
а	"Assets" alternative test - enter.							
b	<ol> <li>Value of all assets</li></ol>							
С	"Support" alternative test - enter:							
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)							
	<ul> <li>(2) Support from general public and 5 or more exempt organizations as provided in section 4942 ()(3)(B)(iii)</li> </ul>							
	<ul> <li>(3) Largest amount of support from an exempt organization</li> <li>(4) Gross investment income</li> <li>(5) Supplementa</li> </ul>	ny Information (C	mploto this part	only if the foundati	on had \$5 000	or more in assets		

at any time during the year - see page 28 of the instructions.)

#### 1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

#### 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

	Check here >	i	f the	foundat	ion or	nly makes	contrit	outions	s to	presele	ected	charitable	or	ganiza	tions	and	does	not	acce	pt
	unsolicited req	quest	s for	funds. If	f the f	oundation	makes	gifts,	grar	its, etc.	(see	page 28	of	the in	struct	ions)	to in	divid	uals	or
organizations under other conditions, complete items 2a, b, c, and d.																				

a The name, address, and telephone number of the person to whom applications should be addressed: ATTACHMENT 18

**b** The form in which applications should be submitted and information and materials they should include:

### HARVEY SAMUELSEN SCHOLARSHIP TRUST APPLICATION FORM AT ATTACHMENT 20

c Any submission deadlines:

#### SEE ATTACHED APPLICATION AT ATTACHMENT 20

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

SEE ATTACHED APPLICATION AT ATTACHMENT 20

m 990-PF (2010)	a a n tinu!)		30-0065137	Page <b>1</b>
art XV Supplementary Information ( Grants and Contributions Paid Duri	continued)	oved for F	uture Payment	
Recipient	If recipient is an individual,	Foundation status of		A
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
SEE ATTACHMENT 19			SEE ATTACHMENT 19	313,237
	5			
Total	· · · · · · · · · · · · · · · · · · ·	<u></u>	🕨 3a	313,237
<b>b</b> Approved for future payment				

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Form 990-PF (2010)

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orm 990-PF (		icing Activi	itios		0065137	Page <b>1</b>
Part XVI-		T		Evaluated by	( nontion 512 512 or 514	(e)
nter gross a	amounts unless otherwise indicated.	(a) Business code	ted business income (b) Amount	(c)	<u>v section 512, 513, or 514</u> (d) Amount	Related or exempt function income (See page 28 of
Program	service revenue:	Busiliess code	Amount		Anount	the instructions.)
-						
g Fees a	and contracts from government agencies					
	ship dues and assessments					
	n savings and temporary cash investments			14	241,492.	
	s and interest from securities			<u> </u>	211,152.	
	al income or (loss) from real estate:		elan fan gester gester gester gester fan ges		al epitete a constant de termo a constant de la	
	financed property	1				
	ebt-financed property			-		
	income or (loss) from personal property	F I				
	vestment income oss) from sales of assets other than inventory	1 1		18	12,859.	
	me or (loss) from special events					
	rofit or (loss) from sales of inventory.					
Other rev						
	CELLANEOUS INCOME			01	5,138.	
с						
d						
e				the state of the second		
2 Subtotal	Add columns (b), (d), and (e)	100000000000000000000000000000000000000			259,489.	050 400
3 Total. Ad	Id line 12, columns (b), (d), and (e)				13	259,489
<b>3 Total.</b> Ad See worksh	Id line 12, columns (b), (d), and (e) neet in line 13 instructions on page 29	to verify calcu	lations.)			259,489
<b>5 Total.</b> Ac	Id line 12, columns (b), (d), and (e)neet in line 13 instructions on page 29BRelationship of Activities	to verify calcu s to the Ac	lations.) complishment of Ex	cempt Purp	ooses	
Total. Ad ee worksh art XVI-	Id line 12, columns (b), (d), and (e) neet in line 13 instructions on page 29	to verify calcu s to the Acc ty for which	lations.) complishment of Ex n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) complishment of Ex n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) complishment of Ex n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) complishment of Ex n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) complishment of Ex n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) complishment of Ex n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t
Total. Ac ee worksh art XVI- ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t
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Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t
Total. Ac ee worksh art XVI- ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t
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Form 990-PF (2010)

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Part XVII	Informat F Exempt C. ga		Transfers To an	nd Transad	ctions	and Relations	; With I	Nonc	harit	able
	e organization directly	or indirectly							Yes	No
	ion 501(c) of the Co	ode (other than	n section 501(c)(3)	organizations)	) or in s	section 527, relati	ng to political			
organiza	ations? ars from the reporting for	n s of noitsbau	oncharitable evempt o	rganization of:						
								1a(1)		Х
	sh							1a(2)		Х
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	er assets									
	es of assets to a nonch	aritable evennt	organization					1b(1)		Х
• •	chases of assets from							1b(2)	1.1	Х
	ntal of facilities, equipm							1b(3)	1.1	Х
	mbursement arrangeme							1b(4)		Х
	ans or loan guarantees							1b(5)		X
	formance of services o							1.		Х
	of facilities, equipmen								X	1
	answer to any of t								fair r	narke
	of the goods, other									
	in any transaction or									
(a) Line no.	(b) Amount involved		noncharitable exempt or			cription of transfers,				
1C	0.					T ACTIVITIES	the second s			
10					RESO	URCES				
						19 1. 19 19		_	-	
					-					
					-					
					F					-
								_		
		1							_	
describ	foundation directly bed in section 501(c) of	the Code (other				ore tax-exempt of	ganizations	XY	es [	No
b If "Yes,	" complete the following		(b) Type of	f organization	- 1	(c) De	scription of relation	nshin		
DDTOMOI	(a) Name of organization		(b) Type of	rorganization		ENTITIES AR			HAV	E
	L BAY ECONOMIC	r	501(C)(4)			COMMON CONT		min		
DEVE	LOPMENT CORP.		501 (C) (4)			COMMON CONT.	KOT.			
								_		
1 C - P -	er penalties of perjury, I d of, it is true, correct, and cor	eclare that I have molete. Declaration	examined this return, in of preparer (other than	taxpayer or fiduc	ciary) is bas	ed ules and statement ed on all information of	which preparer ha	or my i is any kr	nowledg	ige and le.
Sign belle	10 10	0.		11	-100		00	n		
Here .	stacus.	oneser			1/20		ance Ut	100		
1 3	Signature of officer or truste	3e		Date		Title		The case of the		-
	Print/Type preparer's	s name	Preparer's signa	ature		Date	_	PTIN		
Paid	n 1	11 11		1 1		10/1	Check if			5.0
	ANN	WANG	1 4	maler	1	10/0/11	self-employed			91
Preparer	Firm's name KH	PMG LLP			1	Firm	n's EIN ▶ 13-5	55652	207	
Use Only		)1 WEST 8T	H AVENUE, SU	ITE 600						
	The second second second		RAGE, AK		90	501 Pho	one no. 907-2	265-1	1200	

Form 990-PF (2010)

### SCHEDULE D (Form 1041)

.

Department of the Treasury Internal Revenue Service Name of estate or trust

### **Capital Gains and Losses**

Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). OMB No. 1545-0092

Employer identification number

30-0065137

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2010

HARVEY SAMUELSEN	SCHOLARSHIP	TRUST
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N Contraction of the

Note: Form 5227 filers need to complete only	Parts I and II.					
Part I Short-Term Capital Gains and	Losses - Assets	Held One Ye	ar or Less			
(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)		(d) Sales price	(e) Cost or other ba (see instructions	asis	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a _						
<b>b</b> Enter the short-term gain or (loss), if ar	ny, from Schedule D	0-1, line 1b			1b	115,265.
2 Short-term capital gain or (loss) from F					2	
3 Net short-term gain or (loss) from partr	nerships, S corpora	itions, and othe	r estates or trusts	,	3	
4 Short-term capital loss carryover. Ente Carryover Worksheet					4 (	)
<ul> <li>5 Net short-term gain or (loss). Combine column (3) on the back</li></ul>	lines 1a through 4	in column (f).	Enter here and on I	ine 13,	5	115,265.

Column (O	jon the baok.				
Port II Long	Torm Canital	Gains and	Losses . Assets	Held More Than One Ye	ear

Par	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other (see instructio		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
b	Enter the long-term gain or (loss), if any,	from Schedule D-	1, line 6b			6b	-102,406.
7	Long-term capital gain or (loss) from Fo	rms 2439, 4684, 6	6252, 6781, ar	nd 8824		7	
0	Net long-term gain or (loss) from partner						
8	Net long-term gain of (loss) from parties	sinps, o corporati	ons, and other				
9	Capital gain distributions					9	
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover. Enter t	he amount, if any	, from line 14 c	of the 2009 Capital Lo	SS		
	Carryover Worksheet					11	<u>(</u> ,
12	Net long-term gain or (loss). Combine lir column (3) on the back				<u> </u>	12	-102,406.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2010

And the second second	ule D (Form 1041) 2010			a fininata a 1	/0) [=+-	to'o	Page <b>2</b>
Par	t III Summary of Parts I and II Caution: Read the instructions before completing this	nart		eficiaries' instr.)	(2) Esta or trus		(3) Total
	Net short-term gain or (loss)	13	(000				115,265.
13 14	Net long-term gain or (loss):						
	Total for year	14a					-102,406.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b					
	28% rate gain						
15	Total net gain or (loss). Combine lines 13 and 14a	15					12,859.
Note to Pa	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Fort V, and <b>do not</b> complete Part IV. If line 15, column (3), is a net loss, complete P	orm 990 Part IV a	-T, Part I, li and the <b>Ca</b> p	ne 4a). If line bital Loss Car	s 14a and 15 <b>ryover Works</b>	, colur. heet, a	nn (2), are net gains, go as necessary.
Par	t IV Capital Loss Limitation					·	
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T,	Part I, li	ne 4c, if a t	rust), the <b>sr</b>	naller of:		
а	The loss on line 15, column (3) or b \$3,000 : If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page	• • •		· · · · · ·		16	( )
Note	: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, pag over Worksheet on page 7 of the instructions to figure your capital loss carryove	ge 1, lir er.	ne 22 (or Ho	orm 990-1, li	ne 34), is a lo	iss, cc	implete the Capital Loss
Par		es					
Eorn	<b>1041 filers.</b> Complete this part <b>only</b> if both lines 14a and 15 in col	umn (2	2) are gair	is, or an an	nount is ente	ered i	in Part I or Part II and
there	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mo	re tha	n zero.				
Caut	ion: Skip this part and complete the worksheet on page 8 of the instru	ictions	if:				
• E	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or						
• B	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero. 9 990-T trusts. Complete this part only if both lines 14a and 15 a	re dair	ns or qua	lified divide	ends are inc	lude	d in income in Part I
Forn	prm 990-T, and Form 990-T, line 34, is more than zero. Skip this part	art and	l complete	e the work	sheet on pa	ige 8	of the instructions if
eithe	r line 14b, col. (2) or line 14c, col. (2) is more than zero.		1				
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line	34)	17				
18	Enter the <b>smaller</b> of line 14a or 15 in column (2)	• • •	••				
10	but not less than zero						
19	Enter the estate's or trust's qualified dividends						
	from Form 1041, line 2b(2) (or enter the qualified						
	dividends included in income in Part I of Form 990-T) . 19						
20	Add lines 18 and 19						
21	If the estate or trust is filing Form 4952, enter the						
	amount from line 4g; otherwise, enter -0 ► 21						
22	Subtract line 21 from line 20. If zero or less, enter -0	· · <i>·</i>	22				
23	Subtract line 22 from line 17. If zero or less, enter -0-	• • •	23				
			24				
24			24				
25	Is the amount on line 23 equal to or more than the amount on line 2	47 V					
	Yes. Skip lines 25 and 26; go to line 27 and check the "No" bo		25				
	No. Enter the amount from line 23		•••				
26	Subtract line 25 from line 24	• • •					
27	Yes. Skip lines 27 thru 30; go to line 31. No. Enter the smaller of line 17 or	line 22	27				
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28				
29	Subtract line 28 from line 27						
30	Multiply line 29 by 15% (.15)					30	
31	Figure the tax on the amount on line 23. Use the 2010 Tax Ra					24	
	(see the Schedule G instructions in the instructions for Form 1041)					31	
						32	
32	Add lines 30 and 31	 to Sal		Fetater o		52	
33	Figure the tax on the amount on line 17. Use the 2010 Tax Ra					33	
<b>.</b>	(see the Schedule G instructions in the instructions for Form 1041) Tax on all taxable income. Enter the smaller of line 32 or line 33	here	and on Fo	orm 1041	Schedule		
34	G, line 1a (or Form 990-T, line 36)					34	

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Schedule D (Form 1041) 2010

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1 Standard Lands

#### SCHEDULE D-1 (Form 1041)

# Continuation Sheet for Schedule D (Form 1041) ► See instructions for Schedule D (Form 1041). ► Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No. 1545-0092

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Department of the Treasury Internal Revenue Service .... - ( - - + - +

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HAI	RVEY	SAMUEL

X Constraints

Name of estate or trust				Employer identification 30-0065137	n number
HARVEY SAMUELSEN SCHOLAR Part I Short-Term Capital Gains	and Losses - Asse	ets Held One Yea		30 0000107	
(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	<b>(f) Gain or (loss)</b> Subtract (e) from (d)
1a UBS07010	VARIOUS	VARIOUS	318,651.	281,956.	36,695.
UBS07011	VARIOUS	VARIOUS	2,158,480.	2,107,068.	51,412.
UBS70614	VARIOUS	VARIOUS	148,216.	151,499.	-3,283.
UBS32270	VARIOUS	VARIOUS	22,866.	19,425.	3,441.
BOFA1255868	VARIOUS	VARIOUS	1,579,855.	1,552,855.	27,000.
					115 005
the Total Combine the amounts in co	lumn (f) Enter here:	and on Schedule D	line 1b		115,265.

edule D-1 (Form 1041) 2010		tarran talah tirring talah ta	and the second	Employee blockt	Page
e of estate or trust as shown on Form 1041. D	o not enter name and emp	loyer identification numb	er if shown on the other side	e Employer identifi	cation number
rt II Long-Term Capital Gains a		1			
(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d
UBS07010	VARIOUS	VARIOUS	658,952.	626,788.	32,164
UBS07011	VARIOUS	VARIOUS	620,905.	529,501.	91,404
UBS70614	VARIOUS	VARIOUS	636,455.	922,496.	-286,041
UBS32270	VARIOUS	VARIOUS	29,413.	20,455.	8,958
BOFA1255868	VARIOUS	VARIOUS	793,314.	742,205.	51,109
					And 600302000000000000000000000000000000000

JSA 0F1222 1.000

S. C. S. Stars

30-0065137

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HARVEY SAMUELSEN SCHOLARSHIP TRUST

FORM 990PF, PART IV - CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

					Depreciation			
	How	Date	Date	Gross	Allowed or	Cost or	Gain or	Short or
List and Describe the Kind of Property Sold	Acquired	Acquired	Sold	Sales Price	Allowable	Other Basis	(Loss)	Long Term
UBS ACCOUNT 07010 - MARKETABLE SECURITIES	PURCHASE	VARIOUS VARIOUS	<b>ARIOUS</b>	318,651		281,956	36,695	SHORT
UBS ACCOUNT 07010 - MARKETABLE SECURITIES	PURCHASE	VARIOUS V	VARIOUS	658,952		626,788	32,164	LONG
UBS ACCOUNT 07011 - MARKETABLE SECURITIES	PURCHASE	VARIOUS VARIOUS	<b>ARIOUS</b>	2,158,480		2,107,068	51,412	SHORT
UBS ACCOUNT 07011 - MARKETABLE SECURITIES	PURCHASE	VARIOUS V	VARIOUS	620,905		529,501	91,404	LONG
UBS ACCOUNT 70614 - MARKETABLE SECURITIES	PURCHASE	VARIOUS V	VARIOUS	148,216		151,499	(3,283)	SHORT
UBS ACCOUNT 70614 - MARKETABLE SECURITIES	PURCHASE	VARIOUS VARIOUS	<b>ARIOUS</b>	636,349		922,496	(286,147)	LONG
UBS ACCOUNT 32270 - MARKETABLE SECURITIES	PURCHASE	VARIOUS VARIOUS	<b>ARIOUS</b>	22,866		19,425	3,441	SHORT
UBS ACCOUNT 32270 - MARKETABLE SECURITIES	PURCHASE	VARIOUS V	VARIOUS	29,413		20,455	8,958	LONG
BOA ACCOUNT 1255868 - MARKETABLE SECURITIES	PURCHASE	VARIOUS V	VARIOUS	1,579,855		1,552,855	27,000	SHORT
BOA ACCOUNT 1255868 - MARKETABLE SECURITIES	PURCHASE	VARIOUS V	VARIOUS	793,314		742,205	51,109	LONG
UBS ACCOUNT 70614 - RETURN OF CAPITAL	PURCHASE	VARIOUS V	VARIOUS	106		0	106	LONG

A CONTRACT

12,859

6,954,248

NONE

TOTALS 6,967,107

- KOMBART C. H

30-0065137

ATTACHMENT 2

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT <u>INCOME</u>	154,696. 86,796.	241,492.
REVENUE AND EXPENSES PER BOOKS	154,696. 86,796.	241,492.
		TOTAL
DESCRIPTION	DIVIDENDS FROM SECURITIES INTEREST FROM SECURITIES	

ATTACHMENT 2

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30-0065137 ATTACHMENT 3	NT 5,138.	
	I NVESTME I NVESTME	
	REVENUE AND EXPENSES PER BOOKS 5,138. 5,138.	
	TOTALS	
HARVEY SAMUELSEN SCHOLARSHIP TRUST	FORM 990PF, PART I - OTHER INCOME DESCRIPTION MISCELLANEOUS INCOME	

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ATTACHMENT 3

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ATTACHMENT

HARVEY SAMUELSEN SCHOLARSHIP TRUST

- LEGAL FEES

FORM 990PF, PART I

40. 40. CHARITABLE PURPOSES • ADJUSTED NET INCOME • NET INVESTMENT INCOME 40. 40. AND EXPENSES PER BOOKS REVENUE TOTALS DESCRIPTION LEGAL FEES

ATTACHMENT 4

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ATTACHMENT 5

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FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	7,000.	7,000.
ADJUSTED NET INCOME		0.
NET INVESTMENT INCOME		0.
REVENUE AND EXPENSES PER BOOKS	7,000.	7,000.
DESCRIPTION	TAX RETURN PREPARATION FEES	TOTALS

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ATTACHMENT 5

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ATTACHMENT 6

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FORM 990PF, PART I - OTHER PROFESSIONAL FEES

NET INVESTMENT INCOME	60,403.	60,403.
REVENUE AND EXPENSES PER BOOKS	60,403.	60,403.
DESCRIPTION	INVESTMENT MANAGEMENT FEES	TOTALS

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ATTACHMENT 7

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### FORM 990PF, PART I - TAXES

DESCRIPTION

EXCISE TAXES

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REVENUE AND EXPENSES PER BOOKS

3,654.

3,654.

TOTALS

30-0065137

ATTACHMENT 8

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PART I - OTHER EXPENSES FORM 990PF,

NET TNVESTMENT	INCOME	6,316.	6,316.
REVENUE AND FXPENSES	PER BOOKS 7.042	42,061. 4,503. 1,935. 2,787.	58,806.
	DESCRIPTION OUTREACH/SCHOOL, VISITS	BBEDC ADMINISTRATION CHARGE ACADEMIC SUPPORT ADVERTISING SUPPLIES INSURANCE	TOTALS

P. Challenge and A. C. M.

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ATTACHMENT 9

- PREPAID EXPENSES AND DEFERRED CHARGES PART II FORM 990PF,

ENDING FMV	2,349.	2,349.
ENDING BOOK VALUE	2,349.	2,349.
BEGINNING BOOK VALUE	1,003.	1,003.
		TOTALS
DESCRIPTION	PREPAID EXPENSES	

ATTACHMENT 9

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

		ATTACHMENT 10	NT 10
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING EMV
GOVERNMENT SECURITIES	1,091,909.	1,066,404.	1,066,404.
US OBLIGATIONS TOTAL	1,091,909.	1,066,404.	1,066,404.

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ATTACHMENT 10

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ATTACHMENT

Professional Contract

HARVEY SAMUELSEN SCHOLARSHIP TRUST

FORM 990PF, PART II - CORPORATE STOCK

11

ENDING	6,340,247.	6,340,247.
ENDING BOOK VALUE	6,340,247.	6,340,247.
BEGINNING BOOK VALUE	5,723,230.	5,723,230.
DESCRIPTION	EQUITY SECURITIES/MUTUAL FUNDS	TOTALS

Profile and a set of a

P. Congrana

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ATTACHMENT 12

FORM 990PF, PART II - CORPORATE BONDS

ENDING	940,197.	940,197.
ENDING BOOK VALUE	940,197.	940,197.
BEGINNING BOOK VALUE	954,579.	954,579.
DESCRIPTION	VARIOUS CORPORATE BONDS	TOTALS

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ATTACHMENT

P. Charlestern and the

HARVEY SAMUELSEN SCHOLARSHIP TRUST

FORM 990PF, PART II - OTHER INVESTMENTS

ENDING	95,370.	
ENDING BOOK VALUE	95,370. 95,370.	
BEGINNING BOOK VALUE	77,694.	
	TOTALS	
DESCRIPTION	FOREIGN BONDS	

P. C. Parkers

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TRUST
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SAMUELSEN
HARVEY

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ATTACHMENT 14

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FORM 990PF, PART II - OTHER ÅSSETS

ENDING <u>FMV</u>	19,406.
ENDING BOOK VALUE	19,406.
BEGINNING BOOK VALUE	22,263.
	TOTALS
DESCRIPTION	ACCRUED INTEREST

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HARVEY SAMUE	LSEN SCHOLARSHIP TRU	JST	30- ATTALAMENT 1	-0065137 5
FORM 990PF, PA	RT II - OTHER LIABILITI	ES		
DESCRIPTION			BEGINNING BOOK VALUE	ENDING BOOK VALUE
PAYABLE TO AFF.	ILIATE (BBEDC)		250,263.	297,683.

TOTALS 250,263. 297,683.

ATTACHMENT 16

AMOUNT

### FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

### DESCRIPTION

UNREALIZED GAIN ON MARKETABLE SECURITIES 801,398.

TOTAL 801,398.

FORM 990PF, PART VIII - LIST OF OFF	OFFICERS, DIRECTORS, AND TRUSTEES		ATTACHMENT	MENT 17	
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	
MARY ANN K. JOHNSON P.O. BOX 1464 DILLINGHAM, AK 99576-1464	PRESIDENT .10	.006	.0	1,038.	
SYLVIA KASMIROWICZ P.O. BOX 1464 DILLINGHAM, AK 99576-1464	TREASURER .10	300.	0	.0	
LUCY GOODE P.O. BOX 1464 DILLINGHAM, AK 99576-1464	BOARD MEMBER .10	850.	0	1,038.	
FRITZ SHARP P.O. BOX 1464 DILLINGHAM, AK 99576-1464	VICE PRESIDENT .10	.006	0	487.	
HARRY WASSILY SR. P.O. BOX 1464 DILLINGHAM, AK 99576-1464	SECRETARY .10	1,200.	0	816.	
	GRAND TOTALS	4,150.	0	3, 379.	•

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HARVEY SAMUELSEN SCHOLARSHIP TRUST

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ATTACHMENT 17

Addresses

ATTACHMENT 18

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### FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

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BBEDC P.O. BOX 1464 DILLINGHAM, AK 99576-1464 907-842-4370

Harvey Samuelsen Scholarship Trust

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Last Name	First Name	Home Address	City, State, Zip	Relationship	Foundation Status of Recipient	Furpose of Grant of Contribution	Total Award	ward
Anderson	Victoria		Dillingham, AK 99576	None	None	Educational Scholarship	\$	4,000.00
Andrew	Nathan		Dillingham, AK 99576	None	None	Educational Scholarship		4,000.00
Andrew	Michael	Constants of	Dillingham, AK 99576	Step-Son of BBEDC Officer	None	Educational Scholarship	\$	4,000.00
Bennis	Jennifer		Dillingham, AK 99576	None	None	Educational Scholarship	\$	4,000.00
Booshu	Allison	2 7 8 4 4 1	King Salmon, AK 99613	None	None	Educational Scholarship	\$	4,000.00
Carlos	Keilyn		Togiak, AK 99678	None	None	Educational Scholarship	\$	4,000.00
Carlos	Whitney		Togiak, AK 99678	None	None	Educational Scholarship	\$	4,000.00
Carpenter	Catherine		Dillingham, AK 99576	None	None	Educational Scholarship	\$	4,000.00
Catalone	Kyle		Anchorage, AK 99508	None	None	Educational Scholarship		4,000.00
Cole	Christv			None	None	Educational Scholarship		4.000.00
Conahan	Benjamin			None	None	Educational Scholarship		4 000 00
Cops-Wilson	Katie		I evelock AK 99625	None	None	Educational Scholarship		4 000 00
Donkersloot	Rachel		Naknak AK QQ633	None	Puon	Educational Scholarship		
Evelane	Kali		Dillingham AK 00676	None	None None	Educational Scholarship		1 000 00
2000					Nono	Educational Scholarship		
	DIIGU			allon				0,204.UU
Gosuk	Ellen		I oglak, AK 99678	None	None	Educational Scholarship		4,000.00
Haley	Virginia		Togiak, AK 99678	None	None	Educational Scholarship		4,000.00
Hazenberg	Katrina		Naknek, AK 99633	None	None	Educational Scholarship	\$	4,000.00
Heyano	Mindy		Dillingham, AK 99576	Daughter of BBEDC Board Member	None	Educational Scholarship	ۍ 4	4;000.00
Himschoot	Alexander		Dillingham, AK 99576	None	None	Educational Scholarship	\$	4,000.00
Hodason	Lisa		Aleknadik. AK 99555	None	None	Educational Scholarship	<del>ک</del> 4	4,000.00
lutsik	Keilv		Aleknagik, AK 99555	None	None	Educational Scholarship		1,284.00
saacs	Melissa		Dillingham, AK 99576	None	None	Educational Scholarship	<del>6</del> 9 4	4,000.00
saacson	Colvnn		Togiak, AK 99678	None	None	Educational Scholarship	\$	4,000.00
Jedlicka	Michael		King Salmon, AK 99613	None	None	Educational Scholarship	\$	4,000.00
Johnson	Lahna		Dillingham, AK 99576	None	None	Educational Scholarship	\$	4,000.00
Johnson	Ronna		Dillingham, AK 99576	Great Niece of BBEDC Board Member	None	Educational Scholarship	\$	4,000.00
Junge	Laura	1000 100		None	None	Educational Scholarship	\$	4,000.00
Junae	Linda			None	None	Educational Scholarship	\$	4,000.00
Kazimirowicz	Matilda			Sister of HSST Board Member	None	Educational Scholarship	€ 4	4,000.00
Kina	Mason		Naknek, AK 99633	None	None	Educational Scholarship	\$	4,000.00
Knutsen	Ariel		Dillingham, AK 99576	None	None	Educational Scholarship	\$	4,000.00
arson	Phillip			None	None	Educational Scholarship	\$	4,000.00
arson-Blair	Samantha			None	None	Educational Scholarship	\$	4,000.00
l indow	Patricia			None	None	Educational Scholarship	\$	4,000.00
	Katrina			Distant Cousin of BBEDC Board Member	None	Educational Scholarship	ь	5,284.00
Maletrom	Chalcas		·		None	Educational Scholarship	\$	4.000.00
Maletrom	Comerco			Anna	None	Educational Scholarship	\$	4.000.00
	Amondo			Anne	None	Educational Scholarship	s.	4.000.00
				Anna	None	Educational Scholarship	69	4.000.00
				adoN	None	Educational Scholarship	69	4.000.00
<u>د</u>	couy.			Nooo	None	Educational Scholarship	G	4 000 00
Miller	Andrew				Naco			
Monsen	Haley		Naknek, AK 99633	None	Nord		<del>,</del> 4	1,000,00
Moore	Michelle		Dillingham, AK 99576	None	NOIE		<del>,</del> 6	
Morrison	Samuel			None	None	Educational Scholarship	96	2,000,00
Nanalook	Shannon		Togiak, AK 99678 [	Niece of BBEUC Board Member	None		9	,000.00

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Harvey Samuelsen Scholarship Trust

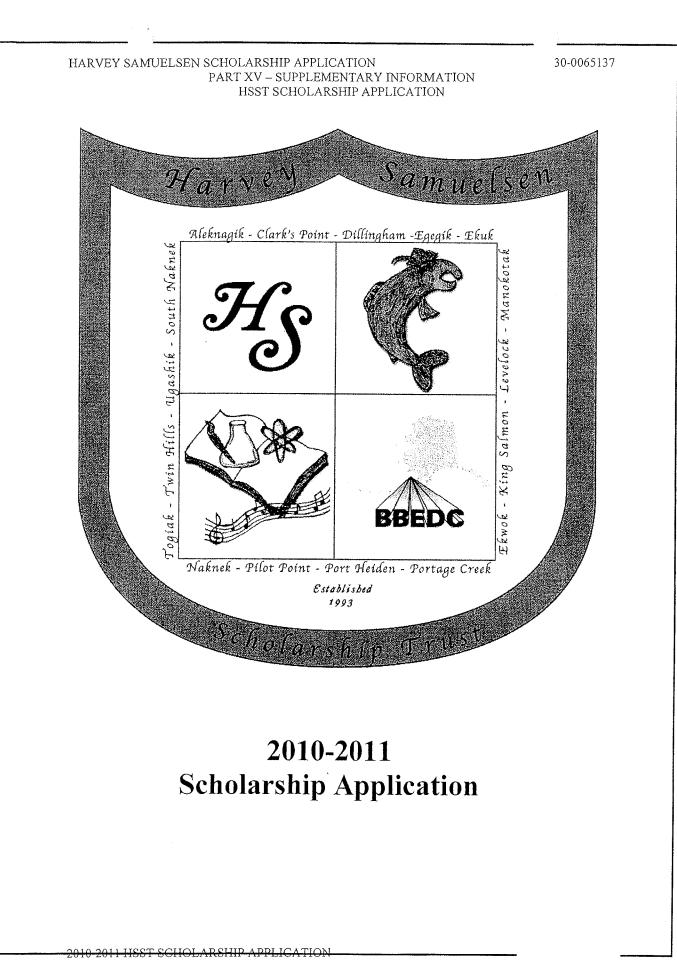
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\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 1,712.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 5,284.00	\$ 389.41	\$ 4,000.00	\$ 313,237.41
Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	
None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	
None	None	Cousin of BBEDC Board Member	None	Great Niece of BBEDC Board Member	None	Niece of BBEDC Board Member	None	None	None	None	Distant Cousin of BBEDC Board Member	Distant Cousin of BBEDC Board Member																						
Naknek, AK 99633	Dillingham, AK 99576	Ekwok, AK 99580	King Salmon, AK 99613	King Salmon, AK 99613	Dillingham, AK 99576	Dillingham, AK 99576	Dillingham, AK 99576	Togiak, AK 99678	Dillingham, AK 99576	Dillingham, AK 99576	Togiak, AK 99678	Aleknagik, AK 99555	Dillingham, AK 99576	Dillingham, AK 99576	Dillingham, AK 99576	Naknek, AK 99633	Dillingham, AK 99576	Dillingham, AK 99576	Togiak, AK 99678	m l	Naknek, AK 99633	Dillingham, AK 99576	Togiak, AK 99678	Dillingham, AK 99576	Dillingham, AK 99576	Dillingham, AK 99576	Clarks Point, AK 99569	Dillingham, AK 99576	Dillingham, AK 99576	Dillingham, AK 99576	Dillingham, AK 99576	Naknek, AK 99633	Naknek, AK 99633	-1
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Derek	Sidney	Carol	Brittany	James	Debra	Natasha	Petla	Kinka	Brianna	Evelyn	Stephanie	Bethany	Wesley	Terry ·	Andrea	Kimberty	Tyler	Maxwell	Theodora	Allen	Rachei	Nicholas	Aeshia	Logan	Michael	Angeli	Chelsea	Candace	Amber	Nia	Michelle	Danica	Justin	
Nashookpuk	Nelson	Nicoli	Niedermeyer	Niedermeyer	Nielson	Nielson	Noden	Parker	Pauling	Phillips	Poulsen	Reiswig	Richard	Rogers	Ruby	Savo	Shade	Sheilabarger	Sutton	Tibbets	Todd	Tweet	Upton	Vahle	VanDeventer	Venua	Wassily	Watts	Webb	White	Wiard	Wilson	Zimin	

STATEMENT 19

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ATTACHMENT 20

#### HARVEY SAMUELSEN SCHOLARSHIP APPLICATION PART XV – SUPPLEMENTARY INFORMATION HSST SCHOLARSHIP APPLICATION

# Harvey Samuelsen Scholarship

### **Eligibility Requirements**

In order to be considered for the Harvey Samuelsen Scholarship, you must meet the following requirements:

- Be a resident of a Bristol Bay CDQ community: Aleknagik; Clarks Point; Dillingham; Egegik; Ekuk; Ekwok; King Salmon; Levelock; Manokotak; Naknek; Pilot Point; Port Heiden; Portage Creek; South Naknek; Togiak; Twin Hills; Ugashik.
- ℜ Be enrolled in an accredited college or university
- ℜ Be registered as a "Full-time" student, pursuing an Associates degree or higher
- ₩ Undergraduate students must have a minimum 2.0 cumulative GPA
- ℜ Graduate students must have a minimum 3.0 cumulative GPA

# **Application Deadline is June 30, 2010**

If you have any questions regarding eligibility, call BBEDC at 1-800-478-4370 or 1-907-842-4370

2010 2011 HSST SCHOLARSHIP APPLICATION

30-0065137

	vey samuelsen scholarship application 30-0065137 Part xv – supplementary information Harvey Sampuelsen Scholarship
	Application Checklist
n order f	or your application to be complete, you must submit the following documents:
✓	Completed Application
✓	BBEDC Residency Form with required attachments (photo ID + one additional doc.)
<	Official High School or Official College Transcript (must show spring 2010 grades.)
✓	Letter of Interest
_ ✓	Copy of School's Letter of Acceptance (Incoming Freshman and transfer students only)
✓	Release of Information Form
✓	Copy of Cost of Attendance sheet from University
	BBEDC Residency Form must be completed every 12 months
	<b>Official Transcripts are required</b>
	는 것은 동작에 있어야 한다. 같은 것은
	cations must be mailed or hand delivered to BBEDC's Dillingham Office. Mailed cations must be post-marked by June 30, 2010.
applio	
applie 祭	Cations must be post-marked by June 30, 2010. Application Suggestions: Submit application as soon at least 3 weeks prior to the June 30, 2010 deadline.
applie 资 资	cations must be post-marked by June 30, 2010. Application Suggestions:
applie 發 發 發	Cations must be post-marked by June 30, 2010. Application Suggestions: Submit application as soon at least 3 weeks prior to the June 30, 2010 deadline. Remember only complete applications will be considered (It is your responsibility to make sure your
applie 资 资	cations must be post-marked by June 30, 2010. Application Suggestions: Submit application as soon at least 3 weeks prior to the June 30, 2010 deadline. Remember only complete applications will be considered (It is your responsibility to make sure your application is complete.)
applie 發 發	cations must be post-marked by June 30, 2010.          Application Suggestions:         Submit application as soon at least 3 weeks prior to the June 30, 2010 deadline.         Remember only complete applications will be considered (It is your responsibility to make sure your application is complete.)         Type your letter of interest and, when possible, the application as well.         Double-check your financial budget sheet, this information must be accurate! (Make sure your math is
applie 發發 發發 發	Cations must be post-marked by June 30, 2010. Application Suggestions: Submit application as soon at least 3 weeks prior to the June 30, 2010 deadline. Remember only complete applications will be considered (It is your responsibility to make sure your application is complete.) Type your letter of interest and, when possible, the application as well. Double-check your financial budget sheet, this information must be accurate! (Make sure your math is correct.)
applie 發發 發 發 ail your	cations must be post-marked by June 30, 2010.         Application Suggestions:         Submit application as soon at least 3 weeks prior to the June 30, 2010 deadline.         Remember only complete applications will be considered (It is your responsibility to make sure your application is complete.)         Type your letter of interest and, when possible, the application as well.         Double-check your financial budget sheet, this information must be accurate! (Make sure your math is correct.)         Submit your application and all required documents in the provided pre-addressed envelope.         applications to:       Bristol Bay Economic Development Corporation P.O. Box 1464

- Andreader - - - -

C Professional C Profession

>

Free and the second sec	Harvey Samuels P.O. Box 1464, I (907) 842-4370 *	CHIP APPLICATION Sen Scholarship Tr Dillingham, AK 995 1-800-478-4370 336 * 1-888-325-43	576
PERSONAL INFORMAT	TION:		
First Name:		Last Name:	
SSN:	、	Student ID #	
Date of Birth:			
Home Address:			
City:			Zip:
Home Phone:			
Dorm room or apartment ac	ldress:		
City:			Zip:
Dorm room/apartment phor			
Community and State of Re			
E-Mail Address:			
Please put a check mark net to. If you are not related to	any, please check None		-
Hattie Albecker	Margie Aloysius	Fred T. Angasan Sr.	Mark Angasan
Sergie Chukwak	Lucy Goode	Robert Heyano	MaryAnn Johnson
Sylvia Kazimirowicz	Gerda Kosbruk	Moses Kritz	H. Robin Samuelsen Jr.
Victor Seybert	Fritz Sharp	Moses Toyukak Sr.	Harry Wassily Sr.
Naknek Vacant	None		

2010-2011 HSST Scholarship Application 2010-2011 HSST SCHOLARSHIP APPLICATION

#### HARVEY SAMUELSEN SCHOLARSHIP APPLICATION PART XV – SUPPLEMENTARY INFORMATION HSST SCHOLARSHIP APPLICATION

30-0065137

Please put a check mark next to the BBEDC Officer(s) listed below that you are related to. If you are not related to any, please check None.

H. Robin Samuelsen Jr.	Helen Smeaton	Chris Napoli	Staci Fieser
Paul.Peyton	None		

For each Officer you checked above, please explain the relationship.

# **Application Deadline is June 30, 2010**

	ARSHIP APPLICATION XV – SUPPLEMENTARY INFORMATION SST SCHOLARSHIP APPLICATION	30-0065137
	SCHOOL INFORMATION	
High School attended:	Graduation Date:	
GED Date:		
School currently attending:		
School planning to attend:		
Address of Financial Aid office:		
Financial Aid Office Phone:	에는 것은 것은 것은 것은 것은 가장을 가지 않는다. 전 것은	:
Have you applied for admission? Ye	es No Been accepted? Yes No	
University Class Standing: 1 <sup>st</sup> yea	ar $2^{nd}$ year $3^{rd}$ year $4^{th}$ year $+$	] Graduate School []
College Major:	Expected Graduation Date:	
Expected Degree: Associate	Bachelor 🗌 Master 🗌 Doctorate 🗌	
Number of credit hours in which you	u plan to enroll: Fall Winter Spi	ing Summer
School on: Quarters Semes	sters Trimesters	
Cumulative GPA:		
Application	Deadline is June 30, 201	0
***************************************		

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ATTACHMENT 20

#### HARVEY SAMUELSEN SCHOLARSHIP APPLICATION PART XV – SUPPLEMENTARY INFORMATION HSST SCHOLARSHIP APPLICATION FINANCIAL INFORMATION

30-0065137

#### FINANCIAL AID

Please list all sources of financial aid (loans, scholarships, grants, etc.) you are applying for:

Name of Scholarship, Grant, etc.	Expected Date of	Amount	Amount Received, Approved
	Notification	Requested	
Total of Financial Aid Requested	I		
Total of Financial Aid Approved			
(Attach additional page if needed)			(Table1)

### SCHOOL YEAR EXPENSES

(Note: These figures must be as accurate as possible as we will verify them with the school you will be attending. Any intentional misrepresentation of your financial information will disqualify you from receiving any scholarship from the Bristol Bay Economic Development Corporation. If you are unsure of what your expenses will be, contact the university or college you will be attending.)

Tuition			
Fees/Due			
Room/Rent			
Meals/Food Expense	se		···· · · · · · · · · · · · · · · · · ·
Books & Supplies			
Travel (Limited to	2 R.T. tickets)		
Child Care			
Miscellaneous:	Clothing (maximum allowed is \$300)	· · ·	
	Entertainment (maximum allowed is \$250)		
Total School Year	Expenses		
······		(Table 2)	

### FINANCIAL NEED

Total School Year Expenses (Table 2)		
Total Amount of Funds Approved (Table 1)	-	
Total Estimated Financial Need		•

#### HARVEY SAMUELSEN SCHOLARSHIP APPLICATION PART XV – SUPPLEMENTARY INFORMATION HSST SCHOLARSHIP APPLICATION

30-0065137

### LETTER OF INTEREST

Your letter of interest should be no longer than one typed page and should address the following questions:

- 1. What are your educational and career goals?
- 2. What are you contributing to your education?
- 3. Why should you be selected to receive a scholarship?

If you fail to address the above questions in your letter of interest, your application may be deemed incomplete and therefore you will not receive an award.

By signing this page and also your attached letter, you affirm that this is your own original work and understand that if it is not, your application may be rejected and any award granted may be canceled.

I, \_\_\_\_\_\_ certify that the information herein, financial or otherwise, is correct and any intentional misrepresentation therein will negate my participation now and hereafter in the Scholarship Program administered by Bristol Bay Economic Development Corporation.

Applicant's Signatur	App	licant'	s Si	gnatur
----------------------	-----	---------	------	--------

e: \_\_\_\_\_Date: \_\_\_\_\_

# **Application Deadline is June 30, 2010**

HARVEY SAMUELSEN SCHOLARSHIP APPLICATION PART XV – SUPPLEMENTARY INFORMATION HSST SCHOLARSHIP APPLICATION

30-0065137

### **AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the release of any and all information contained in city councils, village councils, state, federal, private or educational agencies' records to the organization below:

### BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION P. O. Box 1464

Dillingham, Alaska 99576 Fax Number 1-888-325-4336 (In state) 907-842-4336 (Out of state)

This information is to be used for the verification of the eligibility of:

This authority shall continue in effect until this student is no longer enrolled in the Harvey Samuelsen Scholarship Program.

Signature:\_\_\_\_\_Date\_\_\_\_\_ Social Security Number:\_\_\_\_\_ Date of Birth

I hereby authorize BBEDC to publicize my name, institution, degree and major, year in college, and village of residency to further encourage youth of the Bristol Bay Region to obtain higher education. In addition, I authorize the same organizations to provide my name for employment purposes. This authority shall continue in effect until I am no longer in the Harvey Samuelsen Scholarship Program.

Signature\_\_\_\_\_Date\_\_\_\_\_

# **Application Deadline is June 30, 2010**

	OLAR <b>BBED</b> GC Residency		30-0065137
	RT XV – SUPPLEMENTARY INFO		
Name:	<u>HSST SCHOLARSHIP APPLICA</u>	LION	
	(Please print)		
Address:	City/State:	2	Cip:
Social Security #:	Phone:	Fax:	
How long at this address:		Date:	

The Bristol Bay Economic Development Corporation requires that anyone seeking services from BBEDC be a resident of one of the 17 Bristol Bay CDQ communities. (Aleknagik; Clarks Point; Dillingham; Egegik; Ekuk; Ekwok; King Salmon; Levelock; Manokotak; Naknek; Pilot Point; Port Heiden; Portage Creek; South Naknek; Togiak; Twin Hills; Ugashik.)

Definition of a CDQ community resident: A person who has resided (lived) in the CDQ community for a period of 12 consecutive months or more immediately **prior to application** and continues to live in that CDQ community. Unexcused absences of up to 90 days per year are allowable. Absences of over 90 days for educational purposes, military duty, or medical reasons are allowable with the proper documentation.

In order to verify your residency in one of the 17 CDQ communities you <u>must</u> provide the following documentation:

- A copy of your Alaska state issued photo ID (drivers license or ID Card) and at least one of the following documents:
  - A copy of your Permanent Fund Dividend Check stub that shows your current address.
  - Copies of current utility bill receipts in your name from your residence.
  - A copy of your most recent pay check stub that shows your address.
  - A copy of your recent AFDC or food stamp benefit receipts that shows your address.
  - Voters registration card

If you are out of the CDQ community for more than 90 consecutive days for any reason, the only **excusable absences** of more than 90 days duration are: **educational purposes**; **military service**; or **medical reasons**. To waive the 90-day requirement you must supply one of the following:

- A copy of your school enrollment form or transcripts verifying full-time attendance during the previous year if you are a student away from home attending school.
- A copy of your current orders if you are on active military duty.
- A letter from your physician stating the reason for the need to reside in another location and the time estimated for that stay.

By signing this affidavit, I warrant that I am a resident of the community from which I am applying and I attest that the documents submitted are true and accurate to the best of my knowledge. Any falsification or misrepresentation of the information submitted will result in the termination of benefits and the applicant may be required to pay back any funds that were provided by BBEDC as a result of the information provided.

SIGNATURE:DATE:				
This form must signed by an authorized repres	entative of the village tribal cou	ncil or the city government.		
I verify that	is a resident of	, and		
has been has not been				
residing in this CDQ community for the past twel	ve months.			
Signed by: Organization:				
Thank you for your assistance. If you have question	ons, please call BBEDC at 842-43	370 or 1-800-478-4370		
2010-2014-2655TASSATASATASATA	CATION			

<ul> <li>If you are</li> </ul>	e 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 origin	
Type or	Name of exempt organization	Employer identification number
print	HARVEY SAMUELSEN SCHOLARSHIP TRUST	30-0065137
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
extended due date for	P.O. BOX 1464	
iling your	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	· · · · · ·
return. See instructions.	DILLINGHAM, AK 99576-1464	

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

Application	Return	Application	Return
Is For	Code	ls For	Code
Form 990	01		
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
STOP! Do not complete Part II if you were not already	granted ar	n automatic 3-month extension on a previously filed Fo	rm 8868.
<ul> <li>The books are in the care of ► STACI FIESER,</li> </ul>	FINANCE	E OFFICER	
Telephone No. ► 907 842-4370		FAX No. 🕨 907 842-4336	
• If the organization does not have an office or place of	 business ir	the United States, check this box	►
• If this is for a Group Return, enter the organization's fo	ur digit Gro	pup Exemption Number (GEN)	this is
for the whole group, check this box	f it is for pa	art of the group, check this box	attach a
list with the names and EINs of all members the extension		• • • • • • • • • • • • • • • • • • •	
4 I request an additional 3-month extension of time u	ntil	11/15 ,20 11 .	
5 For calendar year 2010, or other tax year beginni	ing	, 20, and ending ck reason:Initial returnFinal return	, 20
6 If the tax year entered in line 5 is for less than 12 m	onths, che	ck reason: Initial return Final return	
Change in accounting period			
7 State in detail why you need the extension INFOF	MATION	NECESSARY TO PREPARE A COMPLETE AND	
ACCURATE RETURN IS NOT YET AVAILAB	BLE.		
0 If this analisation is for Form 000 PL 000 PE 00		ar 6060, onter the tentetive tax loss any	

			1	
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.	8 a	\$	3,660.
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.	8 b	\$	6,111.
с	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.	8 c	\$	0.

#### 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.

linul ! Date ► 08/03/2011 Title ► CPA Signature 🕨 Form 8868 (Rev. 1-2011) WILL. V. a States and the second second ANC

AUG 1 2 2011

SSion

### Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► X

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 unlessou 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* 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

Type or	Name of exempt organization	Employer identification number
print	HARVEY SAMUELSEN SCHOLARSHIP TRUST	30-0065137
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for	P.O. BOX 1464	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	,,
instructions.	DILLINGHAM, AK 99576	

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

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A HAY 2 111	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 ▶ STACI FIESER

٦	Gelephone No. ▶         907         842-4370         FAX No. ▶         907         842-4336			
• !	f the organization does not have an office or place of business in the United States, check this box			
• 1	f this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		. If th	is is
for t	he whole group, check this box		and att	ach
	t 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			
	until08/15_, 20 11_, to file the exempt organization return for the organization named abov	e. T	he exte	nsion is
	for the organization's return for:			
	► X calendar year 20 10 or			
	tax year beginning, 20, and ending, 20,	20		
2	If the tax year entered in line 1 is for less than 12 months, check reason:	)		
	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	\$	3,660
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	\$	6,113
с		t		
	(Electronic Federal Tax Payment System). See instructions.	30	\$	0

 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.

 For Paperwork Reduction Act Notice, see Instructions.

 Form 8868 (Rev. 1-2011)

V 10-6

For Paperwork Reduction Act Notice, see Instructions. JSA 0F8054 4.000

5/4/2011 5:08:59 PM

	90-PF	or Section	urn of Privat	xempt Charit	able Trust	1	- 
	ent of the Treasury Revenue Service	Note. The foundation may be	Treated as a Priva able to use a copy of	this return to sa	atisfy state re		
	the second se	or tax year beginning		, 2011,	and ending		, 20
	e of foundation	A COUCT ADOUTD MDUCH				A Employer identifie 30-006513	
1. Co. Co. C		N SCHOLARSHIP TRUST D. box number if mail is not delivered			Room/suite		
		. DOX NUMBER II MAINS NOT GENERAL			rtoonnoune	a second second	7) 842-4370
	or town, state, and Z	IP code					
						C If exemption applica pending, check here	
	LINGHAM, AK		Initial return	of a formar n	ublic charit		ъГ
Che	eck all that apply:	Final return	Amended re	turn	ublic chant	D 1. Foreign organizat 2. Foreign organizat 85% test, check h	tions meeting the
01	( )	Address change	Name chang			computation .	<b>.</b> L
		zation: X Section 501(c)	Other taxable pr		ion	E If private foundation	
	r market value of a	nonexempt charitable trust	ting method: Ca				)(1)(A), check here .
	r market value of a lear (from Part II, c		er (specify)		Juli	[1] S. M. Marker, M. M. Marker, M.	in a 60-month termination (1)(B), check here
			olumn (d) must be on	cash basis.)		-	
	Analysis of Ret total of amounts in may not necessar	venue and Expenses (The columns (b), (c), and (d) ily equal the amounts in	(a) Revenue and expenses per books	(b) Net inve incom		(c) Adjusted net income	(d) Disbursements for charitable purposes
_	column (a) (see in	and the second of the second of the	407,127.	A DOTT 1			(cash basis only)
1	if th	ts, etc., received (attach schedule) . e foundation is not required to	407,127.	ATCH 1			
2	Check  Check atta	ch Sch. B					1. 16
3		nd temporary cash investments	322,976.	32	2,976.		ATCH 2
4		erest from securities	545/5101				AICH Z
1.00		(1000)		1			
1	Net rental income or	m sale of assets not on line 10	611,920.		2		1
b	Gross sales price for	all 7,028,679.					
7	assets on line 6a Capital gain net in	come (from Part IV, line 2) .		61	1,920.		1.
8	And the second second second second	pital gain					
9	Income modification					16,599.	
10 a	Gross sales less return and allowances • • Less: Cost of goods s	ns					
		s) (attach schedule)		1.			W
11		ach schedule)	989.		408.	581.	ATCH 3
12	and the state of the second	through 11	1,343,012.	93	5,304.	17,180.	
13		cers, directors, trustees, etc.	9,350.		4,675.		4,6
14	Second State PE 1 1 1 1 1	alaries and wages	22,475.	-	1.1.1		22,2
15	Pension plans, em	ployee benefits	6,558.				6,5
1.		schedule) ATCH 4	145.				1
		attach schedule)ATCH 5	7,000.	-	0 616		7,0
c		I fees (attach schedule) . * .	52,616.	5.	2,616.		
17			8,693.	-			
18		le) (see instructions)	0,093.				
19		ch schedule) and depletion.					
20			7,039.		3,519.		3,4
21 22		es, and meetings					
22		ttach schedule) ATCH 8	70,276.	1.2	5,910.		64,3
23		nd administrative expenses.					
-4		igh 23	184,152.	6	6,720.		108,4
25		s, grants paid	367,041.	12.12.			388,4
26		bursements. Add lines 24 and 25	551,193.	6	6,720.	(	496,8
27	Subtract line 26 fr	the second					
10.0		expenses and disbursements	791,819.				
		come (if negative, enter -0-)		86	8,584.		
1.1		me (if negative, enter -0-).				17,180.	

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	-PF (2011) HARVEY SAMUELSEN SCHO	T		-0065137 Page
art II	Attached schedules and amounts in the Balance Sheets description column should be for end-of-year	Beginning of year	End of	
	amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	Cash - non-interest-bearing			
	Savings and temporary cash investments	390,937.	332,469.	332,46
3	Accounts receivable  8,760.			
	Less: allowance for doubtful accounts ►	4,297.	8,760.	8,76
4	Pledges receivable			
	Less: allowance for doubtful accounts			
	Grants receivable			24-90
	Receivables due from officers, directors, trustees, and other			
	disgualified persons (attach schedule) (see instructions)			
	Other notes and loans receivable (attach schedule)			
	Inventories for sale or use			
	Prepaid expenses and deferred charges ATCH. 9.	2,349.	15,346.	15,34
		1,066,404.	1,007,564.	1,007,56
	Investments - U.S. and state government obligations (attach schedule), **	6,340,247.	6,148,585.	6,148,58
	Investments - corporate stock (attach schedule) ATCH. 11.	940,197.	1,019,338.	1,019,33
	Investments - corporate bonds (attach schedule) <b>ATCH</b> 12	940,197.	1,019,338.	1,019,33
12	(attach schedule)			
13	Investments - other (attach schedule) ATCH 13	95,370.	146,025.	146,02
	Less: accumulated depreciation  (attach schedule)			
15	Other assets (describe ►ATCH_14)	19,406.	18,574.	18,57
16	Total assets (to be completed by all filers - see the			
	instructions. Also, see page 1, item I)	8,859,207.	8,696,661.	8,696,66
17	Accounts payable and accrued expenses	13,162.	9,161.	la de la companya de
18	Grants payable			
19	Deferred revenue			
	Loans from officers, directors, trustees, and other disqualified persons			
	Mortgages and other notes payable (attach schedule)			
	Other liabilities (describe ►ATCH_15_)	297,683.	114,065.	
22		20170001		
23	Total liabilities (add lines 17 through 22)	310,845.	123,226.	
	Foundations that follow SFAS 117, check here $\blacktriangleright X$ and complete lines 24 through 26 and lines 30 and 31.		123,220.	
		8,548,362.	8,573,435.	
		0,540,502.	0,575,455.	
	Temporarily restricted			
26	Permanently restricted			
	Foundations that do not follow SFAS 117,			
	check here and complete lines 27 through 31.			
	Capital stock, trust principal, or current funds			
	Paid-in or capital surplus, or land, bldg., and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds			
30	Total net assets or fund balances (see instructions)	8,548,362.	8,573,435.	
	Total         liabilities         and         net         assets/fund         balances         (see           instructions)	8,859,207.	8,696,661.	
	Analysis of Changes in Net Assets or Fund B			
Total	I net assets or fund balances at beginning of year - Part II	, column (a), line 30 (n	nust agree with	
end-	of-year figure reported on prior year's return)		1	8,548,36
Ente	r amount from Part I, line 27a		2	791,81
Othe	er increases not included in line 2 (itemize)			
	lines 1, 2, and 3		4	9,340,18
			7	, ,
Add	reases not included in line 2 (itemize) ► ATTACHM	ENT 16	5	766,74

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Form 990-PF (2011)	HARVEY SAMUELSEN SC	HOLARSHIP TRUST		30-00651	37 Page <b>3</b>
	and Losses for Tax on Inve	estment Income			
(a) List and	describe the kind(s) of property sold (e ick warehouse; or common stock, 200 s		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE PART IV SCHED	ULE				
b					
C					
d					
e	1				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
b					· · · · · · · · · · · · · · · · · · ·
С					
d					
_e		thuthe foundation on 10/21/00			
Complete only for assets s	showing gain in column (h) and owned	(k) Excess of col. (i)		Gains (Col. (h) g (k), but not less	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	over col. (j), if any		Losses (from co	
2					
b					
C					
d					
e					
	(not conitel lane)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7			
2 Capital gain net income or			2	·	611,920.
	or (loss) as defined in sections 12				
lf gain, also enter in Part	t I, line 8, column (c) (see insti	ructions). If (loss), enter -0- in			
		······································	3		0
		duced Tax on Net Investment I			
(For optional use by domestic	private foundations subject to the	e section 4940(a) tax on net invest	ment inco	ome.)	
If section 4940(d)(2) applies,	leave this part blank.				
Men the foundation liable for	the section 4042 tax on the distrib	utable amount of any year in the b	aso norio	d2	Yes X No
	not qualify under section 4940(e).		ase peno		
		; see the instructions before making	anv entr	ies	
(a)				(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution r (col. (b) divided b	
2010	402,321.	8,005,705.		(111)	0.050254
2009	320,491.	7,014,510.			0.045690
2008	429,157.	8,416,243.			0.050992
2007	371,344.	9,334,578.			0.039782
2006	602,470.	8,461,919.			0.071198
2 Total of line 1, column (d)			2		0.257916
	for the 5-year base period - divide	the total on line 2 by 5, or by the			
-	lation has been in existence if less		3		0.051583
,					
4 Enter the net value of non	charitable-use assets for 2011 fro	m Part X, line 5	4	8,	758,218.
5 Multiply line 4 by line 3			5		451,775.
., ., .,					
6 Enter 1% of net investmer	nt income (1% of Part I, line 27b)		6		8,686.
7 Add lines 5 and 6			7		460,461.
8 Enter qualifying distributio	ns from Part XII, line 4		8		496,837.
If line 8 is equal to or gre	eater than line 7, check the box i	n Part VI, line 1b, and complete	that part	using a 1% ta	x rate. See the
Part VI instructions.					
JSA				For	m 990-PF (2011)

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-	990-PF (2011) HARVEY SAMUELSEN SCHOLARSHIP TRUST		0-006			age 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see ir	struc	tions	)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🛄 and enter "N/A" on line 1					
	Date of ruling or determination letter: (attach copy of letter if necessary - see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			8,6	86.
	here  Market X and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of $\mathcal{J}$ Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				
3	Add lines 1 and 2	3	<u></u>		8,6	86.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			8,6	86.
6	Credits/Payments:					
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 21,843.					
b	Exempt foreign organizations - tax withheld at source					
С	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d ,	7			21,8	343.
8	Enter any penalty for underpayment of estimated tax. Check here 🔲 if Form 2220 is attached	8	***			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			13,1	57.
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax > 13, 157. Refunded >	11				
	t VII-A Statements Regarding Activities					
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did				Yes	No
	or intervene in any political campaign?			<u>1a</u>		<u>X</u>
b						
	instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	s publis	shed or	1.1		
	distributed by the foundation in connection with the activities.					v
	Did the foundation file Form 1120-POL for this year?	•••		1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ►\$ (2) On foundation managers. ► \$	<u> </u>				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure	tax ir	nposed			
	on foundation managers. ► \$					x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	•••	••••	2		
_	If "Yes," attach a detailed description of the activities.		-las of			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instruments and the second seco			2		x
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3 4a		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a 4b	N/	
	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
5	If "Yes," attach the statement required by General Instruction T.	•••				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
o	<ul> <li>By language in the governing instrument, or</li> </ul>					
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory di</li> </ul>	rection	s that			
	conflict with the state law remain in the governing instrument?			6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c			7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	,				
	AK,					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Atto				х	
~	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	**	
9	Is the foundation claiming status as a private operating foundation within the meaning of section	-				
	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Y			0		х
• -				9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing and addresses SEE ATTACHMENT 21	ıneir	names	10	х	
	- unio unuiooooo , , , , , , , , , , , , , , , , ,			, , ,		L

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	990-PF (2011) HARVEY SAMUELSEN SCHOLARSHIP TRUST 30-0065 t VII-A Statements Regarding Activities (continued)	)13/		aye J
11	the second se			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
12	person had advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address  WWW.BBEDC.COM			
14	The books are in care of ▶ STACI FIESER, FINANCE OFFICER Telephone no. ▶907-842	-437	0	
	Located at ▶411 FIRST AVE EAST DILLINGHAM, AK ZIP+4 ▶ 99576-1	464		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of			
	the foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1	r	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			- 19 - 10 - 10 - 10
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			1
I	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			x
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	<u>1b</u>		
	Organizations relying on a current notice regarding disaster assistance check here			
(	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	4.		x
_	were not corrected before the first day of the tax year beginning in 2011?	<u>1c</u>		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			<b>.</b> .
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	1.1.1		
ć	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e. Part XIII) for tax year(s) beginning before 2011?			
,	If "Yes," list the years ▶, Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
1	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		1 - <sup>2</sup> - 2	
	all years listed, answer "No" and attach statement - see instructions.)	2 b	N	A
	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
			1.0	
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
	o If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or			ļ
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2011.)	3 b	N N	A
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		Х
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Form	990-PF (2011) HARVEY SAMUELS			······	065137	Page 6
Par	t VII-B Statements Regarding Activities for	or Which Form 47	720 May Be Requi	red (continued)		
5 a	During the year did the foundation pay or incur any amou	nt to:				
	(1) Carry on propaganda, or otherwise attempt to influer		4945(e))?	Yes X No		
	(2) Influence the outcome of any specific public electronic electr	ction (see section 4	955); or to carry on	·		
	directly or indirectly, any voter registration drive?			Yes X No		
	(3) Provide a grant to an individual for travel, study, or oth	ner similar purposes?		X Yes No		
	(4) Provide a grant to an organization other than a	charitable, etc., org	anization described ir	, <u> </u>		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s	ee instructions)		Yes X No		
	(5) Provide for any purpose other than religious, ch					
	purposes, or for the prevention of cruelty to children o				and the second se	
ь	If any answer is "Yes" to 5a(1)-(5), did any of the					
~	Regulations section 53.4945 or in a current notice regard				5b	X
	Organizations relying on a current notice regarding disast					
~	If the answer is "Yes" to question 5a(4), does the					
L	because it maintained expenditure responsibility for the gi					
	If "Yes." attach the statement required by Regulations sectors					
0 -	Did the foundation, during the year, receive any func-		atly to pay premium	<b>、</b>		
6 a		-				
ь	on a personal benefit contract?				6Ь	x
D	Did the foundation, during the year, pay premiums, direct	cuy or indirectly, on a p	personal benefit contrac	·······		
_	If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a pa	rty to a prohibited tax	choltor transaction?	Yes X No		
	If "Yes," did the foundation receive any proceeds or have					NA
	t VIII Information About Officers, Directors	Trustees Found	dation Managers.	Highly Paid Emplo		INAM
Fa	and Contractors				<b>,</b> ,	
1	List all officers, directors, trustees, foundation n	nanagers and their (b) Title, and average	compensation (see (c) Compensation	(d) Contributions to		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expense ad other allowa	ccount, ances
 7\TT	FACHMENT 17		9,350.	d	c	5,297.
<u>F11</u>	IACHMENT 17		- /			
2	Compensation of five highest-paid employees "NONE."	other than thos	e included on line	e 1 - see instructio	ons). If none	e, enter
		(b) Title, and average	_	(d) Contributions to employee benefit	(e) Expense a	ccount
(a	) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	plans and deferred	other allowa	
		devoted to position		compensation		
	NONE					
		<u> </u>				
Tot	I number of other employees paid over \$50,000 .					NONE

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	ees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE.	**
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc.	- + ·····
1 SCHOLARSHIP PROGRAM PROVIDING SCHOLARSHIPS TO RESIDENTS OF	
THE 17 BRISTOL BAY CDQ COMMUNITIES TO ATTEND ACCREDITED	470 040
COLLEGES; IN 2011, 86 INDIVIDUALS RECEIVED SCHOLARSHIPS.	479,842.
2 ACADEMIC SUPPORT PROGRAM PROVIDING SUPPORT FOR FIRST AND SECOND YEAR STUDENTS AT UAF, UAA, AND FORT LEWIS COLLEGE.	
	16,995.
3	
*	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.           1         NONE	/ mount
2	
All other program-related investments. See instructions.	
3_NONE	
Total. Add lines 1 through 3	NONE
Total. Add lines 1 through 3	NONE

Form 990-PF (2011)

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Forr	990-PF (2011)		Page 8
Pa	<b>rt X</b> Minimum Investment Return (All domestic foundations must complete this part. Foreig see instructions.)	gn founda	lions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	8,488,609.
b	Average of monthly cash balances	1b	402,983.
С		1c	<u> </u>
d	Total (add lines 1a, b, and c)	1d	8,891,592.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3		3	8,891,592.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	4	133,374.
5		5	8,758,218.
6	Minimum investment return. Enter 5% of line 5	6	437,911.
Pa	<b>rt XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this private operations.	part.)	
1	Minimum investment return from Part X, line 6,	1	437,911.
2 a	Tax on investment income for 2011 from Part VI, line 5 2a 8,686.		
b	Income tax for 2011. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	8,686.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	429,225.
4	Recoveries of amounts treated as qualifying distributions	4	16,599.
5	Add lines 3 and 4	5	445,824.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	445,824.
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	496,837.
b	Program-related investments - total from Part IX-B	1b	0.
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	496,837.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	8,686.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	488,151.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years.	Iculating w	hether the foundation

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- X-Constraint - - - -

Form 990-PF (2011)

Pa	rt XIII Undistributed Income (see instru	ictions)			
1	Distributable amount for 2011 from Part XI,	<b>(a)</b> Corpus	(b) Years prior to 2010	<b>(c)</b> 2010	(d) 2011
	line 7			,	445,824.
2	Undistributed income, if any, as of the end of 2011:				
а	Enter amount for 2010 only				
b	Total for prior years: 20_09_,20_08_,20_07				
3	Excess distributions carryover, if any, to 2011:				
а	From 2006 144,811.				
b	From 2007				
С	From 2008 298.		and the second		
d	From 2009				
e	From 2010				
f	Total of lines 3a through e	145,109.			
4	Qualifying distributions for 2011 from Part XII,				
	line 4: ▶ \$ 496,837.				
а	Applied to 2010, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2011 distributable amount	· · ·			445,824.
е	Remaining amount distributed out of corpus	51,013.		n an an Arabana An Arabana An Arabana	1. A. A.
5	Excess distributions carryover applied to 2011				
6	(if an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	196,122.			
b	Prior years' undistributed income. Subtract line 4b from line 2b				
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable amount - see instructions				
e	Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instructions				
f	Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				0
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	144,811.			
9	Excess distributions carryover to 2012.				
	Subtract lines 7 and 8 from line 6a	51,311.			
0	Analysis of line 9:	•			
	Excess from 2007 0.				
b	Excess from 2008 298.				
С	Excess from 2009 0.				
	Excess from 2010 0.				
е	Excess from 2011 51,013.		<u> </u>	<u> </u>	Form 990-PF (201

Form 990-PF (2011)

Part XIV       Private Operating Foundations (see instructions and Part VII-A, question 9)       NOT APPLI         1a       If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling       Image: Comparison of the ruling is effective for 2011, enter the date of the ruling       Image: Comparison of the ruling	Form	n 990-PF (2011)	HARVEY SA	MUELSEN SCHOLAI	SHIP TRUST	30-	-0065137 Page <b>10</b>
1a       ft her foundation, has received a nuling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling.       Image: Control operating the rule is a private operating foundation described in section.       49420(3) or 1494         2a       Extern the kasser of the operation operating foundation described in section.       49420(3) or 1494       49420(3) or 1494         2a       Extern the kasser of the operation operating foundation described in section.       (b) 2010       (c) 2009       (c) 2008       (c) 7004         3b       Style file a section of the Part in the foundation is a private operating foundation described in the 2001       (c) 2009       (c) 2009       (c) 2008       (c) 7004         3b       Style file a set operation	-						NOT APPLICABLE
tornation, and the ruling is effective for 2011, enter the date of the ruling							
<ul> <li>b. Check box to indicate whether the foundation is a private operating foundation described in section. 4942(3)(3) or 494</li> <li>25. Enter the lesser of the at the section of the minimum investment (a) 2011 (b) 2010 (c) 2009 (c) 2008 (c) 2008 (c) 2008</li> <li>b. 55% of the 2a</li> <li>c. builting detributes there in the section of the minimum investment (a) 2011 (c) 2010 (c) 2009 (c) 2008 /li></ul>	, u						
22       Enter the lesser of the ad- protection income from Part. I of the minimum investment wave finited       Taxyear       Prior 3 years       (e) Total (c) 2009       (d) 2008       (e) Total (c) 2009       (c) 2009       (e) Total (c) 2009       (e) Total (c) 2009       (e) Total (c) 2009       (c) 2009 <td>b</td> <td></td> <td></td> <td></td> <td></td> <td>4942(</td> <td>j)(3) or 4942(j)(5)</td>	b					4942(	j)(3) or 4942(j)(5)
2a       Enter the lesser of the state intermediate int	~			·			
Important of the minimum investment intermediation of the problem of the minimum investment intermediate in the 2 control of the problem of the minimum investment intermediate inter	2 a			(b) 2010	Г	(d) 2008	- (e) Total
year isted		I or the minimum investment		······			
b 5% of the 22 c Guillying detreateds from Pen XI, the 4 for early searched c Guillying detreateds from Pen XI, the 4 for early searched c Guillying detreateds for early searched c Guillying detreateds for early searched c Guillying detreateds c Guillying							
C Qualifying distributions from Peri Xi, the 4 for each year listed - decay for each year lister decay lister de	ь						
XI. bes 4 for each year listed .							
used directly for active canded of exempt actives.	С	XII, line 4 for each year listed					
decity for active conduct of example actives. Solution lines         3 derives it reliables. Solution lines         3 derives it reliable set-enter         (1) Value of all assists	d	used directly for active conduct					
seemplatives_Subtract inerget         32 drom the 22,,         33 Complete 3a, b, or c for the alternative tar field upon.         alternative tar field upon.         (1) Value of all assets,         (2) Value of all assets,,         (2) Value of all assets,,         (2) Value of all assets,,,,,,,	е						
2 drom line 2e		•					
a transfer test relied upon: a 'Asset's' alternative set enter (1) Value of all assets							
a *Assets*atemative test-enter. (1) Value of at assets (2) Value of assets (2) Value of assets (2) Value of assets (2) Value of assets (3) Value of assets (4) Value of assets (5) Text and versite	3						
(2) Value of assets qualifying       4942(0)(3)(9)(0,	а						
• under section       • under section         • "Endownent" alternative test- enter 21 of minimum invest- ment return shown in Part X, line 6 for each year listed       • under section         • "Support alternative test- enter 21 alternatest- enter 21 alternative test- enter 21 alternative t		- (1) Value of all assets					
943(0)(9(0),							
enter 2/3 of minimum investment return shown in Part X line 6 for each year listed							
ment return shown in Part X, line 6 for each year isted	b						
line 6 for each year listed          c       "Support" alternative test-enter.         (1) Total support other than gross investment income (Interest, dividends, renis, payments on securities) bans (securities) bans (securities) comparizations as provided in section 4422 u(6)(0)(0)(0)							
(1) Total support other than gross investment income (nierest, dividency, rents, payments on securities loans (section 512(a)(5)), or royalities),, (2) Support from general public and 5 or more exempt organization, sup port from an exempt (0)(0)(0)(0),, (4) Gross investment income.       (2) Support from general public and 5 or more exempt organization, sup port from an exempt organization, (4) Gross investment income.         Part XV       Supplementary Information (Complete this part only if the foundation had \$5,000 or more in a at any time during the year - see instructions.)         1       Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foun before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE         b       List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.         NONE         2       Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ►         (2) Information Regarding Contribution only makes contributions to preselected charitable organizations and does not at the foundation only makes contributions to preselected charitable organizations and does not at the foundation only makes contributions to preselected charitable organizations and does not at the foundation only makes contributions to preselected charitable organizations and does not at the foundation only makes contributions to preselected charitable organizations and does not at the foundation only makes contributions to presele							
gross investment income (interst, dividends, rents, payments on securities teans (section 512(a)(5), or royalities),	С	"Support" alternative test - enter.					
interest, dividends, rents, payments on securities         payments on securities         ionans (section 512(a)(5)), or royalies),         (2) Support from general public and 5 or more securities         public and 5 or more securities         (3) Largest amount of support from an exempt organization satisfy the security of the security							
payments on securities loans (section 512(a)(5)), or royalies),		-					
a       List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.         NONE         2       Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:         Check here ▶       if the foundation only makes contributions to preselected charitable organizations and does not at a set of the foundation only makes contributions to preselected charitable organizations and does not at a set of the foundation only makes contributions to preselected charitable organizations and does not at a set of the foundation only makes contributions to preselected charitable organizations and does not at a set of the foundation only makes contributions to preselected charitable organizations and does not at a set of the foundation only makes contributions to preselected charitable organizations and does not at a set of the foundation only makes contributions to preselected charitable organizations and does not at a set of the foundation only makes contributions to preselected charitable organizations and does not at a set of the foundation only makes contributions to preselected charitable organizations and does not at a set of the foundation only makes contributions to preselected charitable organizations and does not at a set of the foundation only makes contributions to preselected charitable organizations and does not at a set of the foundation only makes contributions to preselected charitable organizations and does not at a set of the foundation only makes contributions to preselected charitable organizations and does not at a set of the foundation only makes contributions to preselected charitable organizations and does not at a set of the foundation only makes contributions to preselected charitable organiza		payments on securities					
<ul> <li>(2) Support from general public and 5 or more general public and 5 or more in a sempt organizations as provided in section 4942 (0(3(0E)(0)),</li></ul>							
exempt organizations as provided in section 4942 (0(3)(B)(W), (3) Largest amount of support from an exempt organization an exempt organization and support from an exampt of the foundation who own 10% or more of the stock of a corporation (or an equally large portion ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.		(2) Support from general					
(i)(3)(B)(iii)         (3) Largest amount of support from an exemptor organization							
(3) Largest amount of support from an exemptor granization accepted to the stock of a corporation of the foundation who own 10% or more of the stock of a corporation (or an equally large portion ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.         (3) Cross investigation for a partnership or other entity) of which the foundation has a 10% or greater interest.         (3) Cross investigation only makes contributions to preselected charitable organizations and does not a start of the foundation only makes contributions to preselected charitable organizations and does not a start of the foundation only makes contributions to preselected charitable organizations and does not a start of the foundation only makes contributions to preselected charitable organizations and does not a start of the foundation only makes contributions to preselected charitable organizations and does not a start of the foundation only makes contributions to preselected charitable organizations and does not a start of the foundation only makes contributions to preselected charitable organizations and does not a start of the foundation only makes contributions to preselected charitable organizations and does not a start of the foundation only makes contributions to preselected charitable organizations and does not a start of the foundation only makes contributions to preselected charitable organizations and does not a start of the foundation only makes contributions to preselected charitable organizations and does not a start of the foundation only makes contributions to preselected charitable organizations and does not a start of the foundation only makes contributions to preselected charitable organizations and does not a start of the foundation only makes contributions to preselected charitable organizations and does not a start of the foundation only makes contread to the start of the foundation on the							
organization							
<ul> <li>(4) Gross investment income.</li> <li>Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in a at any time during the year - see instructions.)</li> <li>1 Information Regarding Foundation Managers:         <ul> <li>a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foun before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)</li> <li>NONE</li> <li>b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.</li> </ul> </li> <li>NONE</li> <li>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:             <ul> <li>Check here </li> <li>if the foundation only makes contributions to preselected charitable organizations and does not at the stock of the stock.</li> </ul></li></ul>							
at any time during the year - see instructions.)         1       Information Regarding Foundation Managers:         a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foun before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)         NONE         b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.         NONE         2       Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:         Check here ▶       if the foundation only makes contributions to preselected charitable organizations and does not a							
<ul> <li>Information Regarding Foundation Managers:         <ul> <li>a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)</li> <li>NONE</li> <li>b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.</li> </ul> </li> <li>NONE</li> <li>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ if the foundation only makes contributions to preselected charitable organizations and does not a set of the stock of a corporation (or an equally large portion ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.</li> </ul>	Pa	art XV Supplement	ary Information (C	omplete this part	only if the found	lation had \$5,000	or more in assets
<ul> <li>a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)         NONE         b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.     </li> <li>NONE</li> <li>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ if the foundation only makes contributions to preselected charitable organizations and does not a</li> </ul>		at any time o	luring the year - see	e instructions.)	-		
before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)         NONE         b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.         NONE         2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:         Check here ▶         if the foundation only makes contributions to preselected charitable organizations and does not a	1						
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<ul> <li>b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.</li> <li>NONE</li> <li>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ► if the foundation only makes contributions to preselected charitable organizations and does not a</li> </ul>		before the close of any	tax year (but only if th	ley have contributed r	more than \$5,000). (S	See section $507(d)(2)$ .	)
ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.         NONE         2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:         Check here ▶         if the foundation only makes contributions to preselected charitable organizations and does not a							
NONE         2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:         Check here ►       if the foundation only makes contributions to preselected charitable organizations and does not a	b	List any managers of	the foundation who	own 10% or more of	the stock of a corp	poration (or an equal	y large portion of the
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ► if the foundation only makes contributions to preselected charitable organizations and does not a		ownership of a partner	ship or other entity) of	which the foundation	n has a 10% or greate	er interest.	
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ► if the foundation only makes contributions to preselected charitable organizations and does not a							
Check here F if the foundation only makes contributions to preselected charitable organizations and does not a							
Check here $\blacktriangleright$ if the foundation only makes contributions to preselected charitable organizations and does not a upsolicited requests for funds. If the foundation makes gifts grants are (see instructions) to individuals or organizations	2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsl	nip, etc., Programs:		
unsolicited requests for funds. If the foundation makes difts grants at (see instructions) to individuals or organizations		Check here ► if t	he foundation only r	nakes contributions	to preselected char	itable organizations	and does not accept
					ints, etc. (see instruc	tions) to individuals o	or organizations under
other conditions, complete items 2a, b, c, and d.							
a The name, address, and telephone number of the person to whom applications should be addressed:	а	The name, address, a	nd telephone number	of the person to whor	n applications should l	be addressed:	
ATTACHMENT 18		ATTACHME	NT 18				
b The form in which applications should be submitted and information and materials they should include:	b	The form in which app	lications should be sul	omitted and information	on and materials they	/ should include:	
HARVEY SAMUELSEN SCHOLARSHIP TRUST APPLICATION FORM AT ATTACHMENT 20		HARVEY SAMU	ELSEN SCHOLARSH	IP TRUST APPLI	CATION FORM AT	ATTACHMENT 20	
c Any submission deadlines:	С	Any submission deadli	nes:				
SEE ATTACHED APPLICATION AT ATTACHMENT 20						able fields kinds of	institutions or other
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or factors:	d		milations on awards,	such as by geogra	aphical aleas, charita	able helds, Kinds of	institutions, or other
SEE ATTACHED APPLICATION AT ATTACHMENT 20			D APPLICATION A	T ATTACHMENT 2	0		

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C Supplication of the test

Page 11

Form 990-PF (2011)				Page 11
Part XV Supplementary Information (	continued)			
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	ng the Year or App	oved for F	Future Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	, anount
a Paid during the year				
SEE ATTACHMENT 19			SEE ATTACHMENT 19	388,400.
Total	L		▶ 3a	388,400
b Approved for future payment	1	1	T	
			1	
			L	
Total			▶ 3b	

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Problemane et al.

C Problement of Article

Form 990-PF		oina Aoti	vition			Page 12
Part XVI-			ated business income	Excluded b	y section 512, 513, or 514	(e)
-	amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion code	(d)	Related or exempt function income
-	service revenue:			Exclusion code		(See instructions.)
	· · · · · · · · · · · · · · · · · · ·					
d						
						·····
f	and contracts from government agencies					
0	and contracts from government agencies ship dues and assessments					
	n savings and temporary cash investments					
	Is and interest from securities			14	322,976.	
5 Net renta	al income or (loss) from real estate:					
	financed property					
	lebt-financed property					
	l income or (loss) from personal property					
	vestment income			10	<u> </u>	
	oss) from sales of assets other than inventory			18	611,920.	
	me or (loss) from special events					<u> </u>
•	ofit or (loss) from sales of inventory					
	venue: a CELLANEOUS INCOME			01	408.	
	K SALE REVENUE			05	581.	
d						
e						
12 Subtotal.	. Add columns (b), (d), and (e)				935,885.	····
	dd line 12, columns (b), (d), and (e)				13	935,885.
(See worksh Part XVI-	B Relationship of Activities					
Line No. ▼	Explain below how each activit accomplishment of the foundatio				-	
			·			· · · · · · · · · · · · · · · · · · ·
						<u></u>
		*****				
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JSA 1E1492 1.000						Form <b>990-PF</b> (2011)

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Form 990-PF (			SAMUELSEN SCHOLARSHII			65137		age 13
Part XVII	Exempt Organ	izations	ansfers To and Transac			_	itable	9
in sect organi a Transf	tion 501(c) of the Con zations? Ters from the reporting	de (other thar g foundation t	engage in any of the followi a section 501(c)(3) organization o a noncharitable exempt organization	ons) or in secti anization of:	ion 527, relating to politica		Yes	
								X
	transactions:				**********	. <u>1a(2)</u>	10-0	A
		charitable ex	empt organization			1b(1)		x
(1) Ou (2) Pu	rchases of assets fro	m a nonchari	table exempt organization			1b(2		X
(3) Re	ntal of facilities, equir	oment, or othe	r assets			1b(3		X
								X
								X
(6) Pe	rformance of services	s or members	hip or fundraising solicitations			. 1b(6		X
			ists, other assets, or paid emplo				X	
			es," complete the following					
			vices given by the reporting f ngement, show in column (d)					
T	(b) Amount involved		noncharitable exempt organization		tion of transfers, transactions, and s			
(a) Line no.	(b) Amount involved	BBEDC	nonchantable exempt organization		ACTIVITIES/SHARING	nanny an	angeme	ino
10	0.	BBEDC		RESOURC				
				KEBOOK				
				-				
				-				
_				-				
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				-		-		-
				-				-
				1				
descri	and the second se	of the Code ( wing schedule	offiliated with, or related to, of other than section 501(c)(3)) of the section 501(c)(3) of the section (b) Type of organization		the second se	X Y	′es [	] No
BRISTOI	BAY ECONOMIC			EN	TITIES ARE RELATED	AND H	AVE	
DEVEL	LOPMENT CORP.		501(C)(4)	CO	MMON CONTROL			
1				in a				
		_						
Sign Here	r penalties of perjury. I decla ct, and complete. Declaration of <u><u><u></u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u>	preparer (other than	nined this return, including accompanying taxpayer) is based on all information of white 10/30/2018 Date	ch preparer has any k	May the	IRS discu preparer	ss this	return
			1			Locut	-	
Paid	Print/Type preparer's	name	Preparer's signature		Date O Check if			
	TERESA D. NEWI		Jeven fl	wind	self-employe	_		12
Preparer		MG LLP	7		Firm's EIN ► 13-	55652	07	
Use Only	Firm's address ► 70	1 WEST 8T	H AVENUE, SUITE 600					
	AN	CHORAGE,	AK	99503	1 Phone no. 907-	265-1	200	

Form 990-PF (2011)

#### SCHEDULE D (Form 1041)

والمرادر ويصفعهم والمراقب الارا

## **Capital Gains and Losses**

OMB No. 1545-0092

2011

Department of the Treasury Internal Revenue Service

Name of estate or trust

► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

Employer identification number

30-0065137

HARVEY	SAMUELSEN	SCHOLARSHIP	TRUST
Note: Form 5	227 filers need	to complete only	Parts I and II.

A Contract of the second s

Part I Short-Term Capital Gains and L	osses - Assets	Held One Ye	ar or Less			
(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a						
			-			
					<b>4</b>	
<b>b</b> Enter the short-term gain or (loss), if any	1b	104,925.				
2 Short-term capital gain or (loss) from Fo	2					
3 Net short-term gain or (loss) from partne	3					
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2010 Capital Loss Carryover Worksheet						()
5 Net short-term gain or (loss). Combine	e lines 1a throug	gh 4 in colum	nn (f). Enter here ar	nd on line 13,	5	104,925.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)(b) Date acquired (mo., day, yr.)(c) Date sold (mo., day, yr.)(d) Sales price(e) Cost or other (see instruction)					(f) Gain or (loss) for the entire year Subtract (e) from (d)	
6a							
					· ·····		
	·				-		······································
	· · · · · · · · · · · · · · · · · · ·						
b	Enter the long-term gain or (loss), if any, fr	om Schedule D-	1, line 6b			6b	506,995.
7	Long-term capital gain or (loss) from Form	s 2439, 4684,	6252, 6781, ar	nd 8824		7	
8	Net long-term gain or (loss) from partnersh	nips. S corporat	ions. and other	estates or trusts		8	
-							
9	Capital gain distributions					9	
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover. Enter t	Capital Loss					
	Carryover Worksheet	11	()				
12	Net long-term gain or (loss). Combine lir column (3) on the back	12	506,995.				

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2011

-	dule D (Form 1041) 2011 t III Summary of Parts I and II		(1) Beneficiari	es' (2) Estate's	
	Caution: Read the instructions before completing this	part.	(see instr.)	or trust's	(3) Total
13	Net short-term gain or (loss)	13			104,925.
14	Net long-term gain or (loss):				
	Total for year	14a			506,995.
	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			
С	28% rate gain	14c			
	Total net gain or (loss). Combine lines 13 and 14a►				611,920.
Note gains	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 ( , go to Part V, and <mark>do not</mark> complete Part IV. If line 15, column (3), is a net loss, co	(or For omplet	m 990-T, Part I, lir e Part IV and the <b>C</b> i	ne 4a). If lines 14a ar apital Loss Carryover V	nd 15, column (2), are net <b>Vorksheet,</b> as necessary.
Par	t IV Capital Loss Limitation	,			
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F				
a	The loss on line 15, column (3) or b \$3,000 : If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page	• • •	•••••		<u> ()</u>
Note Carry	:: If the loss on line 15, column (3), is more than \$3,000, or it Form 1041, pag- over Worksheet in the instructions to figure your capital loss carryover.	e 1, lin	e 22 (or Form 990	-1, line 34), is a loss, d	complete the Capital Loss
in the second se	t V Tax Computation Using Maximum Capital Gains Rate	s			*****
	<b>1041</b> filers. Complete this part only if both lines 14a and 15 in colu		) are gains, or a	n amount is entered	in Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor				
	ion: Skip this part and complete the Schedule D Tax Worksheet in the	instruc	ctions if:		
	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or other the sero, or other the sero. other the sero.				
-	n 990-T trusts. Complete this part only if both lines 14a and 15 an	o apir	e or qualified d	ividends are includ	ed in income in Part I
	prm 990-T, and Form 990-T, line 34, is more than zero. Skip this part a				
	her line 14b, col. (2) or line 14c, col. (2) is more than zero.				
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34)	17		
18	Enter the smaller of line 14a or 15 in column (2)	,	11.2.2.1.2 1.2.2.2.1.2 1.2.2.2.2.2		
	but not less than zero 18			· 전 전 · · · · · · · · · · · · · · · · ·	
19	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) . 19				
20	Add lines 18 and 19 20				
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g; otherwise, enter -0  21				
22	Subtract line 21 from line 20. If zero or less, enter -0				
23	Subtract line 22 from line 17. If zero or less, enter -0-		23		
24	Enter the smaller of the amount on line 17 or \$2,300		24		4. A
25	Is the amount on line 23 equal to or more than the amount on line 24				
	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box		25		
26	No. Enter the amount from line 23           Subtract line 25 from line 24		· · )		
26 27	Are the amounts on lines 22 and 26 the same?	•••			
21	Yes. Skip lines 27 thru 30; go to line 31. No. Enter the smaller of line 17 or lin	ne 22	27	tal an	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		. 28		
	· · · · · · · · · · · · · · · · · · ·				
29	Subtract line 28 from line 27		. 29		
30	Multiply line 29 by 15% (.15)				
31	Figure the tax on the amount on line 23. Use the 2011 Tax Rate				
	(see the Schedule G instructions in the instructions for Form 1041).			31	
• •					
32	Add lines 30 and 31				
33	Figure the tax on the amount on line 17. Use the 2011 Tax Rat				
21	(see the Schedule G instructions in the instructions for Form 1041). Tax on all taxable income. Enter the smaller of line 32 or line 33				
34	G, line 1a (or Form 990-T, line 36)				

Schedule D (Form 1041) 2011

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#### SCHEDULE D-1 (Form 1041)

# Continuation Sheet for Schedule D (Form 1041)

OMB No. 1545-0092

2011

► See instructions for Schedule D (Form 1041). ► Attach to Schedule D to list additional transactions for lines 1a and 6a.

Department of the Treasury Internal Revenue Service Name of estate or trust

Employer identification number

HARVEY SAMUELSEN SCHOLARSHIP TRUST 30-0065137 Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I (b) Date (e) Cost or other basis (see instructions) (f) Gain or (loss) Subtract (e) from (d) (a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.) (c) Date sold (d) Sales price acquired (mo., day, yr.) (mo., day, yr.) 1a 25,093. UBS07010 VARIOUS VARIOUS 200,390. 175,297. VARIOUS VARIOUS 2,110,210 2,070,850. 39,360. UBS07011 118,749. 12,262. VARIOUS VARIOUS 131,011. UBS70614 11,491. UBS32270 VARIOUS VARIOUS 99,121. 87,630. 16,703. VARIOUS VARIOUS 1,864,021. 1,847,318. BOFA1255868 VARIOUS VARIOUS 16. 16. UBS32571

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b . 104,925. For Paperwork Reduction Act Notice, see the Instructions for Form 1041. Schedule D-1 (Form 1041) 2011

of estate or trust as shown on Form 1041. E	o not enter name and emp	loyer identification numb	er if shown on the other side	e. Employer identifi	cation number
t II Long-Term Capital Gains		ts Held More Tha	an One Year	······	
(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (
JBS07010	VARIOUS	VARIOUS	1,065,564.	877,971.	187,59
JBS07011	VARIOUS	VARIOUS	1,029,142.	751,448.	277,69
JBS70614	VARIOUS	VARIOUS	19,415.	23,255.	-3,84
JBS32270	VARIOUS	VARIOUS	47,124.	37,904.	9,22
30FA1255868	VARIOUS	VARIOUS	462,665.	426,337.	36,32
			· · · · · · · · · · · · · · · · · · ·		

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Schedule D-1 (Form 1041) 2011

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## 30-0065137 HARVEY SAMUELSEN SCHOLARSHIP TRUST 30-006513' FORM 990-PF - PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

- A CONSTRUCT OF

Kind of P	roperty		Des	cription		or D	Date acquired	Date sold
Gross sale price less xpenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
	unowayio	UBS07010 PROPERTY TYI			1	Р	VARIOUS	VARIOUS
200,390.		175,297. UBS07010				Р	25,093. VARIOUS	VARIOUS
,065,564.		PROPERTY TY 877,971.	PE: SECURII	TIES			187,593.	
,110,210.		UBS07011 PROPERTY TY 2,070,850.	PE: SECURII	TIES		Ρ	VARIOUS 39,360.	VARIOUS
., 110, 210.		UBS07011				P	·	VARIOUS
.,029,142.		PROPERTY TY 751,448.	FF: SECORT,	ITF2			277,694.	
131,011.		UBS70614 PROPERTY TY 118,749.	PE: SECURIJ	TIES		P	VARIOUS 12,262.	VARIOUS
		UBS70614 PROPERTY TY	PE: SECURII	TIES		Ρ	VARIOUS	VARIOUS
19,415.		23,255. UBS32270				P	-3,840. VARIOUS	VARIOUS
99,121.		PROPERTY TY: 87,630.	PE: SECURII	TIES			11,491.	
47,124.		UBS32270 37,904.					VARIOUS 9,220.	VARIOUS
		BOFA1255868 PROPERTY TY	PE: SECURI	TIES		P	VARIOUS	VARIOUS
,864,021.		1,847,318. BOFA1255868				P	16,703. VARIOUS	VARIOUS
462,665.		PROPERTY TY: 426,337.	PE: SECURI	<b>FIES</b>			36,328.	
		UBS32571 PROPERTY TY	PE: SECURI	TIES		Ρ	VARIOUS 16.	VARIOUS
16.							16.	
TAL GAIN(LC	)SS)						611,920.	

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HARVEY SAMUELSEN SCHOLARSHIP TRUST

FORM 990PF, PART IV - CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME Depreciation

					Depreclation			
	How	Date	Date	Gross	Allowed or	Cost or	Gain or	Short or
List and Describe the Kind of Property Sold	Acquired	Acquired	Sold	Sales Price	Allowable	Other Basis	(Loss)	Long Term
UBS ACCOUNT 07010 - MARKETABLE SECURITIES	PURCHASE	VARIOUS VARIOUS	VARIOUS	200,390		175,297	25,093	SHORT
UBS ACCOUNT 07010 - MARKETABLE SECURITIES	PURCHASE	VARIOUS VARIOUS	VARIOUS	1,065,564		877,971	187,593	LONG
UBS ACCOUNT 07011 - MARKETABLE SECURITIES	PURCHASE	VARIOUS VARIOUS	VARIOUS	2,110,210		2,070,850	39,360	SHORT
UBS ACCOUNT 07011 - MARKETABLE SECURITIES	PURCHASE	VARIOUS VARIOUS	VARIOUS	`		751,448	277,694	PONG
UBS ACCOUNT 70614 - MARKETABLE SECURITIES	PURCHASE	VARIOUS V	VARIOUS			118,749	12,262	SHORT
UBS ACCOUNT 70614 - MARKETABLE SECURITIES	PURCHASE	VARIOUS VARIOUS	VARIOUS			23,255	(3, 840)	LONG
UBS ACCOUNT 32270 - MARKETABLE SECURITIES	PURCHASE	VARIOUS V	VARIOUS	99,121		87,630	11,491	SHORT
UBS ACCOUNT 32270 - MARKETABLE SECURITIES	PURCHASE	VARIOUS V	VARIOUS			37,904	9,220	LONG
UBS ACCOUNT 32571 - CASH IN LIEU	PURCHASE	VARIOUS VARIOUS	VARIOUS			0	16	SHORT
BOA ACCOUNT 1255868 - MARKETABLE SECURITIES	PURCHASE	VARIOUS V	VARIOUS	1,864,021		1,847,318	16,703	SHORT
BOA ACCOUNT 1255868 - MARKETABLE SECURITIES	PURCHASE	VARIOUS V	VARIÔUS	462,665		426,337	36,328	LONG

2 Constraints - 1 1 au

TOTALS 7,028,679 NONE 6,416,759 611,920

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30-0065137

ATTACHMENT 2

P. Constraints of the

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FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

l

NET INVESTMENT <u>INCOME</u>	242,200. 80,776.	322,976.
REVENUE AND EXPENSES PER BOOKS	242,200. 80,776.	322,976.
		TOTAL
DESCRIPTION	DIVIDENDS FROM SECURITIES INTEREST FROM SECURITIES	

ATTACHMENT 2

- Professional Contraction

A CONTRACT OF A

ATTACHMENT 3

HARVEY SAMUELSEN SCHOLARSHIP TRUST

FORM 990PF, PART I - OTHER INCOME

ADJUSTED NET INCOME	581.	581.
NET INVESTMENT <u>INCOME</u>	408.	408.
REVENUE AND EXPENSES PER BOOKS	581. 408.	-689.
		TOTALS
DESCRIPTION	BOOK SALE REVENUE MISCELLANEOUS INCOME	

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A Constraint of the

ATTACHMENT 3

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HARVEY SAMUELSEN SCHOLARSHIP TRUST

ATTACHMENT 4

FORM 990PF, PART I - LEGAL FEES

CHARITABLE PURPOSES	145. 145.
ADJUSTED NET INCOME	
NET INVESTMENT <u>INCOME</u>	
REVENUE AND EXPENSES PER BOOKS	145. <u>145.</u>
	TOTALS
DESCRIPTION	LEGAL FEES

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ATTACHMENT 4

- Statement of the

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ATTACHMENT 5

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FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	7,000.	7,000.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	7,000.	7,000.
DESCRIPTION	TAX RETURN PREPARATION FEES	TOTALS

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TRUST	
SCHOLARSHIP	
SAMUELSEN	
HARVEY	

ATTACHMENT 6

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FORM 990PF, PART I - OTHER PROFESSIONAL FEES

NET INVESTMENT <u>INCOME</u>	52,616.	52,616.
REVENUE AND EXPENSES PER BOOKS	52,616.	52,616.
DESCRIPTION	INVESTMENT MANAGEMENT FEES	TOTALS

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ATTACHMENT 7

### FORM 990PF, PART I - TAXES

DESCRIPTION

- Strangener - Carrier - Carrier

EXCISE TAXES

REVENUE AND EXPENSES PER BOOKS

- ----

8,693.

TOTALS

<u>8,693.</u>

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30-0065137

ATTACHMENT 8

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64,366.

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FORM 990PF, PART I - OTHER EXPENSES

NET	INVESTMENT	INCOME		5,910.				5,910.	
REVENUE AND	EXPENSES	PER BOOKS	9,599.	49,920.	7,333.	666.	2,758.	70,276.	
		DESCRIPTION	OUTREACH/SCHOOL VISITS	BBEDC ADMINISTRATION CHARGE	ACADEMIC SUPPORT	SUPPLIES	INSURANCE	TOTALS	

CHARITABLE <u>PURPOSES</u> 9,599. 44,010. 7,333. 2,758.

ATTACHMENT 8

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HARVEY SAMUELSEN SCHOLARSHIP TRUST

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والاستقادين ال

13,156. 2,190. 15,346. ENDING FMV 13,156. 2,190. 15,346. ENDING BOOK VALUE - PREPAID EXPENSES AND DEFERRED CHARGES 2,349. 2,349. NONE BOOK VALUE BEGINNING TOTALS PREPAID FEDERAL TAXES PREPAID SCHOLARSHIP PART II FORM 990PF, DESCRIPTION

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ATTACHMENT 9

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HARVEY SAMUELSEN SCHOLARSHIP TRUST

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

ATTACHMENT 10	ENDING BOOK VALUE EMV	1,007,564. 1,007,564.	1,007,564.
	BEGINNING BOOK VALUE BOOH	1,066,404.	1,066,404.
	DESCRIPTION	GOVERNMENT SECURITIES	US OBLIGATIONS TOTAL

ATTACHMENT 10

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a di sugarana e contra 
ATTACHMENT 11

FORM 990PF, PART II - CORPORATE STOCK

ENDING	6,148,585.	6,148,585.
ENDING BOOK VALUE	6,148,585.	6,148,585.
BEGINNING BOOK VALUE	6,340,247.	6,340,247.
DESCRIPTION	EQUITY SECURITIES/MUTUAL FUNDS	TOTALS

ATTACHMENT 11

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ATTACHMENT 12

a subsequence of the

HARVEY SAMUELSEN SCHOLARSHIP TRUST

FORM 990PF, PART II - CORPORATE BONDS	BONDS		
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING
VARIOUS CORPORATE BONDS	940,197.	1,019,338.	1,019,338.
TOTALS	940,197.	1,019,338.	1,019,338.

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ATTACHMENT 12

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ATTACHMENT 13

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HARVEY SAMUELSEN SCHOLARSHIP TRUST

	ENDING	110,162. 35,863.	146,025.
	ENDING BOOK VALUE	110,162. 35,863.	146,025.
STMENTS	BEGINNING BOOK VALUE	95, 370. None	95,370.
OTHER INVE			TOTALS
FORM 990PF, PART II - OTHER INVESTMENTS	DESCRIPTION	FOREIGN BONDS OTHER FIXED INCOME	

ATTACHMENT 13

References in the second se

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HARVEY SAMUELSEN SCHOLARSHIP TRUST

ATTACHMENT 14

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FORM 990PF, PART II - OTHER ASSETS

ENDING <u>FNV</u>	18,574.	18,574.
ENDING BOOK VALUE	18,574.	18,574.
BEGINNING BOOK VALUE	19,406.	19,406.
		TOTALS
DESCRIPTION	ACCRUED INTEREST	

ATTACHMENT 14

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	ATTACHMENT 15		L5
FORM 990PF, PART II - OTHER LIABILITIES			
DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
PAYABLE TO AFFILIATE (BBEDC)		297,683.	114,065.
	TOTALS	297,683.	114,065.

Schenzensensen

- Andrease and a second

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ATTACHMENT 16

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

Contraction of the contraction

AMOUNT

a sub-strategy and the second

UNREALIZED LOSS ON MARKETABLE SECURITIES 766,746.

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ATTACHMENT 17

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HARVEY SAMUELSEN SCHOLARSHIP TRUST

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

EXPENSE ACCT AND OTHER ALLOWANCES	1,247.	468.	974.	1,173.	1,435.	5,297.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	0	0	0	0	0
COMPENSATION	1,950.	2,000.	1,200.	2,200.	2,000.	9,350.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT .10	BOARD MEMBER .10	TREASURER .10	VICE PRESIDENT .10	SECRETARY .10	GRAND TOTALS
NAME AND ADDRESS	MARY ANN K. JOHNSON P.O. BOX 1464 DILLINGHAM, AK 99576-1464	GERDA KOSBRUK P.O. BOX 1464 DILLINGHAM, AK 99576-1464	LUCY GOODE P.O. BOX 1464 DILLINGHAM, AK 99576-1464	FRITZ SHARP P.O. BOX 1464 DILLINGHAM, AK 99576-1464	HARRY WASSILY SR. P.O. BOX 1464 DILLINGHAM, AK 99576-1464	

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ATTACHMENT 17

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ATTACHMENT 18

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

Production - 1 - 4

BBEDC P.O. BOX 1464 DILLINGHAM, AK 99576-1464 907-842-4370

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Education (a) a constraint (a)

Form 990PF - Part XV Grants and Contributions Paid During the Year

Harvey Samuelsen Scholarship Trust

Active         Alicia           Akelkok         Luki           Andrew         Michael           Andrew         Michael           Andrew         Michael           Andrew         Violet           Aspelund         Zackary           Barrus         Violet           Aspelund         Zackary           Burton         Libby           Burton         Libby           Cole         Christy           Cole         Christy           Cole         Christy           Cole         Christy           Conbett         Nilliam           Conbett         Nilliam           Conbett         Nilliam           Conbett         Ratio           Conschett         Marc           Denslinger         Marc           Costskall         Sarah           Gostk         Clara           Gostk         Clara           Gostk         Katria           Hunt         Joseph           Hunt         Joseph           Hurthurt         Marc           Junge         Junge           Junge         Lara <tr tr="">          Ju</tr>		Togiak, AK 99678 Dillingham, AK 99576 Port Heiden, AK 99549	Niece of BBFDC Board Member	None	Educational Scholarship	
		Dillingham, AK 99576 Port Heiden, AK 99549				- A 6.380.00
		Port Heiden, AK 99549	Nephew of BBEDC Board Member	None	Educational Scholarship	
ak Milison A Milison A Milison A Milison A Milison A Milison A A A A A A A A A A A A A A A A A A A			Distant Cousin of BBEDC Board Member	None	Educational Scholarship	
		Dillingham, AK 99576	Step-Son of BBEDC Officer	None	Educational Scholarship	1
		Manokotak, AK 99628	None	None	Educational Scholarship	
		Naknek, AK 99633	Distant Cousin of BBEDC Board Member	None	Educational Scholarship	
		Dillingham, AK 99576	None	None	Educational Scholarship	
		Dillingham, AK 99576	None	None	Educational Scholarship	
r Wilson Gger e e e e e e e e e e e e e e e e e e e		Dillingham. AK 99576	None	None	Educational Scholarship	
N Wilson Rigger ez ez ez ez oct t t t t t t t t t t t t t t t t t t		Dillingham AK 99576	Niece of BBEDC Board Members	Anon	Educational Scholarship	
Milson Milson eerge oot oot		Dillingham AK gas76				
Wilson Nison Ger e e e e e e e e e e e e e e e e e e e		Dillingham AV 00576		NOLIE	Educational Scholarship	
		UIIIIIIgitarri, AN 83376	NOLIE	None	Educational Scholarship	
		Levelock, AK 99625	None	None	Educational Scholarship	
eereereereereereereereereereereereereer		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 6,380.00
		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 6,380.00
e e c c c c c c c c c c c c c c c c c c		Aleknagik, AK 99555	None	None	Educational Scholarship	\$ 2.000.00
latez A A allez alle alle alle alle berg o o o o s s s s s o o o o o o o o o o		Dillingham, AK 99576	None	None	Educational Scholarship	
alez A anall Ind Derg Derg Doot Noot Ka Ka Ka Ka Son Oon Oon		Dillingham. AK 99576	None	None	Educational Scholarship	
A A A A A A A A A A A A A A A A A A A		Todiak. AK 99678	None	None	Educational Scholarshin	
all berg berg no toot tri tri tri tri tri tri tri tri tri tr		Todiak AK 99678	None	ench	Educational Scholarship	
and the set of the set		Dillingham AK 99576		outron of the second se	Educational Scholarship	
no hberg loot loot ka ka ka son on on						
n berg 10 10 11 11 11 11 11 11 11 11 11 11 11		Egegik, AN 99579	None	None	Educational Scholarship	
10 11 11 11 11 10 10 10 10 10 10 10 10 1		EKWOK, AK 99580	None	None	Educational Scholarship	
10 Lin Ka Isson on		Naknek, AK 99633	None	None	Educational Scholarship	
noot urt ka ison on on		Dillingham, AK 99576	Daughter of BBEDC Board Member	None	Educational Scholarship	\$ 4,380.00
loot Lurt Ka Son Son		Aleknagik, AK 99555	None	None	Educational Scholarship	\$ 4,380.00
Lift ka on on		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
5.5.5		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,000.00
5	Land Street	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
a u u u u u u u u u u u u u u u u u u u		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
LO LO		King Salmon, AK 99613	None	None	Educational Scholarship	\$ 4,380.00
4		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
u		Dillingham, AK 99576	Great Niece of BBEDC Board Members	None	Educational Scholarship	\$ 6,380.00
		Naknek, AK 99633	None	None	Educational Scholarship	\$ 4,380.00
		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
Kazimirowicz Matlida		Ekwok, AK 99580	None	None	Educational Scholarship	\$ 4,380.00
King Tasha		Ekwok, AK 99580	None	None	Educational Scholarship	\$ 4,380.00
King Mason		Naknek, AK 99633	None	None	Educational Scholarship	\$ 4,380.00
LeFevere Vital		Egegik, AK 99579	None	None	Educational Scholarship	\$ 4,380.00
Lind Maren		Dillingham, AK 99576	Distant Cousin of HSST Board Member	None	Educational Scholarship	\$ 4,380.00
Lindow Patricia		Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
Lisac Deven	· Thissections	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
Lockuk Katrina		Dillingham, AK 99576	Distant Cousin of BBEDC Board Member	None	Educational Scholarship	\$ 4,380.00
Lockuk Damien		Togiak, AK 99678	Nephew of BBEDC Board Member	None	Educational Scholarship	\$ 4,380.00
Lopez Victoria		Naknek. AK 99633	Niece of BBEDC Officer	None	Educational Scholarship	\$ 6,380.00

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ATTACHMENT 19

- A CONTRACTOR

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30-0065137

Form 990PF - Part XV Grants and Contributions Paid During the Year

Harvey Samuelsen Scholarship Trust

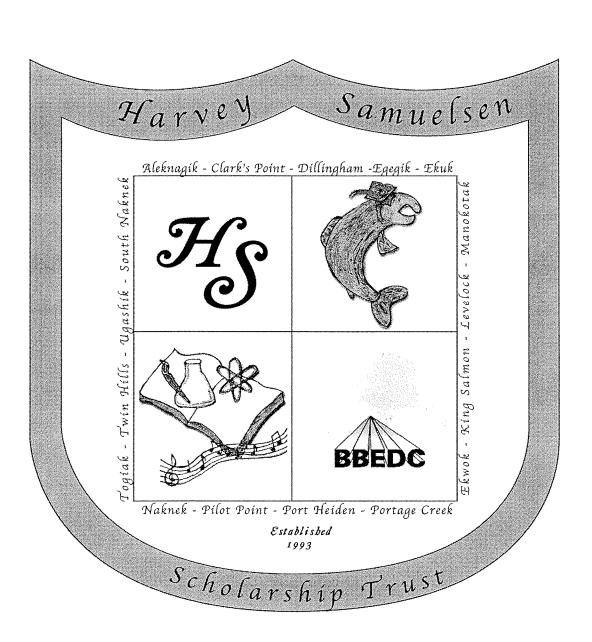
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Lower         Classics         Classics <thclassics< th="">         Classics         <th< th=""><th>Last Name</th><th>First Name</th><th>Home Address</th><th>City, State, Zip</th><th>Relationship</th><th>Foundation Status of Recipient</th><th>Purpose of Grant or Contribution</th><th>Total Award</th></th<></thclassics<>	Last Name	First Name	Home Address	City, State, Zip	Relationship	Foundation Status of Recipient	Purpose of Grant or Contribution	Total Award
Interest         Dimpart, MC 99576         None         Fortant         Educational Schements         1           Dimpart, MC 99576         None         None         None         Educational Schements         1           Dimpart, MC 99576         None         None         None         Educational Schements         1           Dimpart, MC 99576         None         None         Educational Schements         1           Dimpart, MC 99575         None         None         Educational Schements         1           Dimpart, MC 99575         None         None         Educational Schements         1           Dimpart, MC 99575         None         Educational Schements         1         1           Dimpart, MC 99575         None         Educational Schements         1         1           Dimpart, MC 99575         None         None         Educa	Lowrey	Loni		Togiak, AK 99678	None	None	Educational Scholarship	
Image:	Malstrom	Chelsea		Dillingham, AK 99576	None	None	Educational Scholarship	
In-focusion         Holp         Nome         Encontext         Encont	Malstrom	Cameron		Dillingham, AK 99576	None	None	Educational Scholarship	
Immunda         Control         Dillipparm, MX 95576         None         Equational Schediscipp         Schediscipp           Immunda         Several         Name         Equational Schediscipp         Equational Schediscipp         Equational Schediscipp           Several         Name         Name         Equational Schediscipp         Equational Schediscipp         Equational Schediscipp           Several         Name         Name         Name         Equational Schediscipp         Equational Schediscipp           Several         Name         Name         Name         Equational Schediscipp         Equational Schediscipp           Several         Name         Name         Name         Name         Equational Schediscipp         Equational Schediscipp           Several         Name         Name         Name         Equational Schediscipp         Equ	McCalib-Koenig	Holly		Naknek, AK 99633	None	None	Educational Scholarship	
Cleater         Cleater <t< td=""><td>McGill</td><td>Amanda</td><td></td><td>Dillingham, AK 99576</td><td>None</td><td>None</td><td>Educational Scholarship</td><td></td></t<>	McGill	Amanda		Dillingham, AK 99576	None	None	Educational Scholarship	
Cliente         Dimplation         Mone         Educational Scholarship	Megli	Everet		Dillingham, AK 99576	None	None	Educational Scholarship	
Stephamic         Name         Educational Schetarrip         Stephamic           Jernamic         Name         Name         Educational Schetarrip         Stephamic           Minnel         Name         Name         Educational Schetarrip         Stephamic           Minnel         Name         Name         Educational Schetarrip         Stephamic         Stephamic           Name         Dilinghamic         Name         Educational Schetarrip         Stephami	Meraz	Colette		Dillingham, AK 99576	None	None	Educational Scholarship	
Jassica         Jassica         Name         Educational Sciolarity         Is           n         Samel         Name         Educational Sciolarity         Is           n         Samel         None         Educational Sciolarity         Is           n         Samel         None         Educational Sciolarity         Is           n         Carron         None         Educational Sciolarity         Is           n         Carron         None         Educational Sciolarity         Is           n         Carron         None         Educational Sciolarity         Is           n         Dingbam, AC 9557         None         None         Educational Sciolarity         Is           n         Dingbam, AC 9575         None         None         Educational Sciolarity         Is           n         Dingbam, AC 9575         None         Educational Sciolarity         Is         Is           n         Dingbam, AC 9575         None         Educational Sciolarity         Is         Is           n         Dingbam, AC 9575         None         Educational Sciolarity         Is         Is           n         Educational Sciolarity         None         Educational Sciolarity         Is	Miller	Stephannie		Naknek, AK 99633	Distant Cousin of BBEDC Board Members	None	Educational Scholarship	
Multielle         Multielle         Ditingham, KK 99515         None         Educational Schlaarthp         S           m         Akhley         None         Educational Schlaarthp         S           m         Akhley         None         Educational Schlaarthp         S           m         Akhley         None         Educational Schlaarthp         S           m         Timory         None         None         Educational Schlaarthp         S           m         Timory         None         None         None         Educational Schlaarthp         S           m         Timory         None         None         None         Educational Schlaarthp         S           m         Timory         None         None         None         Educational Schlaarthp         S           m         Educational Schlaarthp         None         Educational Schlaarthp         S         S </td <td>Miller</td> <td>Jessica</td> <td></td> <td>Naknek, AK 99633</td> <td>None</td> <td>None</td> <td>Educational Scholarship</td> <td></td>	Miller	Jessica		Naknek, AK 99633	None	None	Educational Scholarship	
m         Samuel         Mone         Equational Scholarship         Statuel           n         Achieu         None         Equational Scholarship	Moore	Michelle		Dillingham, AK 99576	None	None	Educational Scholarship	
Athen         Diagke, Kr (39573)         None         Equational Scholarship         State           Athen         Turothy         None         Kurational Scholarship         State           Athen         Function         None         Kurational Scholarship         State           Athen         Kurational Scholarship         State         None         Educational Scholarship         State           Athen         Kurational Scholarship         None         Kurational Scholarship         State           Athen         Kurational Scholarship         None         Educational Scholarship         State           Athen         None         None         Kurational Scholarship         State           Athen         None         None         Educational Scholarship         State           Athen         None         None         Educational Scholarship         State           Athen         None         None         Kurational Scholarship         State           Athen         None         None         Kurational Scholarship         State           Athen         None         None         Educational Scholarship         State           Athen         None         None         Educational Scholarship         State	Morrison	Samuel		King Salmon, AK 99613	None	None	Educational Scholarship	
off         Carron         Timoly         None         Educational Scholarship         Strolership         Strole	Munk	Ashley		Naknek, AK 99633	None	None	Educational Scholarship	
Timotity         Dime         Educational Scholarship	Nanalook	Garron	a chesta a	Togiak, AK 99678	None	None	Educational Scholarship	
meyer         James         King Salmon, AK 98613         None         Educational Scholarship         S           meyer         Britany         None         Educational Scholarship         S           meyer         Derio         Educational Scholarship         S           Biloka         Dilingham, AK 99576         None         Educational Scholarship         S           Biloka         Dilingham, AK 99576         None         Educational Scholarship         S           Biloka         Dilingham, AK 99576         Great Nice         None         Educational Scholarship         S           Biloka         Dilingham, AK 99576         Great Nice         None         Educational Scholarship         S           Markei         Dilingham, AK 99576         Great Nice         None         Educational Scholarship         S           Markei         Dilingham, AK 99576         Great Nice         None         Educational Scholarship         S           Markei         Dilingham, AK 99576         None         Educational Scholarship         S           Markei         Dilingham, AK 99576         None         Educational Scholarship         S           S         Jasse         Dilingham, AK 99576         None         Educational Scholarship         S </td <td>Nick</td> <td>Timothy</td> <td></td> <td>Dillingham, AK 99576</td> <td>None</td> <td>None</td> <td>Educational Scholarship</td> <td></td>	Nick	Timothy		Dillingham, AK 99576	None	None	Educational Scholarship	
meyer         Entaty.         King Salmon, KY 39673         None         Ecucational Scholarship         S           0         Betra         None         Ecucational Scholarship         S           0         Betra         None         Ecucational Scholarship         S           0         Bitra         None         Ecucational Scholarship         S           0         Even         None         Ecucational Scholarship         S           0         Visely         Dilingham, AK 99576         Great Niece of BEEC Board Member         None         Ecucational Scholarship         S           0         Visely         Dilingham, AK 99576         Great Niece of BEEC Board Member         None         Ecucational Scholarship         S           0         Visely         Dilingham, AK 99576         None         Ecucational Scholarship         S           0         Matewal         Unsee         None         Ecucational Scholarship         S           0         Matewal         None         None         Ecucational Scholarship         S           0         Matewal         None         Ecucational Scholarship         S         S           0         Matewal         None         None         Ecucational Scholarship	Niedermeyer	James		King Salmon, AK 99613	None	None	Educational Scholarship	
Debra         Debra         None         Educational Scholarship         Scholarship <ths< td=""><td>Niedermeyer</td><td>Brittany</td><td></td><td>King Salmon, AK 99613</td><td>None</td><td>None</td><td>Educational Scholarship</td><td></td></ths<>	Niedermeyer	Brittany		King Salmon, AK 99613	None	None	Educational Scholarship	
Bildee         Bildee         Dilingham, AK 99576         None         Educational Scholarship         S           1         Evelyn         None         Educational Scholarship         S           1         Evelyn         None         Educational Scholarship         S           1         Vesity         Dilingham, AK 99576         Great Nicee of BEC Baard Member         None         Educational Scholarship         S           1         Vesity         Dilingham, AK 99576         Great Nicee of BEC Baard Member         None         Educational Scholarship         S           1         Jasse         Dilingham, AK 99576         None         Educational Scholarship         S           1         Jasse         Dilingham, AK 99576         None         Educational Scholarship         S           1         Jasse         Dilingham, AK 99576         None         Educational Scholarship         S           1         Jasse         Dilingham, AK 99576         None         Educational Scholarship         S           1         Alexando         Educational Scholarship         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S <t< td=""><td>Nielsen</td><td>Debra</td><td></td><td>Dillingham, AK 99576</td><td>None</td><td>None</td><td>Educational Scholarship</td><td></td></t<>	Nielsen	Debra		Dillingham, AK 99576	None	None	Educational Scholarship	
Briana         Briana         Conception         Educational Scholarship         Scholarship <thscholarship< th="">         Scholarship</thscholarship<>	Olson	Blake		Dillingham, AK 99576	None	None	Educational Scholarship	
Evelyn         Dillingham, AK 99576         Great Niece of BEEDC Board Member         None         Educational Scholarship         8           Nesley         Dillingham, AK 99576         None         Educational Scholarship         8           Nater         Dillingham, AK 99576         None         Educational Scholarship         8           Jese         Dillingham, AK 99576         None         Educational Scholarship         8           Jese         Dillingham, AK 99576         None         Educational Scholarship         8           Nater         Dillingham, AK 99576         None         Educational Scholarship         8           Nater         Dillingham, AK 99576         None         Educational Scholarship         8           Nice         Educational Scholarship         8         None         Educational Scholarship         8           Nice         Educational Scholarship         8         None         Educational Scholarship         8	Pauling	Brianna		Dillingham, AK 99576	None	None	Educational Scholarship	
WeatelyWoneBuiltingham, AK 99576NoneEducational Scholarship3MattewDillingham, AK 99576NoneEducational Scholarship3JesseDillingham, AK 99576NoneEducational Scholarship3JesseDillingham, AK 99576NoneEducational Scholarship3JesseDillingham, AK 99576NoneEducational Scholarship3JesseDillingham, AK 99576NoneEducational Scholarship3NaweliNoneEducational Scholarship3NameBethamyNoneNoneEducational Scholarship3NameDillingham, AK 99576NoneNoneEducational Scholarship3NameReadNoneNoneEducational Scholarship3NameReadNoneNoneEducational Scholarship3NameReadNoneNoneEducational Scholarship3NameReadNoneNoneEducational Scholarship3NameReadNoneNoneEducational Scholarship3NameReadNoneNoneEducational Scholarship3NameReadNoneNoneEducational Scholarship3NameReadNoneNoneEducational Scholarship3NameReadNoneNoneEducational Scholarship3NameReadNoneNoneNoneEducational Scholarship3NameEducational	Phillips	Evelyn	100 million (100 m	Dillingham, AK 99576	Great Niece of BBEDC Board Member	None	Educational Scholarship	
Mathew         Dilingham, AK 99576         None         Educational Scholarship         S           1 <td< td=""><td>Richard</td><td>Wesley</td><td></td><td>Dillingham, AK 99576</td><td>None</td><td>None</td><td>Educational Scholarship</td><td></td></td<>	Richard	Wesley		Dillingham, AK 99576	None	None	Educational Scholarship	
s         Dilingham, AK 99576         None         Educational Scholarship         State           1yler         Dilingham, AK 99576         None         Educational Scholarship         F           Baray         Dilingham, AK 99576         None         Educational Scholarship         F           Son         Bethany         Dilingham, AK 99576         None         Educational Scholarship         F           Son         Chad         Dilingham, AK 99576         None         None         Educational Scholarship         F           Son         Chad         Dilingham, AK 99576         None         None         Educational Scholarship         F           Son         Chad         Dilingham, AK 99576         None         None         Educational Scholarship         F           Son         Chad         Dilingham, AK 99576         None         None         Educational Scholarship         F           Son         Chad         Dilingham, AK 99576         None         None         Educational Scholarship         F           Son         Chad         Dilingham, AK 99576         None         None         Educational Scholarship         F           Son         Chad         Dilingham, AK 99576         None         None         Educational Sc	Rogers	Mathew		Dillingham, AK 99576	None	None	Educational Scholarship	
Tyler       Dillingham, AK 99576       None       Educational Scholarship       5         barger       Maxwell       Dillingham, AK 99576       None       Educational Scholarship       5         con       Bethany       Dillingham, AK 99576       None       Educational Scholarship       5         con       Chad       None       Educational Scholarship       5         con       Reed       None       Educational Scholarship       5         con       Reed       None       None       Educational Scholarship       5         con       Reed       None       None       Educational Scholarship       5         son       Reed       None       None       Educational Scholarship       5         son       Reed       None       None       Educational Scholarship       5         son       None       None       Educational Scholarship       5         son       None       None       Educational Scholarship       5         son       None       None       Educational Scholarship       5         stat       None       None       Educational Scholarship       5         stat       Danielle       None       None       Education	Rogers	Jesse		Dillingham, AK 99576	None	None	Educational Scholarship	
Berger         Maxwell         Dillingham, AK 99576         None         Educational Scholarship         3           son         Bethany         Dillingham, AK 99576         None         Educational Scholarship         5           son         Bethany         Dillingham, AK 99576         None         Educational Scholarship         5           son         Red         Dillingham, AK 99576         None         Educational Scholarship         5           son         Red         Dillingham, AK 99576         None         Educational Scholarship         5           son         Red         Dillingham, AK 99576         None         Educational Scholarship         5           son         Rachel         Dillingham, AK 99576         None         Educational Scholarship         5           son         Rachel         Dillingham, AK 99576         None         Educational Scholarship         5           son         Rachel         Dillingham, AK 99576         None         Educational Scholarship         5           son         Amber         Dillingham, AK 99576         None         Educational Scholarship         5           son         Rachel         Dillingham, AK 99576         None         Educational Scholarship         5           v </td <td>Shade</td> <td>Tyler</td> <td></td> <td>Dillingham, AK 99576</td> <td>None</td> <td>None</td> <td>Educational Scholarship</td> <td></td>	Shade	Tyler		Dillingham, AK 99576	None	None	Educational Scholarship	
con         Bethany         None         None         Educational Scholarship         5           son         Chad         Dillingham, AK 99576         None         Educational Scholarship         5           son         Chad         Dillingham, AK 99576         None         Educational Scholarship         5           son         Rachel         Mine         None         None         Educational Scholarship         5           son         Allen         None         None         None         Educational Scholarship         5           son         Allen         None         None         None         Educational Scholarship         5           son         Allen         None         None         None         Educational Scholarship         5           son         Danielle         None         None         None         Educational Scholarship         5           storability         Son         None         None         None         Educational Scholarship         5           son         Danielle         None         None         None         Educational Scholarship         5           son         Danielle         None         None         None         Educational Scholarship	Shellabarger	Maxwell		Dillingham, AK 99576	None	None	Educational Scholarship	
Cinad         Cinad         Dillingham, AK 99576         None         Educational Scholarship         S           Son         Reed         Dillingham, AK 99576         None         Educational Scholarship         S           Son         Reed         Dillingham, AK 99576         None         Educational Scholarship         S           Keto         Dillingham, AK 99576         None         Educational Scholarship         S           Kachel         Dillingham, AK 99576         None         Educational Scholarship         S           Keto         Danielle         None         None         Educational Scholarship         S           V         Danielle         None         None         Educational Scholarship         S           V         Danielle         None         None         Educational Scholarship         S           V         Amber         Dillingham, AK 99576         None         Educational Scholarship	Tennyson	Bethany		Dillingham, AK 99576	None	None	Educational Scholarship	
Son       Red       Dillingham, AK 99576       None       Educational Scholarship       S         Is       Allen       King Salmon, AK 99576       None       Educational Scholarship       S         Is       Dillingham, AK 99576       None       None       Educational Scholarship       S         Is       Dillingham, AK 99576       None       None       Educational Scholarship       S         Is       Dillingham, AK 99576       None       None       Educational Scholarship       S         Is       Dillingham, AK 99576       None       None       Educational Scholarship       S         Is       Dillingham, AK 99576       None       None       Educational Scholarship       S         Is       Amber       Dillingham, AK 99576       None       None       Educational Scholarship       S         Is       Amber       Dillingham, AK 99576       None       None       Educational Scholarship       S         Is       None       None       None       None       Educational Scholarship       S         Is       Amber       Dillingham, AK 99576       None       None       Educational Scholarship       S         Is       Is       None       None       None	Tennyson	Chad		Dillingham, AK 99576	None	None	Educational Scholarship	
Image: Instructure       King Salmon, AK 99613       None       Educational Scholarship       S         Rachel       Dillingham, AK 99576       None       None       Educational Scholarship       S         Rachel       Dillingham, AK 99576       None       None       Educational Scholarship       S         Rachel       Dillingham, AK 99576       None       None       Educational Scholarship       S         V       Chelsea       Dillingham, AK 99576       Niece of BBEDC Board Member       None       Educational Scholarship       S         V       Chelsea       Dillingham, AK 99576       Niece of BBEDC Board Member       None       Educational Scholarship       S         N       Amber       Dillingham, AK 99576       Niece of BBEDC Board Member       None       Educational Scholarship       S         N       Naknek, AK 99576       None       None       Educational Scholarship       S         N       Nia       None       None       Educational Scholarship       S         N       Nia       None       None       Educational Scholarship       S         N       None       None       Educational Scholarship       S         N       None       None       Educational Scholarship	Tennyson	Reed		Dillingham, AK 99576	None	None	Educational Scholarship	
Rachel       Dillingham, AK 99576       None       Educational Scholarship       8         K       Danielle       Aleknagik, AK 99555       None       Educational Scholarship       5         Fin       Dillingham, AK 99576       None       Educational Scholarship       5         V       Chelsea       Dillingham, AK 99576       Niece of BBEDC Board Member       None       Educational Scholarship       5         V       Chelsea       Dillingham, AK 99576       Niece of BBEDC Board Member       None       Educational Scholarship       5         Name       Dillingham, AK 99576       None       None       Educational Scholarship       5         Name       Dillingham, AK 99576       None       None       Educational Scholarship       5         Name       Sawna       None       None       Educational Scholarship       5         Name       None       None       None       Educational Scholarship       5         Name       None       None       None       Educational Scholarship       5         Name       Sawna       None       None       Educational Scholarship       5         Name       Use       None       None       Educational Scholarship       5	Tibbetts	Allen	international and the second sec	King Salmon, AK 99613	None	None	Educational Scholarship	
C       Danielle       Aeknagik, AK 99555       None       Deducational Scholarship       5         Fin       Ein       Dillingham, AK 99576       None       Educational Scholarship       5         V       Chelsea       Dillingham, AK 99576       Niece of BBEDC Board Member       None       Educational Scholarship       5         V       Chelsea       Dillingham, AK 99576       Niece of BBEDC Board Member       None       Educational Scholarship       5         Nia       Dillingham, AK 99576       Niece of BBEDC Board Member       None       Educational Scholarship       5         Nia       Dillingham, AK 99576       None       None       Educational Scholarship       5         Nia       None       None       None       Educational Scholarship       5         None       None       None       None       Educational Scholarship       5         Nustek, AK 99633       Non	Tilden	Rachel		Dillingham, AK 99576	None	None	Educational Scholarship	
Erin       Dillingham, AK 99576       None       Educational Scholarship       S         V       Chelsea       Dillingham, AK 99576       Niece of BBEDC Board Member       None       Educational Scholarship       S         Amber       Dillingham, AK 99576       Niece of BBEDC Board Member       None       Educational Scholarship       S         Namber       Dillingham, AK 99576       Niece of BBEDC Board Member       None       Educational Scholarship       S         Nia       Dillingham, AK 99576       None       None       Educational Scholarship       S         Namer       Shawa       None       None       None       Educational Scholarship       S         Namer       None       None       None       Educational Scholarship       S         Namer       Justin       None	Togiak	Danielle		Aleknagik, AK 99555	None	None	Educational Scholarship	
W       Chelsea       Dillingham, AK 99576       Niece of BEDC Board Member       None       Educational Scholarship       \$         Amber       Dillingham, AK 99576       Niece of BEDC Board Member       None       Educational Scholarship       \$         Nia       Dillingham, AK 99576       None       None       Educational Scholarship       \$         Nia       Shawa       Naknek, AK 99633       None       None       Educational Scholarship       \$         N       Justin       None       None       Educational Scholarship       \$       \$         N       Justin       None       None       Educational Scholarship       \$       \$         N       Justin       South Naknek, AK 99670       None       None       Educational Scholarship       \$       \$         N <td>Walsh</td> <td>Erin</td> <td></td> <td>Dillingham, AK 99576</td> <td>None</td> <td>None</td> <td>Educational Scholarship</td> <td>.  </td>	Walsh	Erin		Dillingham, AK 99576	None	None	Educational Scholarship	.
Amber       Dillingham, AK 99576       None       Educational Scholarship       5         Nia       Dillingham, AK 99576       None       Educational Scholarship       5         No       Shawna       None       Educational Scholarship       5         No       Uuke       None       Educational Scholarship       5         Nu       Uuke       Naknek, AK 99633       None       None       Educational Scholarship       5         Nu       Uuke       Naknek, AK 99633       Distant Cousin of BEEDC Board Member       None       Educational Scholarship       5         Nustin       Naknek, AK 99633       Distant Cousin of BEEDC Board Member       None       Educational Scholarship       5         Naknek, AK 99633       Distant Cousin of BEEDC Board Member       None       Educational Scholarship       5         Naknek, AK 99633       Distant Cousin of BEEDC Board Member       None       Educational Scholarship       5         Atameron       South Naknek, AK 99630       Distant Cousin of BEEDC Board Member       None       Educational Scholarship       5	Wassily	Chelsea		Dillingham, AK 99576	Niece of BBEDC Board Member	None	Educational Scholarship	
Nia       Dillingham, AK 99576       None       Educational Scholarship       3         No       Shawna       None       Educational Scholarship       5         No       Luke       None       Educational Scholarship       5         Nu       Luke       None       None       Educational Scholarship       5         Nu       Luke       None       None       Educational Scholarship       5         Nustin       Naknek, AK 99633       Distant Cousin of BBEDC Board Member       None       Educational Scholarship       5         Naknek, AK 99633       Distant Cousin of BBEDC Board Member       None       Educational Scholarship       5         Kameron       South Naknek, AK 99633       Distant Cousin of BBEDC Board Member       None       Educational Scholarship       5	Webb	Amber		Dillingham, AK 99576	None	None	Educational Scholarship	
Image: None       Naknek, AK 99633       None       Educational Scholarship       8         Nuklek, AK 99633       Naknek, AK 99633       None       Educational Scholarship       5         Justin       Justin       None       None       Educational Scholarship       5         Kameron       None       None       Educational Scholarship       5         Vastin       None       None       Educational Scholarship       5         Kameron       South Naknek, AK 99633       Distant Cousin of BBEDC Board Member       None       Educational Scholarship       5         Kameron       South Naknek, AK 99670       None       None       Educational Scholarship       5         Less Returns from Prior Years Awards       Less Returns from Prior Years Awards       5	White	Nia		Dillingham, AK 99576	None	None	Educational Scholarship	
n       Luke       Naknek, AK 99633       None       Educational Scholarship       8         Justin       Justin       None       Educational Scholarship       5         Maknek, AK 99633       Distant Cousin of BEEDC Board Member       None       Educational Scholarship       5         Kameron       South Naknek, AK 99670       None       None       Educational Scholarship       5         Less Returns from Prior Years Awards       Less Returns from Prior Years Awards       5	Wilson	Shawna		Naknek, AK 99633	None	None	Educational Scholarship	
Justin     Naknek, AK 99633     Distant Cousin of BEDC Board Member     None     Educational Scholarship     \$       Kameron     South Naknek, AK 99670     None     None     Educational Scholarship     \$	Wilson	Luke		Naknek, AK 99633	None	None	Educational Scholarship	
Kameron     South Naknek, AK 99670     None     Educational Scholarship     \$       Less Returns from Prior Years Awards	Zimin	Justin		Naknek, AK 99633	Distant Cousin of BBEDC Board Member	None	Educational Scholarship	
Less Returns from Prior Years Awards S	Zimin	Kameron	1269 24 6.	South Naknek, AK 99670	None	None	Educational Scholarship	
						Less F	teturns from Prior Years Awards	<b>67</b> 67 68

ATTACHMENT 19

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Page 2



# 2011-2012 Scholarship Application

2011-2012 HSST Scholarship Application

# Harvey Samuelsen Scholarship

**Eligibility Requirements** 

In order to be considered for the Harvey Samuelsen Scholarship, you must meet the following requirements:

券 Be a resident of a Bristol Bay CDQ community: Aleknagik; Clarks Point; Dillingham; Egegik; Ekuk; Ekwok; King Salmon; Levelock; Manokotak; Naknek; Pilot Point; Port Heiden; Portage Creek; South Naknek; Togiak; Twin Hills; Ugashik.

✤ Be enrolled in an accredited college or university

Be able to demonstrate financial need

₩ Be registered as a "Full-time" student, pursuing an Associates degree or higher

₩ Undergraduate students must have a minimum 2.0 cumulative GPA

₿ Graduate students must have a minimum 3.0 cumulative GPA

# **Application Deadline is June 30, 2011**

If you have any questions regarding eligibility, call BBEDC at 1-800-478-4370 or 1-907-842-4370

2011-2012 HSST Scholarship Application

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| Harvey Samuelsen Scholarship               |   |  |  |  |  |
|--|---|--|--|--|--|
|  | Application Checklist   |  |  |  |  |
| In order f                                 | or your application to be complete, you must submit the following documents:  |  |  |  |  |
| ✓  | Completed Application   |  |  |  |  |
| ✓  | BBEDC Residency Form with required attachments (photo ID + one additional doc.)   |  |  |  |  |
| ✓  | ✓ Official High School or <b>Official College Transcript</b> (must show spring 2011 grades.)  |  |  |  |  |
| ✓  | Letter of Interest  |  |  |  |  |
| ✓  | Copy of School's Letter of Acceptance (Incoming Freshman and transfer students only)  |  |  |  |  |
| ✓  | Release of Information Form   |  |  |  |  |
| ✓  | Copy of Cost of Attendance sheet from University  |  |  |  |  |
| ✓  | Relationship Disclosure Form  |  |  |  |  |
|  |   |  |  |  |  |
|  | <b>BBEDC</b> Residency Form must be completed every 12 months   |  |  |  |  |
|  | BBEDC Residency Form must be completed every 12 months<br>Official Transcripts are required   |  |  |  |  |
|  |   |  |  |  |  |
|  | Official Transcripts are required<br>ications must be mailed or hand delivered to BBEDC's Dillingham Office. Mailed   |  |  |  |  |
|  | Official Transcripts are required<br>ications must be mailed or hand delivered to BBEDC's Dillingham Office. Mailed<br>cations must be post-marked by June 30, 2011.  |  |  |  |  |
| appli                                      | Official Transcripts are required<br>ications must be mailed or hand delivered to BBEDC's Dillingham Office. Mailed<br>cations must be post-marked by June 30, 2011.<br>Application Suggestions:  |  |  |  |  |
| appli<br>祭<br>發<br>發                       | Official Transcripts are required<br>ications must be mailed or hand delivered to BBEDC's Dillingham Office. Mailed<br>cations must be post-marked by June 30, 2011.<br>Application Suggestions:<br>Submit application as soon as Spring term 2011 grades have been posted.<br>Remember only complete applications will be considered (It is your responsibility to make sure your  |  |  |  |  |
| appli<br>袋<br>袋                            | Official Transcripts are required<br>ications must be mailed or hand delivered to BBEDC's Dillingham Office. Mailed<br>cations must be post-marked by June 30, 2011.<br>Application Suggestions:<br>Submit application as soon as Spring term 2011 grades have been posted.<br>Remember only complete applications will be considered (It is your responsibility to make sure your<br>application is complete.)   |  |  |  |  |
| appli<br>祭<br>發<br>發                       | Official Transcripts are required<br>ications must be mailed or hand delivered to BBEDC's Dillingham Office. Mailed<br>cations must be post-marked by June 30, 2011.<br>Application Suggestions:<br>Submit application as soon as Spring term 2011 grades have been posted.<br>Remember only complete applications will be considered (It is your responsibility to make sure your<br>application is complete.)<br>Type your letter of interest and, when possible, the application as well.<br>Double-check your financial budget sheet, this information must be accurate! (Make sure your math is              |  |  |  |  |
| appli<br>祭<br>祭<br>祭<br>祭<br>松<br>Mail you | Official Transcripts are required<br>ications must be mailed or hand delivered to BBEDC's Dillingham Office. Mailed<br>cations must be post-marked by June 30, 2011.<br>Application Suggestions:<br>Submit application as soon as Spring term 2011 grades have been posted.<br>Remember only complete applications will be considered (It is your responsibility to make sure your<br>application is complete.)<br>Type your letter of interest and, when possible, the application as well.<br>Double-check your financial budget sheet, this information must be accurate! (Make sure your math is<br>correct.) |  |  |  |  |

HARVEY SAMUELSEN SCH
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ARVEY SAMUELSEN SCHU. SHIP	TRUST	)	30-0065137
Harvey Samuelser	Harvey Samuelsen Schola P.O. Box 1464, Dillingham, (907) 842-4370 * 1-800-473 Fax: (907) 842-4336 * 1-88	, AK 99576 8-4370	
PERSONAL INFORM	ATION:		*****
First Name:	Last Name	:	_
SSN:	Student ID	#	_
Date of Birth:			
City:		Zip:	
Home Phone:			
Dorm room or apartment	address:		
City:		Zip:	
Dorm room/apartment pl	none # or cell phone#:		
Community and State of	Residency:		
E-Mail Address:			
Appli	ication Deadline is Jun	ne 30, 2011	
· · · · · · · · · · · · · · · · · · ·			

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2011-2012 HSST Scholarship Application

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	SCHOOL INFORM	ATION
High School attended:	Gra	aduation Date:
GED Date:		
School currently attending:		
School planning to attend:		
Address of Financial Aid office		
City:	State:	Zip:
Financial Aid Office Phone:		
Have you applied for admissior	n? Yes No Been acce	pted? Yes 🗌 No 🗌
University Class Standing: 1	<sup>st</sup> year $\square$ 2 <sup>nd</sup> year $\square$ 3 <sup>rd</sup> year	$-$ 4 <sup>th</sup> year + $\Box$ Graduate School
College credits earned to date:		
College Major:	Expected Graduat	ion Date:
		Doctorate
Expected Degree: Associate	e Bachelor Master	
Number of credit hours in whic		Winter Spring Summer
Number of credit hours in whic	th you plan to enroll: Fall	

HARVEY SAMUELSEN SCHC SHIP TRUST

م ا د به مصحف خرارت اد

## FINANCIAL INFORMATION

## FINANCIAL AID

Please list all sources of financial aid (loans, scholarships, grants, etc.) you are applying for:

Name of Scholarship, Grant, etc.	Expected Date of	Amount	Amount Received, Approved
	Notification	Requested	
			· · · · · · · · · · · · · · · · · · ·
Total of Financial Aid Requested			
Total of Financial Aid Approved			
(Attach additional page if needed)			(Table1)

## SCHOOL YEAR EXPENSES

(Note: These figures must be as accurate as possible as we will verify them with the school you will be attending. Any intentional misrepresentation of your financial information will disqualify you from receiving any scholarship from the Bristol Bay Economic Development Corporation. If you are unsure of what your expenses will be, contact the university or college you will be attending.)

Tuition		
Fees/Due		
Room/Rent		
Meals/Food Expense	3e	
Books & Supplies		
Travel (Limited to 2 R.T. tickets)		
Child Care		
Miscellaneous:	Clothing (maximum allowed is \$300)	
	Entertainment (maximum allowed is \$250)	
Total School Year	Expenses	NIN 1997 1997 1997 1997 1997 1997 1997 199
	and the second	(Table 2)

## FINANCIAL NEED

Total School Year Expenses (Table 2)		
Total Amount of Funds Approved (Table 1)	-	
Total Estimated Financial Need	<b></b>	

2011-2012 HSST Scholarship Application

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## LETTER OF INTEREST

Your letter of interest should be no longer than one typed page and should address the following questions:

- 1. What are your educational and career goals?
- 2. What are you contributing to your education?
- 3. Why should you be selected to receive a scholarship?

If you fail to address the above questions in your letter of interest, your application may be deemed incomplete and therefore you will not receive an award. Do not submit the same letter that was submitted with prior year applications.

By signing this page and also your attached letter, you affirm that this is your own original work and understand that if it is not, your application may be rejected and any award granted may be canceled.

I, \_\_\_\_\_ certify that the information herein, financial or otherwise, is correct and any intentional misrepresentation therein will negate my participation now and hereafter in the Scholarship Program administered by Bristol Bay Economic Development Corporation.

App	licant's	Signature
- ANN	nount 5	Signature

\_\_\_\_\_Date: \_\_\_\_\_

# **Application Deadline is June 30, 2011**

## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the release of any and all information contained in city councils, village councils, state, federal, private or educational agencies' records to the organization below:

## BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION P. O. Box 1464 Dillingham, Alaska 99576 Fax Number 1-888-325-4336 (In state) 907-842-4336 (Out of state)

This information is to be used for the verification of the eligibility of:

This authority shall continue in effect until this student is no longer enrolled in the Harvey Samuelsen Scholarship Program.

Signature:	Date
Cosial Converter Number	Date of Birth
Social Security Number:	Date of Birtin

I hereby authorize BBEDC to publicize my name, institution, degree and major, year in college, and village of residency to further encourage youth of the Bristol Bay Region to obtain higher education. In addition, I authorize the same organizations to provide my name for employment purposes. This authority shall continue in effect until I am no longer in the Harvey Samuelsen Scholarship Program.

Signature\_\_\_\_\_

Date

# **Application Deadline is June 30, 2011**

HARVEY SAMUELSEN SCH	SHIP TRUST	
	BBEDC Residency Form	

Name:	(Please print)	
Address:	City/State:	Zip:
Social Security #:	Phone:	Fax:
How long at this address:		Date:

The Bristol Bay Economic Development Corporation requires that anyone seeking services from BBEDC be a resident of one of the 17 Bristol Bay CDQ communities. (Aleknagik; Clarks Point; Dillingham; Egegik; Ekuk; Ekwok; King Salmon; Levelock; Manokotak; Naknek; Pilot Point; Port Heiden; Portage Creek; South Naknek; Togiak; Twin Hills; Ugashik.)

Definition of a CDQ community resident: A person who has resided (lived) in the CDQ community for a period of 12 consecutive months or more immediately **prior to application** and continues to live in that CDQ community. Unexcused absences of up to 90 days per year are allowable. Absences of over 90 days for educational purposes, military duty, or medical reasons are allowable with the proper documentation.

In order to verify your residency in one of the 17 CDQ communities you <u>must</u> provide the following documentation:

- A copy of your Alaska state issued photo ID (drivers license or ID Card) and at least one of the following documents:
  - A copy of your Permanent Fund Dividend Check stub that shows your current address.
  - Copies of current utility bill receipts in your name from your residence.
  - A copy of your most recent pay check stub that shows your address.
  - A copy of your recent AFDC or food stamp benefit receipts that shows your address.
  - Voters registration card

If you are out of the CDQ community for more than 90 consecutive days for any reason, the only **excusable absences** of more than 90 days duration are: **educational purposes**; **military service**; or **medical reasons**. To waive the 90-day requirement you must supply one of the following:

- A copy of your school enrollment form or transcripts verifying full-time attendance during the previous year if you are a student away from home attending school.
- A copy of your current orders if you are on active military duty.
- A letter from your physician stating the reason for the need to reside in another location and the time estimated for that stay.

By signing this affidavit, I warrant that I am a resident of the community from which I am applying and I attest that the documents submitted are true and accurate to the best of my knowledge. Any falsification or misrepresentation of the information submitted will result in the termination of benefits and the applicant may be required to pay back any funds that were provided by BBEDC as a result of the information provided.

SIGNATURE:	
------------	--

\_\_\_\_DATE:\_\_\_

This form must signed by an authorized representative of the village tribal council or the city government.

I verify that(Name)	is a resident of	, and	
has been	has not been		
residing in this CDQ comm	unity for the past twelve months.		
Signed by:	I	Date:	
Organization:			
Thank you for your assistan	ce. If you have questions, please call BBED0	C at 842-4370 or 1-800-478-4370	
2011-2012 HSST Scholarsh	ip Application		

## **BBEDC Relationship Disclosure Form**

Applicant Name

## Community

Please put a check mark next to the BBEDC Board Member(s) listed below that you are related to. If you are not related to any, please check None.

Hattie Albecker	Margie Aloysius	Fred T. Angasan Sr.	Mark Angasan
Ugashik	Aleknagik	South Naknek	King Salmon
Raymond Apokedak	Lucy Goode	Robert Heyano	MaryAnn Johnson
Levelock	Egegik	Ekuk	Portage Creek
Sylvia Kazimirowicz	Gerda Kosbruk	Moses Kritz	H. Robin Samuelsen Jr.
Ekwok	Port Heiden	Togiak	Dillingham
Victor Seybert	Fritz Sharp	Moses Toyukak Sr.	Harry Wassily Sr.
Pilot Point	Twin Hills	Manokotak	Clark's Point
Patrick Patterson Jr.			
Naknek	None		

For each Board Member you checked above, please explain the relationship.

Please put a check mark next to the BBEDC Officer(s) listed below that you are related to. If you are not related to any, please check None.

H. Robin Samuelsen Jr.	Helen Smeaton	Chris Napoli	Staci Fieser
Paul Peyton	None		

For each Officer you checked above, please explain the relationship.

Applicant Signature

Date

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\_\_\_\_\_

ATTACHMENT 21

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## FORM 990PF, PART VII-A - NAMES AND ADDRESSES OF SUBSTANTIAL CONTRIBUTORS

ARCTIC FJORD, INC. 400 N. 34TH STREET, STE. 306 SEATTLE, WA 98103

Providence - Carlo - Construction

Application for	Extension	of Time	To File an
Exempt	t Organizati	ion Retu	irn

OMB No. 1545-1709

....

(Rev. January 2012)
Department of the Treasury Internal Revenue Service

Form 8868

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part 1 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 unlessou 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 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.

Tune or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
Type or		
print	HARVEY SAMUELSEN SCHOLARSHIP TRUST	X 30-0065137
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
due date for filing your	P.O. BOX 1464	
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	DILLINGHAM, AK 99576	

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

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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 
 STACI FIESER

Т	elephone No. ▶ <u>907 842-4370</u> FAX No. ▶ <u>907 842-4336</u>			
• 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)		I <sup>i</sup>	f this is
for t	he whole group, check this box		and	attach
a lis	t 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			
	until08/15_, 20 12_, to file the exempt organization return for the organization named abov	e. T	'he e	xtension is
	for the organization's return for:			
	► X calendar year 20 11 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 Final return Final return	)		
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	\$	17,363.
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.	зь	\$	21,843.
С	Balance due. 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	\$	0
Cau	tion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO at	nd F	Form	8879-EO for
payr	nent instructions.			
For	Privacy Act and Paperwork Reduction Act Notice, see Instructions.	For	- 88(	68 (Pay 1 2012)

JSA 1F8054 4.000

79.0642

Form 8868 (Rev. 1-2012)

Form 8868 (R	Rev. 1-2012)					Page 2
	e filing for an Additional (Not Automatic) 3-M	onth Exten	sion, complete only Part I	land	check this box	► X
	complete Part II if you have already been gra					
• If you ar	e filing for an Automatic 3-Month Extension,	complete o	nly Part I (on page 1).			
Part II	Additional (Not Automatic) 3-Month E			inal (	no copies needed).	· · · · ·
			E	nter fi	er's identifying number, see in	structions
······	Name of exempt organization or other filer, see in	nstructions.			Employer identification number	
Type or						
print	HARVEY SAMUELSEN SCHOLARSHIP TRUST				30-0065137	
-	Number, street, and room or suite no. If a P.O. bo	nber, street, and room or suite no. If a P.O. box, see instructions.				
File by the due date for	P.O. BOX 1464					
filing your	City, town or post office, state, and ZIP code. Fo	r a foreign ad	dress, see instructions.	1.11.		
retum. See instructions,	DILLINGHAM, AK 99576					
Enter the F	Return code for the return that this application	is for (file a	a separate application for ea	ach re	hum)	0 4
Application		Return	Application			Return
ls For		Code	Is For			Code
Form 990		01				
Form 990-I	BI	02	Form 1041-A		······································	08
Form 990-6		01	Form 4720			09
Form 990-F		04	Form 5227			10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	T (trust other than above)	06	Form 8870			12
	not complete Part II if you were not already	granted ar		sion	on a previously filed Form 8	
	oks are in the care of  STACI FIESER					
	ne No. ► 907 842-4370		AX No. > 907 842-	4330	<u>,                                     </u>	
• If the or	ganization does not have an office or place of			nis ho		
<ul> <li>If this is</li> </ul>	for a Group Return, enter the organization's for	our diait Gro	up Exemption Number (GE	N)	. If this i	
for the who	ble group, check this box $\rightarrow$ $\rightarrow$ $\rightarrow$ $\square$ .	lf it is for pa	int of the group check this	, box	► and attac	
	names and EINs of all members the extension		, since group, and and	•		ia
4 I requ	uest an additional 3-month extension of time u	ntil	1	1/1	, 20 <u>12</u> .	
5 Forca	alendar year 2011 , or other tax year beginn	ing				
	tax year entered in line 5 is for less than 12 n					•
	Change in accounting period	,				
	in detail why you need the extension INFO	RMATION	NECESSARY TO PREP.	ARE	THE RETURN IS	
	YET AVAILABLE.		· · · · · · · · · · · · · · · · · · ·			
					······································	
			······································			
8a If this	s application is for Form 990-BL, 990-PF, 9	90 <b>-T</b> , 4720	, or 6069, enter the tent	ative	tax, less any	
	fundable credits. See instructions.					,363.
b If this	s application is for Form 990-PF, 990-T,	4720, or	6069, enter any refun	dable	credits and	
estim	ated tax payments made. Include any pr	ior year o	verpayment allowed as	a cre	dit and any	
amou	int paid previously with Form 8868.				<b>8b \$</b> 21	,843.
c Balan	ce Due. Subtract line 8b from line 8a. Include	your paym	ent with this form, if requir	ed, by	using EFTPS	
	tronic Federal Tax Payment System). See instru	ctions.		-	8c \$	0
	Signature and Verific	ation mus	st be completed for P	art II	only.	
Under penaltie it is true, corre	es of perjury, I declare that I have examined this form, ict, and complete, and that I am authorized to prepare this fo	including acc	ompanying schedules and statem	ents, a	nd to the best of my knowledge ;	and belief,
	11					
Signature 🕨	Juane Lachmayer		Title > CPA		Date > 8.1.12	

C Standard C Standard C Standard C Standard C Standard C Standard C Standard C Standard C Standard C Standard C

	990-PF		tion 4947(a)(1) None Treated as a Priva	ate Foundation	1		2010
nternal	Revenue Service	lote. The foundation may b	e able to use a copy of	this return to sat	tisfy state re		, 20
		or tax year beginning	Initial rature	of a former pu	and ending		Final return
5 Ch	eck all that apply:	Amended return		ss change		Name change	
Jame	of foundation	Amended return	Addres	ss change		A Employer identifi	cation number
		SCHOLARSHIP TRU					-0065137
lumb	er and street (or P.O. bo	ox number if mail is not delivered	to street address)		Room/suite	B Telephone number	(see page 10 of the instructions)
D O	. BOX 1464					(90	)7) 842-4370
	town, state, and ZIP c	ode				C If exemption applica	ation is
Sity Of	town, state, and zh e	ouc				pending, check here D 1. Foreign organiza	
DIL	LINGHAM, AK 9	9576-1464				2. Foreign organiza	
		tion: X Section 501(	c)(3) exempt private f	oundation		85% test, check i computation	here and attach
		nexempt charitable trust	Other taxable pr		on	E If private foundatio	
	ir market value of all		unting method: C	ash X Accr	ual		p)(1)(A), check here .
	year (from Part II, co		her (specify)			_ F If the foundation is	in a 60-month termination
			column (d) must be on	cash basis.)		under section 507(b	b)(1)(B), check here .
Part	total of amounts in c	nue and Expenses (The olumns (b), (c), and (d)	(a) Revenue and	(b) Net inves	and the second sec	(c) Adjusted net	(d) Disbursements for charitable
	may not necessarily	equal the amounts in the 11 of the instructions).)	expenses per books	income		income	purposes (cash basis only)
1		etc., received (attach schedule)	103,627.	ATCH 1			
2	if the t	foundation is not required to					-
3		Sch. B					
4		est from securities	241,492.	. 241	1,492.		ATCH 2
5 8							
1	b Net rental income or (lo	ss)	10.050	1			
6 6	A Net gain or (loss) from	sale of assets not on line 10	12,859.				
	b Gross sales price for all assets on line 6a			10	2,859.		
7		ome (from Part IV, line 2) .		12	2,039.		
8		al gain				18,303	
10 :	a Gross sales less returns						
	and allowances • • • b Less: Cost of goods sold			100 C			
		(attach schedule)		1			
11		h schedule)	5,138		5,138.		ATCH 3
12		rough 11	363,116.		9,489.	18,303	
13	Compensation of office	rs, directors, trustees, etc.	4,150	2	2,075.		2,07
14		aries and wages	19,833				19,74
15 16 16		oyee benefits	5,542		0.	0	
16		hedule) ATCH 4	7,000	1	0.	0	
		tach schedule) ATCH 5	60,403	60	0,403.		
17		ees (attach schedule) .*					
17	Interest	(see page 14 of the instructions)	3,654				
19		schedule) and depletion.					
17 18 19 20							
21		and meetings	4,602	2	2,301.		2,30
21		tions	FO 000		C 21.C		FO 400
23		ach schedule) ATCH 8	58,806		5,316.		52,490
23		administrative expenses.	164,030	71	1,095.	0	. 89,08
2		h 23	298,638	]/_	-1095.	0	313,23
25		grants paid	462,668	71	1,095.	0	
26	Total expenses and disbu Subtract line 26 from	rsements. Add lines 24 and 25 m line 12 <sup>.</sup>	102/000			U.	
100		penses and disbursements	-99,552				
		ome (if negative, enter -0-)			3,394.		
	the second s	e (if negative, enter -0-).			10/00/00 C	18,303	

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Fo	rm 990	-PF (2010)		30.	-0065137	Page 2
			ttached schedules and amounts in the	Beginning of year	nd c	f year
P	art ll	Balance Shee	escription column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearit	ng			
	2		cash investments	229,582.	390,937.	390,937.
	2		4,297.			
	ు		otful accounts ►	7,818.	4,297.	4,297.
	4		otful accounts ►			
	5		· · · · · · · · · · · · · · · · · · ·			
	6		officers, directors, trustees, and other			
		1 1 1	ch schedule) (see page 15 of the instructions)			
	7		eceivable (attach schedule)	동안의 유민가 가격한 것 또 가지 않는다. 		an da Harri Para ng Bilang si Para sa
		Less: allowance for doub	otful accounts ►			
ŝ	8	Inventories for sale or use		1 002	0.240	2 240
Assets	9	Prepaid expenses and de	eferred charges ATCH 9	1,003.		
As			e government obligations (attach schedule). $^{**}$	1,091,909.		
	b	Investments - corporate	stock (attach schedule) ATCH 11	5,723,230.		
	c		bonds (attach schedule) ATCH 12	954,579.	940,197.	940,197.
	11	Investments - land, buildings and equipment: basis Less; accumulated deprecia (attach schedule)				
	12	Investments - mortgage	loans			
	13	Investments - other (atta	ch schedule) ATCH 13	77,694.	95,370.	95,370.
	14	Land, buildings, and equipment: basis	▶			
		Less: accumulated deprecia				
	15	(attach schedule) Other assets (describe	ATCH 14 )	22,263.	19,406.	19,406.
	16	Total assets (to be	completed by all filers - see the			
	10		age 1, item I)	8,108,078.	8,859,207.	8,859,207.
	17		ccrued expenses	11,299.	13,162.	
	18					
~						
ţį	19		rs, trustees, and other disqualified persons			
iabilitie	20					
Lial	1		tes payable (attach schedule)	250,263.	297,683.	
	22	Other liabilities (describe	►ATCH 15 )			
		Tetal liabilities (odd ling	a 17 through 22)	261,562.	310,845.	
	23		s 17 through 22)	2017302.	5107010.	
			low SFAS 117, check here $\blacktriangleright X$ 24 through 26 and lines 30 and 31.			
es	24	Unrestricted		7,846,516.	8,548,362.	
ũ	25					
Balances	25					
р П	26		not follow SFAS 117,			
Fund	1		plete lines 27 through 31. ►			
or F			cipal, or current funds			
	1		land, bldg., and equipment fund			
Net Assets	28		lated income, endowment, or other funds			
As	29		fund balances (see page 17 of the			
let	30			7,846,516.	8,548,362.	
z		Total lighiliting and no:	t assets/fund balances (see page 17			
	31			8,108,078.	8,859,207.	
			and a not Accets or Fund		0,000,201.	
			anges in Net Assets or Fund		(must agree with	
1			alances at beginning of year - Part			7,846,516.
				<i>.</i>		-99,552.
2	Ente	er amount from Part I, I	line 27a ed in line 2 (itemize) ▶ATTACI			801,398.
3	Othe					8,548,362.
						0,040,002.
5	Dec	reases not included in	line 2 (itemize)		5	8,548,362.
<u>6</u>	Tota	I net assets or fund ba	alances at end of year (line 4 minus		o), line 30 6	
			**ATCH 1	U		Form <b>990-PF</b> (2010)

Form 990-PF (2010)		30-0065	137		Page <b>3</b>
Part IV Capital Gain	s and Losses for Tax on Inv	estment Income		•	
(a) List a 2-story	nd describe the kind(s) of property sold ( brick warehouse; or common stock, 200	(e.g., real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE PART IV SCH	IEDULE				
b			_		
с					
d					
e					1
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
b					
<u> </u>					
d					
е					
Complete only for asset	s showing gain in column (h) and owne			Gains (Col. (h) g	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	COI.	(k), but not less Losses (from co	
а					
b					
С					
d					
е					
2 Capital gain net income of		f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7	}		12,859.
	in or (loss) as defined in sections 12				
	I, line 8, column (c) (see pages 13		}		
If (loss), enter -0- in Part	l, line 8		J <sub>3</sub>		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year: see page 18 of the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	; see page 18 of the instructions be (c) Net value of noncharitable-use assets		(d) Distribution ratio (col. (b) divided by col. (c))
2009	320,491.	7,014,510.		0.045690
2008	429,157.	8,416,243.		0.050992
2007	371,344.	9,334,578.		0.039782
2006	602,470.	8,461,919.		0.071198
2005	433,407.	7,672,197.		0.056491
Total of line 1, column (d)			2	0.264153
		e the total on line 2 by 5, or by the than 5 years	3	0.052831
Enter the net value of none	charitable-use assets for 2010 fro	m Part X, line 5	4	8,005,705.
Multiply line 4 by line 3			5	422,949.
Enter 1% of net investmen	t income (1% of Part I, line 27b)		6	1,884.
Add lines 5 and 6			7	424,833.
Enter qualifying distribution	ns from Part XII, line 4		8	402,321.
If line 8 is equal to or gre Part VI instructions on page	ater than line 7, check the box i	n Part VI, line 1b, and complete	that pa	rt using a 1% tax rate. See t

Yes X No

Form	990-PF (2010) 30-0065137		Ρ	age 4
Par		e inst	ructic	ns)
	Exempt operating foundations described in section 4940(d)(2), check here 🕨 📃 and enter "N/A" on line 1.			
, a	Date of ruling or determination letter: (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		3,7	68.
	here  and enter 1% of Part I, line 27b			
с	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2		3,7	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		3,7	68.
6	Credits/Payments:			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6, 111.			
	Exempt foreign organizations-tax withheld at source			
с	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		6,1	11.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10		2,3	343.
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax > 2,343. Refunded > 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u> (1993)</u>	Yes	No
	participate or intervene in any political campaign?	<u>1a</u>		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1 b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
с	Did the foundation file Form 1120-POL for this year?	1 c	in data in	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶\$ (2) On foundation managers. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. 🕨 \$		83888	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b	N/l	H X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	<ul> <li>By language in the governing instrument, or</li> </ul>			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	1304	Х	per di
	conflict with the state law remain in the governing instrument?	6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Λ	1 dahar
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) $\blacktriangleright$ AK,			
b			Х	na sere e
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b	Δ	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1	
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			X
	27)? If "Yes," complete Part XIV	9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			X
	names and addresses	10		<u> </u>

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Form 990-PF (2010)

C CONSCRIPTION OF CONTRACT

Form	990-PF (2010)	30-0065137		F	age 5
	t VII-A Statement	garding Activities (continued)			
		, did the foundation, directly or indirectly, own a controlled entity within the			
••		13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12		a direct or indirect interest in any applicable insurance contract before			
			12		X
13	Did the foundation comply	with the public inspection requirements for its annual returns and exemption application?	13	Х	
14	The books are in care of $\blacktriangleright$	WWW.BBEDC.COM STACI FIESER, FINANCE OFFICER Telephone no. ► 907-84 ST AVE EAST DILLINGHAM, AK ZIP+4 ► 99576-		70	
15	Section 4947(a)(1) nonexe	mpt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here · · · · · · · · · · · · ·		🕨	
	and enter the amount of tax	x-exempt interest received or accrued during the year		T	
16	At any time during caler	ndar year 2010, did the foundation have an interest in or a signature or other authority	1	Yes	No
		ther financial account in a foreign country?	16	Star Sectored	<u> </u>
	See page 20 of the ins	structions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter			
_	the name of the foreign cou	intry 🕨	222995		<u>8678 (23)</u>
Pa		Regarding Activities for Which Form 4720 May Be Required	<u></u>		
	-	em is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a		ndation (either directly or indirectly):			
		nd money to, or otherwise extend credit to (or accept it from) a			
		Yes X No			
		s, or facilities to (or accept them from) a disqualified person?			
		or pay or reimburse the expenses of, a disqualified person? Yes X No			
		r assets to a disgualified person (or make any of either available for			
		disqualified person)?			
		or property to a government official? (Exception. Check "No" if the			
	foundation agreed to	make a grant to or to employ the official for a period after			
		ent service, if terminating within 90 days.)Yes X No			
ł		1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	196368	a Nadarah	Х
		a current notice regarding disaster assistance (see page 22 of the instructions)?	<u>1b</u>	i kata dagi	
		current notice regarding disaster assistance check here 🕨 🛄			
C		ge in a prior year in any of the acts described in 1a, other than excepted acts, that			X
		he first day of the tax year beginning in 2010?	1c	1	
2		ibute income (section 4942) (does not apply for years the foundation was a private ad in section 4942(j)(3) or 4942(j)(5)):			
á		), did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s)	beginning before 2010?Yes X No			
	If "Yes," list the years $~\blacktriangleright~$ _	/			
I	Are there any years liste	ed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
		uation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	19433	1 ;	A
		' and attach statement - see page 22 of the instructions.)	2 b		7
(		4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
3 8		pre than a 2% direct or indirect interest in any business enterprise			
I		bess business holdings in 2010 as a result of (1) any purchase by the foundation or			
		May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the $(2, 1)$ the disperse of heldings acquired by aff or beginning (2) the lapse of			
		ion $4943(c)(7)$ to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
		ar first phase holding period? (Use Schedule C, Form 4720, to determine if the	3 b	NI	A
		ness holdings in 2010.)		+	X
		any investment in a prior year (but after December 31, 1969) that could jeopardize its			
1		and not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		X
	Giarnable purpose that he		Form <b>9</b>	90-PF	(2010)

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Form 990-PF (2010)			30-006	55137		Page <b>6</b>
Part VII-B Stateme	en egarding Activities fo	or Which Form 47	720 May Be Requ	ired (con	1)	
5a During the year did th	e foundation pay or incur any amou	nt to:	4045(0))2	Yes	د] No	
	nda, or otherwise attempt to influer come of any specific public election				NO NO	
. ,	tly, any voter registration drive?			Yes 2	۲ <sub>No</sub>	
	an individual for travel, study, or oth				No	
	an organization other than a chari			• • • • •		
., –	, (2), or (3), or section 4940(d)(2)? (			Yes X	K No	
	urpose other than religious, charital			•		
• •	he prevention of cruelty to children c			Yes 🔰	No No	
	" to 5a(1)-(5), did any of the trans					
	3.4945 or in a current notice regard				5b	, X
Organizations relying	on a current notice regarding disast	ter assistance check h	ere			
c If the answer is "Yes"	to question 5a(4), does the foundation	ation claim exemption f	rom the tax		- Ka	
because it maintained	d expenditure responsibility for the g	rant?		Yes	No	
If "Yes," attach the sta	atement required by Regulations sec	tion 53.4945-5(d).				
6a Did the foundation, di	uring the year, receive any funds, c	lirectly or indirectly, to	pay premiums		<b>-</b>	
	contract?			•	K No	v
b Did the foundation, di	uring the year, pay premiums, direc	ctly or indirectly, on a p	personal benefit contrac	ot?	6b	<b>) X</b>
If "Yes" to 6b, file Forn					ਗ	
	e tax year, was the foundation a pa				X No	
	dation receive any proceeds or have on About Officers, Directors	e any net income attric	dation Managers	Highly Paid F	nnlovees	<u> </u>
and Confr	actors					
1 List all officers, dir	ectors, trustees, foundation m	anagers and their (b) Title, and average	compensation (see (c) Compensation	e page 22 of the (d) Contributions t		
(a) Na	me and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit pla and deferred compens	ans other	ense account, allowances
ATTACHMENT 17			4,150.		0.	3,379.
				00.54	<u> </u>	<u> </u>
2 Compensation of find If none, enter "NON	ve highest-paid employees (ot = "	her than those inc	luded on line 1 - se	e page 23 of the	Instructions	•).
		(b) Title, and average		(d) Contributions	to (a) Evo	ense account,
(a) Name and address of e	ach employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benef plans and deferre		allowances
				compensation		
NONE						
I I I I I I I I I I I I I I I I I I I						
	- <u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Total number of other en	mployees paid over \$50,000 .			• • • • • • • • • • • • • • • • • • •		. ►
					Form	990-DE (2010)

C. S. Charles C. A. L. L.

Form 990-PF (2010)

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Form 990-PF (2010)		30-0065137	Page 7
	ation About Officers, Directors, Trustees, Foundatio ntractors (continued)	n Managers, Highly Paւս Emplo	yees,
	d independent contractors for professional services (se	e page 23 of the instructions). If n	one, enter "NONE."
(a) N	ame and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			NONE
Total number of others	s receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	
Part IX-A Summ	nary of Direct Charitable Activities		
	largest direct charitable activities during the tax year. Include relevant st eneficiaries served, conferences convened, research papers produced, etc.	atistical information such as the number of	Expenses
1 SCHOLARSHIP	PROGRAM PROVIDING SCHOLARSHIPS TO RES	SIDENTS OF	
	TOL BAY CDQ COMMUNITIES TO ATTEND ACCF	REDITED	
	N 2010, 80 SCHOLARSHIPS WERE AWARDED.		390,581
	PPORT PROGRAM PROVIDING SUPPORT FOR FI		
SECOND YEAR	STUDENTS AT UAF, UAA, AND FORT LEWIS	COLLEGE.	11,740
э			11, 140
3			
4	`		
	(Den and Delated langester suite (		
	nary of Program-Related Investments (see page 24 c program-related investments made by the foundation during the tax year on		Amount
1 NONE	program-related investments made by the roundation during the tax year of t		
1			
2			
	investments. See nega 24 of the instructions		
, -	investments. See page 24 of the instructions.		
3_NONE			
Total. Add lines 1 thro	ough 3		

C. S. Company C. S. C.

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Form 990-PF (2010)

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Form	990-PF (2010) 30-0065137		Page <b>8</b>
Par		gn .Jundation	S,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		7 700 400
	Average monthly fair market value of securities	1a	7,789,400.
b	Average of monthly cash balances	1b	0.
	Fair market value of all other assets (see page 25 of the instructions)	1c 1d	8,127,619.
d	Total (add lines 1a, b, and c)	10	0,127,019.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	2	Ο.
	Acquisition indebtedness applicable to line 1 assets	3	8,127,619.
3	Subtract line 2 from line 1d	<u> </u>	0,127,019.
	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		121,914.
	the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	4 5	8,005,705.
		6	400,285.
_	Minimum investment return. Enter 5% of line 5		400,203.
Pa	<b>t XI</b> Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ► and do not complete this privations.	ate operating part.)	
1	Minimum investment return from Part X, line 6	1	400,285.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.) 2b		
с	Add lines 2a and 2b	2c	3,768.
3	Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1	3	396,517.
4	Recoveries of amounts treated as qualifying distributions	4	18,303.
5	Add lines 3 and 4	5	414,820.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	414,820.
Ра	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
'a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	402,321.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
2		2	0.
3	purposesAmounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	402,321.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
v	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted gualifying distributions. Subtract line 5 from line 4		402,321.
U	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	Iculating whet	her the foundation
	gualifies for the section 4940(e) reduction of tax in those years.	-	

P.D.Bardenser, A. 1999.

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Form 990-PF (2010)

JSA
0E1480 1.000

	е	Excess from 2	2010	 
,	JSA			
14	80 1.)	000 TR4973	1832	

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Form	1 990-PF (2010)		30-00	065137	Page 9
-	rt XIII Undistributed Income (see page	e 26 of the instructio	ns)		
		(a) Corpus	<b>(b)</b> Years prior to 2009	(c) 2009	<b>(d)</b> 2010
1	Distributable amount for 2010 from Part XI,	Corpus			414,820.
_	line 7				
2	Undistributed income, if any, as of the end of 2010:			af sefektion i francisca para data	
	Enter amount for 2009 only		n de la francés de la destruction de la La destruction de la d		
b					
3	Excess distributions carryover, if any, to 2010:				
	From 2005				
	From 2007 298.				
	F10/11 2008				
	From 2009	157,608.			
	Total of lines 3a through e	10,,000.			
4	Qualifying distributions for 2010 from Part XII,				
	line 4: ▶ \$ 402,321.			and a fight of a state of a second state.	
а	Applied to 2009, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
с	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)				402 221
d	Applied to 2010 distributable amount				402,321.
е	Remaining amount distributed out of corpus	0.			12,499.
5	Excess distributions carryover applied to 2010	12,499.			12,499.
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:	145 100			
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	145,109.			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b Enter the amount of prior years' undistributed				
С	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
<u>م</u>	amount - see page 27 of the instructions Undistributed income for 2009. Subtract line				
C	4a from line 2a. Taxable amount - see page				
	27 of the instructions			1 I STERALENDAR STRANTSKI	
f	Undistributed income for 2010. Subtract lines				
	4d and 5 from line 1. This amount must be				
7	distributed in 2011				
'	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)				
-	applied on line 5 or line 7 (see page 27 of the instructions)				
9	Excess distributions carryover to 2011.	115 100			
	Subtract lines 7 and 8 from line 6a	145,109.		a a tha guyara Anno Anna Alfrid Anna Anna Anna Anna Anna Anna Anna	
	Analysis of line 9:				
а	Excess from 2006 144,811.		. 것을 받은 것을 같다. 	· 경험 관계 전 관계 -	
b	Excess from 2007				
c	Excess from 2008 298.				
	Excess from 2009				
P	Excess from 2010	1	<ul> <li>A state of state of state</li> </ul>		1 · · · · ·

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Form 990-PF (2010)

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Page 9

- A CONTRACT OF	<ul> <li>Compare to the second se</li></ul>	a contration of the second	

Form	n 990-PF (2010)			30-006	5137	Page 10
Ра	rt XIV Private Oper	g Foundations (s	see page 27 of the i	nstructions and Part \	/II-A, que <u>19</u> )	NOT APPLICABLE
1a	If the foundation has re foundation, and the ruling				g	
b	Check box to indicate whe	ther the foundation is a	private operating foundat	ion described in section	4942(j)	(3) or 4942(j)(5)
• •		Tax year		Prior 3 years		(e) Total
2 a	Enter the lesser of the ad- justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е 3	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon:				,,	
а	"Assets" alternative test - enter.					
b	<ol> <li>Value of all assets</li></ol>					
С	"Support" alternative test - enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	<ul> <li>(2) Support from general public and 5 or more exempt organizations as provided in section 4942 ()(3)(B)(ii)</li> <li>(2) Investigation of the second of the sec</li></ul>					
	<ul> <li>(3) Largest amount of support from an exempt organization</li> <li>(4) Gross investment income</li> <li>(5) Supplementa</li> </ul>	ny Information (C	mploto this part	only if the foundati	on had \$5 000	or more in assets

at any time during the year - see page 28 of the instructions.)

## 1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

## 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here >	i	f the	foundat	ion or	nly makes	contrit	outions	s to	presele	ected	charitable	org	ganizations	and	does	not	acce	pt
unsolicited req	uest	s for	funds. If	f the f	foundation	makes	gifts,	grar	its, etc.	(see	page 28	of	the instruc	tions)	to in	idivid	uals	or
organizations u	Inder	othe	r conditio	ons, co	mplete iter	ns 2a, t	o, c, an	id d.										

a The name, address, and telephone number of the person to whom applications should be addressed: ATTACHMENT 18

**b** The form in which applications should be submitted and information and materials they should include:

## HARVEY SAMUELSEN SCHOLARSHIP TRUST APPLICATION FORM AT ATTACHMENT 20

c Any submission deadlines:

### SEE ATTACHED APPLICATION AT ATTACHMENT 20

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

SEE ATTACHED APPLICATION AT ATTACHMENT 20

m 990-PF (2010)	a a n tinu!)		30-0065137	Page <b>1</b>
art XV Supplementary Information ( Grants and Contributions Paid Duri	continued)	oved for F	uture Payment	
Recipient	If recipient is an individual,	Foundation status of		A
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
SEE ATTACHMENT 19			SEE ATTACHMENT 19	313,237
	5			
Total	· · · · · · · · · · · · · · · · · · ·	<u></u>	🕨 3a	313,237
<b>b</b> Approved for future payment				

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Form 990-PF (2010)

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orm 990-PF (		icing Activi	itios		0065137	Page <b>1</b>	
Part XVI-		T		Evaluated by	( nontion 512 512 or 514	(e)	
nter gross a	amounts unless otherwise indicated.	(a) Business code	ted business income (b) Amount	(c)	<u>v section 512, 513, or 514</u> (d) Amount	Related or exempt function income (See page 28 of	
Program	service revenue:	Busiliess code	Amount		Anount	the instructions.)	
-							
g Fees a	and contracts from government agencies						
	ship dues and assessments						
	n savings and temporary cash investments			14	241,492.		
	s and interest from securities			<u> </u>	211,152.		
	al income or (loss) from real estate:		elan fan gester gester gester gester fan ges		al epitete a constant de termo a constant de la		
	financed property	1					
	ebt-financed property			-			
	income or (loss) from personal property	F I					
	vestment income oss) from sales of assets other than inventory	1 1		18	12,859.		
	me or (loss) from special events						
	rofit or (loss) from sales of inventory.						
Other rev							
	CELLANEOUS INCOME			01	5,138.		
с							
d							
e				the state of the second			
2 Subtotal	Add columns (b), (d), and (e)	100000000000000000000000000000000000000			259,489.	050 400	
3 Total. Ad	Id line 12, columns (b), (d), and (e)				13	259,489	
<b>3 Total.</b> Ad See worksh	Id line 12, columns (b), (d), and (e) neet in line 13 instructions on page 29	to verify calcu	lations.)			259,489	
<b>5 Total.</b> Ac	Id line 12, columns (b), (d), and (e)neet in line 13 instructions on page 29BRelationship of Activities	to verify calcu s to the Ac	lations.) complishment of Ex	cempt Purp	ooses		
Total. Ad ee worksh art XVI-	Id line 12, columns (b), (d), and (e) neet in line 13 instructions on page 29	to verify calcu s to the Acc ty for which	lations.) complishment of Ex n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) complishment of Ex n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) complishment of Ex n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) complishment of Ex n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) complishment of Ex n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	
Total. Ac ee worksh art XVI- ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	
Total. Ac ee worksh art XVI- ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	
Total. Ac ee worksh art XVI- .ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	
Total. Ac ee worksh art XVI- ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	
3 Total. Ac see worksh Part XVI- _ine No.	<ul> <li>Id line 12, columns (b), (d), and (e).</li> <li>in line 13 instructions on page 29</li> <li>Relationship of Activities</li> <li>Explain below how each activi accomplishment of the foundation</li> </ul>	to verify calcu s to the Acc ty for which	lations.) <b>complishment of Ex</b> n income is reported	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contrib	uted importantly to t	

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Form 990-PF (2010)

orm 990-PF (2	2010)	-				30-0065137				ge 13
Part XVII	Informat F Exempt C. ga		Transfers To an	nd Transad	ctions	and Relations	; With I	Nonc	harit	able
	e organization directly	or indirectly							Yes	No
	ion 501(c) of the Co	ode (other than	n section 501(c)(3)	organizations)	) or in s	section 527, relati	ng to political			
organiza	ations? ars from the reporting for	n e of noitebau	oncharitable evempt o	rganization of:						
								1a(1)		Х
	sh							1a(2)		Х
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	er assets									
	es of assets to a nonch	aritable evennt	organization					1b(1)		Х
• •	chases of assets from							1b(2)	1.1	Х
	ntal of facilities, equipm							1b(3)	1.1	Х
	mbursement arrangeme							1b(4)		Х
	ans or loan guarantees							1b(5)		X
	formance of services o							1.		Х
	of facilities, equipmen								X	1
	answer to any of t								fair r	narke
	of the goods, other									
	in any transaction or									
(a) Line no.	(b) Amount involved		noncharitable exempt or			cription of transfers,				
1C	0.					T ACTIVITIES	the second s			
10					RESO	URCES				
						19 1. 19 19		_	-	
					-					
					-					
					F					-
								_		
		1							_	
describ	foundation directly bed in section 501(c) of	the Code (other				ore tax-exempt of	ganizations	XY	es [	No
b If "Yes,	" complete the following		(b) Type of	f organization	- 1	(c) De	scription of relation	nshin		
DDTOMOI	(a) Name of organization		(b) Type of	rorganization		ENTITIES AR			HAV	E
	L BAY ECONOMIC	r	501(C)(4)			COMMON CONT		min		
DEVE	LOPMENT CORP.		501 (C) (4)			COMMON CONT.	KOT.			
								_		
1 C - P -	er penalties of perjury, I d of, it is true, correct, and cor	eclare that I have molete. Declaration	examined this return, in of preparer (other than	taxpayer or fiduc	ciary) is bas	ed ules and statement ed on all information of	which preparer ha	or my i is any kr	nowledg	ige and le.
Sign belle	10 10	0.		11	-100		00	n		
Here .	stacus.	oneser			1/20		ance Ut	100		
1 3	Signature of officer or truste	3e		Date		Title		The case of the		-
	Print/Type preparer's	s name	Preparer's signa	ature		Date	_	PTIN		
Paid	n	11 11		1 1		10/1	Check if			5.0
	ANN	WANG	1 4	maler	1	10/0/11	self-employed			91
Preparer	Firm's name KI	PMG LLP			1	Firm	n's EIN ▶ 13-5	55652	207	
Use Only		)1 WEST 8T	H AVENUE, SU	ITE 600						
	The second second second		RAGE, AK		90	501 Pho	one no. 907-2	265-1	1200	

Form 990-PF (2010)

### SCHEDULE D (Form 1041)

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Department of the Treasury Internal Revenue Service Name of estate or trust

## **Capital Gains and Losses**

Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). OMB No. 1545-0092

Employer identification number

30-0065137

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2010

HARVEY SAMUELSEN	SCHOLARSHIP	TRUST
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Note: Form 5227 filers need to complete only	Parts I and II.								
Part I Short-Term Capital Gains and	Losses - Assets	Held One Ye	ar or Less						
(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (c) Date sold (mo., day, yr.) (d) Sales price		(a) Description of property (b) Date acquired (c) Date sold (d) Sales price (e) Co		Date acquired (c) Date sold (d) Sales price (e) C		asis	(f) Gain or (loss) for the entire year Subtract (e) from (d)	
1a _									
<b>b</b> Enter the short-term gain or (loss), if ar	ny, from Schedule D	0-1, line 1b			1b	115,265.			
2 Short-term capital gain or (loss) from F					2				
3 Net short-term gain or (loss) from partr	nerships, S corpora	itions, and othe	r estates or trusts	,	3				
4 Short-term capital loss carryover. Ente Carryover Worksheet					4 (	)			
5 Net short-term gain or (loss). Combine	Carryover Worksheet Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back								

Column (O	jon the baok.				
Port II Long	Torm Canital	Gains and	Losses . Assets	Held More Than One Ye	ear

Par	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other (see instructio		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
b	Enter the long-term gain or (loss), if any,	from Schedule D-	1, line 6b			6b	-102,406.
7	Long-term capital gain or (loss) from Fo	rms 2439, 4684, 6	6252, 6781, ar	nd 8824		7	
0	Net long-term gain or (loss) from partner						
8	Net long-term gain of (loss) from parties	sinps, o corporati	ons, and other				
9	Capital gain distributions					9	
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover. Enter t	he amount, if any	, from line 14 c	of the 2009 Capital Lo	SS		
	Carryover Worksheet					11	<u>(</u> ,
12	Net long-term gain or (loss). Combine lir column (3) on the back				<u> </u>	12	-102,406.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2010

And the second second	lule D (Form 1041) 2010			- finingian I	(n) E-t-	to'o	Page 2
Par	t III Summary of Parts I and II Caution: Read the instructions before completing this	nart		eficiaries' instr.)	(2) Esta or trus		(3) Total
	Net short-term gain or (loss)	13	(000				115,265.
13 14	Net long-term gain or (loss):						
	Total for year	14a					-102,406.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b					
	28% rate gain						
15	Total net gain or (loss). Combine lines 13 and 14a	15					12,859.
Note to Pa	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or For rt V, and <b>do not</b> complete Part IV. If line 15, column (3), is a net loss, complete F	orm 990 Part IV a	-T, Part I, li and the <b>Cap</b>	ne 4a). If line i <b>ital Loss Car</b>	s 14a and 15, <b>ryover Works</b>	. colur heet, a	mn (2), are net gains, go as necessary.
Par	t IV Capital Loss Limitation					·	
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T,	Part I, li	ne 4c, if a ti	rust), the <b>sr</b>	naller of:		
а	The loss on line 15, column (3) or b \$3,000 : If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page	• • •		· · · · · ·		16	( )
Note	:: If the loss on line 15, column (3), is m <b>o</b> re than \$3,000, <b>or</b> if Form 1041, pag o <b>ver Worksheet</b> on page 7 of the instructions to figure your capital loss carryove	ge 1, lir. er.	ne 22 ( <b>or</b> Fo	orm 990-1, li	ne 34), is a lo	ss, co	omplete the Capital Loss
	t V Tax Computation Using Maximum Capital Gains Rate	es					
Eorn	n 1041 filers. Complete this part only if both lines 14a and 15 in col	umn (2	2) are gain	s, or an an	nount is ente	ered	in Part I or Part II and
there	e is an entry on Form 1041, line 2b(2), <b>and</b> Form 1041, line 22, is mo	re tha	n zero.				
Caut	tion: Skip this part and complete the worksheet on page 8 of the instru	ictions	if:				
• E	ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or						
• B	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero. n 990-T trusts. Complete this part only if both lines 14a and 15 a	re dair	ns or qua	lified divide	ends are inc	lude	d in income in Part I
Forn	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part	art and	l complete	e the work	sheet on pa	ge 8	of the instructions if
eithe	er line 14b, col. (2) or line 14c, col. (2) is more than zero.		1				
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line	34)	17				
18	Enter the <b>smaller</b> of line 14a or 15 in column (2)	•	•••				
10	but not less than zero						
19	Enter the estate's or trust's qualified dividends						
	from Form 1041, line 2b(2) (or enter the qualified						
	dividends included in income in Part I of Form 990-T) . 19						
20	Add lines 18 and 19						
21	If the estate or trust is filing Form 4952, enter the						
	amount from line 4g; otherwise, enter -0 ► 21						
22	Subtract line 21 from line 20. If zero or less, enter -0	<i>.</i>	22				
23	Subtract line 22 from line 17. If zero or less, enter -0-	• • •	23			1	
			24				
24			24				
25	Is the amount on line 23 equal to or more than the amount on line 2	47 V					
	Yes. Skip lines 25 and 26; go to line 27 and check the "No" bo		25				
20	No. Enter the amount from line 23		•••				
26	Subtract line 25 from line 24	•••					
27	Yes. Skip lines 27 thru 30; go to line 31. No. Enter the smaller of line 17 or	line 22	27				
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28				
29	Subtract line 28 from line 27						
30	Multiply line 29 by 15% (.15)				• • • • • • • • •	30	
31	Figure the tax on the amount on line 23. Use the 2010 Tax Ra					24	
	(see the Schedule G instructions in the instructions for Form 1041)					31	· · · · · · · · · · · · · · · · · · ·
						32	
32	Add lines 30 and 31			 Fetates o		52	······
33	Figure the tax on the amount on line 17. Use the 2010 Tax Ra					33	
<b>.</b>	(see the Schedule G instructions in the instructions for Form 1041) Tax on all taxable income. Enter the smaller of line 32 or line 33	here	and on Fo	orm 1041	Schedule		
34	G, line 1a (or Form 990-T, line 36)					34	· · · · · · · · · · · · · · · · ·

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Schedule D (Form 1041) 2010

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1 Standard Lands

#### SCHEDULE D-1 (Form 1041)

# Continuation Sheet for Schedule D (Form 1041) ► See instructions for Schedule D (Form 1041). ► Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No. 1545-0092

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Department of the Treasury Internal Revenue Service .... - ( - - + - +

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HAI	RVEY	SAMUEL

X Constraints

Name of estate or trust				Employer identification 30-0065137	n number
HARVEY SAMUELSEN SCHOLAR Part I Short-Term Capital Gains	and Losses - Asse	ets Held One Yea		30 000310,	
(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	<b>(f) Gain or (loss)</b> Subtract (e) from (d)
1a UBS07010	VARIOUS	VARIOUS	318,651.	281,956.	36,695.
UBS07011	VARIOUS	VARIOUS	2,158,480.	2,107,068.	51,412.
UBS70614	VARIOUS	VARIOUS	148,216.	151,499.	-3,283.
UBS32270	VARIOUS	VARIOUS	22,866.	19,425.	3,441.
BOFA1255868	VARIOUS	VARIOUS	1,579,855.	1,552,855.	27,000.
the Total Combine the amounts in co	lumn (f) Enter here :	and on Schedule D	line 1b		115,265.

edule D-1 (Form 1041) 2010		terre tales the states of the		Employee blockt	Page
e of estate or trust as shown on Form 1041. D	o not enter name and emp	loyer identification numb	er if shown on the other side	e Employer identifi	cation number
rt II Long-Term Capital Gains a					
(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d
UBS07010	VARIOUS	VARIOUS	658,952.	626,788.	32,164
UBS07011	VARIOUS	VARIOUS	620,905.	529,501.	91,404
UBS70614	VARIOUS	VARIOUS	636,455.	922,496.	-286,041
UBS32270	VARIOUS	VARIOUS	29,413.	20,455.	8,958
BOFA1255868	VARIOUS	VARIOUS	793,314.	742,205.	51,109
·					

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HARVEY SAMUELSEN SCHOLARSHIP TRUST

FORM 990PF, PART IV - CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

					Depreciation			
	How	Date	Date	Gross	Allowed or	Cost or	Gain or	Short or
List and Describe the Kind of Property Sold	Acquired	Acquired	Sold	Sales Price	Allowable	Other Basis	(Loss)	Long Term
UBS ACCOUNT 07010 - MARKETABLE SECURITIES	PURCHASE	VARIOUS VARIOUS	<b>ARIOUS</b>	318,651		281,956	36,695	SHORT
UBS ACCOUNT 07010 - MARKETABLE SECURITIES	PURCHASE	VARIOUS V	VARIOUS	658,952		626,788	32,164	LONG
UBS ACCOUNT 07011 - MARKETABLE SECURITIES	PURCHASE	VARIOUS VARIOUS	<b>ARIOUS</b>	2,158,480		2,107,068	51,412	SHORT
UBS ACCOUNT 07011 - MARKETABLE SECURITIES	PURCHASE	VARIOUS V	VARIOUS	620,905		529,501	91,404	LONG
UBS ACCOUNT 70614 - MARKETABLE SECURITIES	PURCHASE	VARIOUS V	VARIOUS	148,216		151,499	(3,283)	SHORT
UBS ACCOUNT 70614 - MARKETABLE SECURITIES	PURCHASE	VARIOUS VARIOUS	<b>ARIOUS</b>	636,349		922,496	(286,147)	LONG
UBS ACCOUNT 32270 - MARKETABLE SECURITIES	PURCHASE	VARIOUS VARIOUS	<b>ARIOUS</b>	22,866		19,425	3,441	SHORT
UBS ACCOUNT 32270 - MARKETABLE SECURITIES	PURCHASE	VARIOUS V	VARIOUS	29,413		20,455	8,958	LONG
BOA ACCOUNT 1255868 - MARKETABLE SECURITIES	PURCHASE	VARIOUS V	VARIOUS	1,579,855		1,552,855	27,000	SHORT
BOA ACCOUNT 1255868 - MARKETABLE SECURITIES	PURCHASE	VARIOUS V	VARIOUS	793,314		742,205	51,109	LONG
UBS ACCOUNT 70614 - RETURN OF CAPITAL	PURCHASE	VARIOUS V	VARIOUS	106		0	106	LONG

A CONTRACT

12,859

6,954,248

NONE

TOTALS 6,967,107

- KOMBART C. H

30-0065137

ATTACHMENT 2

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT <u>INCOME</u>	154,696. 86,796.	241,492.
REVENUE AND EXPENSES PER BOOKS	154,696. 86,796.	241,492.
		TOTAL
DESCRIPTION	DIVIDENDS FROM SECURITIES INTEREST FROM SECURITIES	

ATTACHMENT 2

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30-0065137 ATTACHMENT 3	NT 5,138.	
	I NVESTME I NVESTME	
	REVENUE AND EXPENSES PER BOOKS 5,138. 5,138.	
	TOTALS	
HARVEY SAMUELSEN SCHOLARSHIP TRUST	FORM 990PF, PART I - OTHER INCOME DESCRIPTION MISCELLANEOUS INCOME	

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ATTACHMENT 3

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ATTACHMENT

HARVEY SAMUELSEN SCHOLARSHIP TRUST

- LEGAL FEES

FORM 990PF, PART I

40. 40. CHARITABLE PURPOSES • ADJUSTED NET INCOME • NET INVESTMENT INCOME 40. 40. AND EXPENSES PER BOOKS REVENUE TOTALS DESCRIPTION LEGAL FEES

ATTACHMENT 4

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ATTACHMENT 5

A CONSIGNATION OF A

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	7,000.	7,000.
ADJUSTED NET INCOME		0.
NET INVESTMENT INCOME		0.
REVENUE AND EXPENSES PER BOOKS	7,000.	7,000.
DESCRIPTION	TAX RETURN PREPARATION FEES	TOTALS

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ATTACHMENT 5

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ATTACHMENT 6

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FORM 990PF, PART I - OTHER PROFESSIONAL FEES

NET INVESTMENT INCOME	60,403.	60,403.
REVENUE AND EXPENSES PER BOOKS	60,403.	60,403.
DESCRIPTION	INVESTMENT MANAGEMENT FEES	TOTALS

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ATTACHMENT 7

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# FORM 990PF, PART I - TAXES

DESCRIPTION

EXCISE TAXES

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REVENUE AND EXPENSES PER BOOKS

3,654.

3,654.

TOTALS

30-0065137

ATTACHMENT 8

Property of the

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PART I - OTHER EXPENSES FORM 990PF,

NET TNVESTMENT	INCOME	6,316.	6,316.
REVENUE AND FXPENSES	PER BOOKS 7.042	42,061. 4,503. 1,935. 2,787.	58,806.
	DESCRIPTION OUTREACH/SCHOOL, VISITS	BBEDC ADMINISTRATION CHARGE ACADEMIC SUPPORT ADVERTISING SUPPLIES INSURANCE	TOTALS

P. Challenge and A. C. M.

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ATTACHMENT 9

- PREPAID EXPENSES AND DEFERRED CHARGES PART II FORM 990PF,

ENDING FMV	2,349.	2,349.
ENDING BOOK VALUE	2,349.	2,349.
BEGINNING BOOK VALUE	1,003.	1,003.
		TOTALS
DESCRIPTION	PREPAID EXPENSES	

ATTACHMENT 9

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

		ATTACHMENT 10	NT 10
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING EMV
GOVERNMENT SECURITIES	1,091,909.	1,066,404.	1,066,404.
US OBLIGATIONS TOTAL	1,091,909.	1,066,404.	1,066,404.

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ATTACHMENT 10

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ATTACHMENT

Professional Contract

HARVEY SAMUELSEN SCHOLARSHIP TRUST

FORM 990PF, PART II - CORPORATE STOCK

11

ENDING	6,340,247.	6,340,247.
ENDING BOOK VALUE	6,340,247.	6,340,247.
BEGINNING BOOK VALUE	5,723,230.	5,723,230.
DESCRIPTION	EQUITY SECURITIES/MUTUAL FUNDS	TOTALS

Profile and a set of a

P. Congrana

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ATTACHMENT 12

FORM 990PF, PART II - CORPORATE BONDS

ENDING	940,197.	940,197.
ENDING BOOK VALUE	940,197.	940,197.
BEGINNING BOOK VALUE	954,579.	954,579.
DESCRIPTION	VARIOUS CORPORATE BONDS	TOTALS

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ATTACHMENT

P. Charlestern and the

HARVEY SAMUELSEN SCHOLARSHIP TRUST

FORM 990PF, PART II - OTHER INVESTMENTS

ENDING	95,370.	
ENDING BOOK VALUE	95,370. 95,370.	
BEGINNING BOOK VALUE	77,694.	
	TOTALS	
DESCRIPTION	FOREIGN BONDS	

P. C. Parkers

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HARVEY

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ATTACHMENT 14

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FORM 990PF, PART II - OTHER ÅSSETS

ENDING <u>FMV</u>	19,406.
ENDING BOOK VALUE	19,406.
BEGINNING BOOK VALUE	22,263.
	TOTALS
DESCRIPTION	ACCRUED INTEREST

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HARVEY SAMUE	LSEN SCHOLARSHIP TRU	JST	30- ATTALAMENT 1	-0065137 5
FORM 990PF, PA	RT II - OTHER LIABILITI	ES		
DESCRIPTION			BEGINNING BOOK VALUE	ENDING BOOK VALUE
PAYABLE TO AFF.	ILIATE (BBEDC)		250,263.	297,683.

TOTALS 250,263. 297,683.

ATTACHMENT 16

AMOUNT

# FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

#### DESCRIPTION

UNREALIZED GAIN ON MARKETABLE SECURITIES 801,398.

TOTAL 801,398.

FORM 990PF, PART VIII - LIST OF OFF	OFFICERS, DIRECTORS, AND TRUSTEES		ATTACHMENT	MENT 17	
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	
MARY ANN K. JOHNSON P.O. BOX 1464 DILLINGHAM, AK 99576-1464	PRESIDENT .10	.006	.0	1,038.	
SYLVIA KASMIROWICZ P.O. BOX 1464 DILLINGHAM, AK 99576-1464	TREASURER .10	300.	0	.0	
LUCY GOODE P.O. BOX 1464 DILLINGHAM, AK 99576-1464	BOARD MEMBER .10	850.	0	1,038.	
FRITZ SHARP P.O. BOX 1464 DILLINGHAM, AK 99576-1464	VICE PRESIDENT .10	.006	0	487.	
HARRY WASSILY SR. P.O. BOX 1464 DILLINGHAM, AK 99576-1464	SECRETARY .10	1,200.	0	816.	
	GRAND TOTALS	4,150.	0	3, 379.	•

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HARVEY SAMUELSEN SCHOLARSHIP TRUST

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ATTACHMENT 17

Addresses

ATTACHMENT 18

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# FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

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BBEDC P.O. BOX 1464 DILLINGHAM, AK 99576-1464 907-842-4370

Harvey Samuelsen Scholarship Trust

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Last Name	First Name	Home Address	City, State, Zip	Relationship	Foundation Status of Recipient	Furpose of Grant of Contribution	Total Award	ward
Anderson	Victoria		Dillingham, AK 99576	None	None	Educational Scholarship	\$	4,000.00
Andrew	Nathan		Dillingham, AK 99576	None	None	Educational Scholarship		4,000.00
Andrew	Michael	Constants of	Dillingham, AK 99576	Step-Son of BBEDC Officer	None	Educational Scholarship	\$	4,000.00
Bennis	Jennifer		Dillingham, AK 99576	None	None	Educational Scholarship	\$	4,000.00
Booshu	Allison	2 7 8 4 4 1	King Salmon, AK 99613	None	None	Educational Scholarship	\$	4,000.00
Carlos	Keilyn		Togiak, AK 99678	None	None	Educational Scholarship	\$	4,000.00
Carlos	Whitney		Togiak, AK 99678	None	None	Educational Scholarship	\$	4,000.00
Carpenter	Catherine		Dillingham, AK 99576	None	None	Educational Scholarship	\$	4,000.00
Catalone	Kyle		Anchorage, AK 99508	None	None	Educational Scholarship		4,000.00
Cole	Christv			None	None	Educational Scholarship		4.000.00
Conahan	Benjamin			None	None	Educational Scholarship		4 000 00
Cops-Wilson	Katie		I evelock AK 99625	None	None	Educational Scholarship		4 000 00
Donkersloot	Rachel		Naknak AK QQ633	None	Acro	Educational Scholarship		
Evelane	Kali		Dillingham AK 00676	None	None None	Educational Scholarship		1 000 00
					Nono	Educational Scholarship		
	DIIGU			allon				0,204.UU
Gosuk	Ellen		I oglak, AK 99678	None	None	Educational Scholarship		4,000.00
Haley	Virginia		Togiak, AK 99678	None	None	Educational Scholarship		4,000.00
Hazenberg	Katrina		Naknek, AK 99633	None	None	Educational Scholarship	\$	4,000.00
Heyano	Mindy		Dillingham, AK 99576	Daughter of BBEDC Board Member	None	Educational Scholarship	ۍ 4	4;000.00
Himschoot	Alexander		Dillingham, AK 99576	None	None	Educational Scholarship	\$	4,000.00
Hodason	Lisa		Aleknadik. AK 99555	None	None	Educational Scholarship	<del>ک</del> 4	4,000.00
lutsik	Keilv		Aleknagik, AK 99555	None	None	Educational Scholarship		1,284.00
saacs	Melissa		Dillingham, AK 99576	None	None	Educational Scholarship	<del>6</del> 9 4	4,000.00
saacson	Colvnn		Togiak, AK 99678	None	None	Educational Scholarship	\$	4,000.00
Jedlicka	Michael		King Salmon, AK 99613	None	None	Educational Scholarship	\$	4,000.00
Johnson	Lahna		Dillingham, AK 99576	None	None	Educational Scholarship	\$	4,000.00
Johnson	Ronna		Dillingham, AK 99576	Great Niece of BBEDC Board Member	None	Educational Scholarship	\$	4,000.00
Junge	Laura	1.124 - 1.1		None	None	Educational Scholarship	\$	4,000.00
Junae	Linda			None	None	Educational Scholarship	\$	4,000.00
Kazimirowicz	Matilda			Sister of HSST Board Member	None	Educational Scholarship	€ 4	4,000.00
Kina	Mason		Naknek, AK 99633	None	None	Educational Scholarship	\$	4,000.00
Knutsen	Ariel		Dillingham, AK 99576	None	None	Educational Scholarship	\$	4,000.00
arson	Phillip			None	None	Educational Scholarship	\$	4,000.00
arson-Blair	Samantha			None	None	Educational Scholarship	\$	4,000.00
l indow	Patricia			None	None	Educational Scholarship	\$	4,000.00
	Katrina			Distant Cousin of BBEDC Board Member	None	Educational Scholarship	ь	5,284.00
Maletrom	Chalcas		·		None	Educational Scholarship	\$	4.000.00
Maletrom	Comerco			Anna	None	Educational Scholarship	\$	4.000.00
	Amondo			Anna	None	Educational Scholarship	s.	4.000.00
				Anna	None	Educational Scholarship	69	4.000.00
				adoN	None	Educational Scholarship	69	4.000.00
<u>د</u>	couy.			Nooo	None	Educational Scholarship	G	4 000 00
Miller	Andrew				Naco			
Monsen	Haley		Naknek, AK 99633	None	Nord		<del>,</del> 4	1,000,00
Moore	Michelle		Dillingham, AK 99576	None	NOIE		<del>,</del> 6	
Morrison	Samuel			None	None	Educational Scholarship	96	2,000,00
Nanalook	Shannon		Togiak, AK 99678 [	Niece of BBEUC Board Member	None		9	,000.00

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Harvey Samuelsen Scholarship Trust

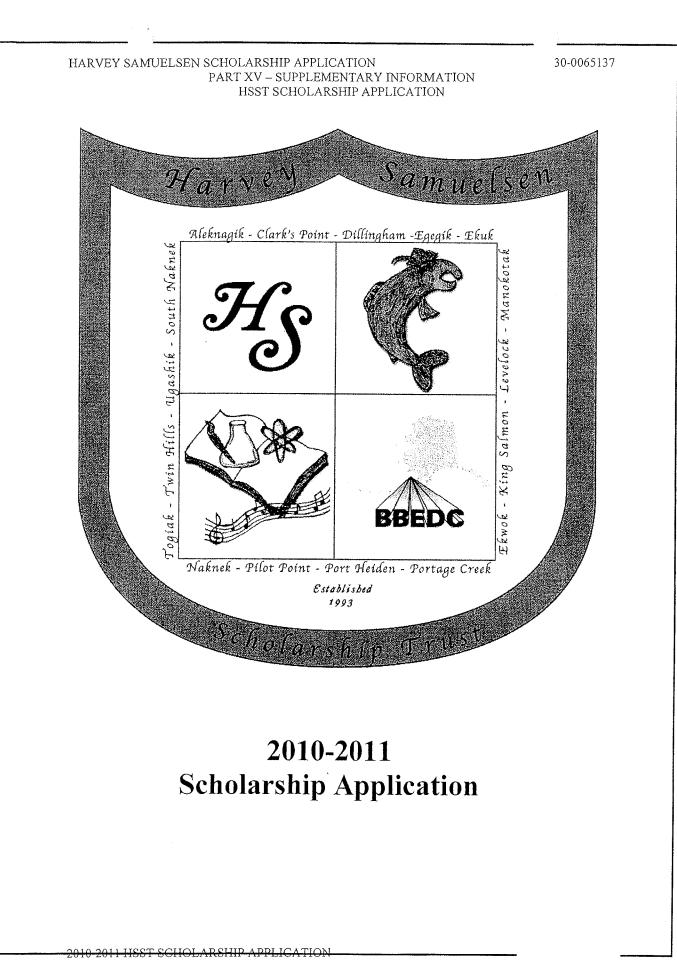
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- P. Charleman - C. - - - - -

\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 1,712.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 5,284.00	\$ 389.41	\$ 4,000.00	\$ 313,237.41
Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	Educational Scholarship	
None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	
None	None	Cousin of BBEDC Board Member	None	Great Niece of BBEDC Board Member	None	Niece of BBEDC Board Member	None	None	None	None	Distant Cousin of BBEDC Board Member	Distant Cousin of BBEDC Board Member																						
Naknek, AK 99633	Dillingham, AK 99576	Ekwok, AK 99580	King Salmon, AK 99613	King Salmon, AK 99613	Dillingham, AK 99576	Dillingham, AK 99576	Dillingham, AK 99576	Togiak, AK 99678	Dillingham, AK 99576	Dillingham, AK 99576	Togiak, AK 99678	Aleknagik, AK 99555	Dillingham, AK 99576	Dillingham, AK 99576	Dillingham, AK 99576	Naknek, AK 99633	Dillingham, AK 99576	Dillingham, AK 99576	Togiak, AK 99678	m l	Naknek, AK 99633	Dillingham, AK 99576	Togiak, AK 99678	Dillingham, AK 99576	Dillingham, AK 99576	Dillingham, AK 99576	Clarks Point, AK 99569	Dillingham, AK 99576	Dillingham, AK 99576	Dillingham, AK 99576	Dillingham, AK 99576	Naknek, AK 99633	Naknek, AK 99633	-1
								1.47 (mar. 1977)				1 244 / W.		States designed		and a second second	and the real leases														and a state of the	No. of Street,	and the second se	
Derek	Sidney	Carol	Brittany	James	Debra	Natasha	Petla	Kinka	Brianna	Evelyn	Stephanie	Bethany	Wesley	Terry ·	Andrea	Kimberty	Tyler	Maxwell	Theodora	Allen	Rachei	Nicholas	Aeshia	Logan	Michael	Angeli	Chelsea	Candace	Amber	Nia	Michelle	Danica	Justin	
Nashookpuk	Nelson	Nicoli	Niedermeyer	Niedermeyer	Nielson	Nielson	Noden	Parker	Pauling	Phillips	Poulsen	Reiswig	Richard	Rogers	Ruby	Savo	Shade	Sheilabarger	Sutton	Tibbets	Todd	Tweet	Upton	Vahle	VanDeventer	Venua	Wassily	Watts	Webb	White	Wiard	Wilson	Zimin	

STATEMENT 19

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ATTACHMENT 20

#### HARVEY SAMUELSEN SCHOLARSHIP APPLICATION PART XV – SUPPLEMENTARY INFORMATION HSST SCHOLARSHIP APPLICATION

# Harvey Samuelsen Scholarship

### **Eligibility Requirements**

In order to be considered for the Harvey Samuelsen Scholarship, you must meet the following requirements:

- Be a resident of a Bristol Bay CDQ community: Aleknagik; Clarks Point; Dillingham; Egegik; Ekuk; Ekwok; King Salmon; Levelock; Manokotak; Naknek; Pilot Point; Port Heiden; Portage Creek; South Naknek; Togiak; Twin Hills; Ugashik.
- ℜ Be enrolled in an accredited college or university
- ℜ Be registered as a "Full-time" student, pursuing an Associates degree or higher
- ₩ Undergraduate students must have a minimum 2.0 cumulative GPA
- ℜ Graduate students must have a minimum 3.0 cumulative GPA

# **Application Deadline is June 30, 2010**

If you have any questions regarding eligibility, call BBEDC at 1-800-478-4370 or 1-907-842-4370

2010 2011 HSST SCHOLARSHIP APPLICATION

30-0065137

	vey samuelsen scholarship application 30-0065137 Part xv – supplementary information Harvey Sampuelsen Scholarship
	Application Checklist
n order f	or your application to be complete, you must submit the following documents:
✓	Completed Application
✓	BBEDC Residency Form with required attachments (photo ID + one additional doc.)
<	Official High School or Official College Transcript (must show spring 2010 grades.)
✓	Letter of Interest
_ ✓	Copy of School's Letter of Acceptance (Incoming Freshman and transfer students only)
✓	Release of Information Form
✓	Copy of Cost of Attendance sheet from University
	BBEDC Residency Form must be completed every 12 months
	<b>Official Transcripts are required</b>
	는 것은 동작에 있어야 한다. 같은 것은
	cations must be mailed or hand delivered to BBEDC's Dillingham Office. Mailed cations must be post-marked by June 30, 2010.
applio	
applie 祭	Cations must be post-marked by June 30, 2010. Application Suggestions: Submit application as soon at least 3 weeks prior to the June 30, 2010 deadline.
applie 资 资	cations must be post-marked by June 30, 2010. Application Suggestions:
applie 發 發 發	Cations must be post-marked by June 30, 2010. Application Suggestions: Submit application as soon at least 3 weeks prior to the June 30, 2010 deadline. Remember only complete applications will be considered (It is your responsibility to make sure your
applie 资 资	cations must be post-marked by June 30, 2010. Application Suggestions: Submit application as soon at least 3 weeks prior to the June 30, 2010 deadline. Remember only complete applications will be considered (It is your responsibility to make sure your application is complete.)
applie 發 發	cations must be post-marked by June 30, 2010.          Application Suggestions:         Submit application as soon at least 3 weeks prior to the June 30, 2010 deadline.         Remember only complete applications will be considered (It is your responsibility to make sure your application is complete.)         Type your letter of interest and, when possible, the application as well.         Double-check your financial budget sheet, this information must be accurate! (Make sure your math is
applie 發發 發發 發	Cations must be post-marked by June 30, 2010. Application Suggestions: Submit application as soon at least 3 weeks prior to the June 30, 2010 deadline. Remember only complete applications will be considered (It is your responsibility to make sure your application is complete.) Type your letter of interest and, when possible, the application as well. Double-check your financial budget sheet, this information must be accurate! (Make sure your math is correct.)
applie 發發 發 發 ail your	cations must be post-marked by June 30, 2010.         Application Suggestions:         Submit application as soon at least 3 weeks prior to the June 30, 2010 deadline.         Remember only complete applications will be considered (It is your responsibility to make sure your application is complete.)         Type your letter of interest and, when possible, the application as well.         Double-check your financial budget sheet, this information must be accurate! (Make sure your math is correct.)         Submit your application and all required documents in the provided pre-addressed envelope.         applications to:       Bristol Bay Economic Development Corporation P.O. Box 1464

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Free states	Harvey Samuels P.O. Box 1464, I (907) 842-4370 *	CHIP APPLICATION Sen Scholarship Tr Dillingham, AK 995 1-800-478-4370 336 * 1-888-325-43	576
PERSONAL INFORMAT	TION:		
First Name:		Last Name:	
SSN:	、	Student ID #	
Date of Birth:			
Home Address:			
City:			Zip:
Home Phone:			
Dorm room or apartment ac	ldress:		
City:			Zip:
Dorm room/apartment phor			
Community and State of Re			
E-Mail Address:			
Please put a check mark net to. If you are not related to	any, please check None		-
Hattie Albecker	Margie Aloysius	Fred T. Angasan Sr.	Mark Angasan
Sergie Chukwak	Lucy Goode	Robert Heyano	MaryAnn Johnson
Sylvia Kazimirowicz	Gerda Kosbruk	Moses Kritz	H. Robin Samuelsen Jr.
Victor Seybert	Fritz Sharp	Moses Toyukak Sr.	Harry Wassily Sr.
Naknek Vacant	None		

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2010-2011 HSST Scholarship Application 2010-2011 HSST SCHOLARSHIP APPLICATION

#### HARVEY SAMUELSEN SCHOLARSHIP APPLICATION PART XV – SUPPLEMENTARY INFORMATION HSST SCHOLARSHIP APPLICATION

30-0065137

Please put a check mark next to the BBEDC Officer(s) listed below that you are related to. If you are not related to any, please check None.

H. Robin Samuelsen Jr.	Helen Smeaton	Chris Napoli	Staci Fieser
Paul.Peyton	None		

For each Officer you checked above, please explain the relationship.

# **Application Deadline is June 30, 2010**

2010-2011 HSST SCHOLARSHIP APPLICATION

	ARSHIP APPLICATION XV – SUPPLEMENTARY INFORMATION SST SCHOLARSHIP APPLICATION	30-0065137
	SCHOOL INFORMATION	
High School attended:	Graduation Date:	
GED Date:		
School currently attending:		
School planning to attend:		
Address of Financial Aid office:		
Financial Aid Office Phone:	에는 것은 것은 것은 것은 것은 가장을 가지 않는다. 전 것은	:
Have you applied for admission? Ye	es No Been accepted? Yes No	
University Class Standing: 1 <sup>st</sup> yea	ar $2^{nd}$ year $3^{rd}$ year $4^{th}$ year $+$	] Graduate School []
College Major:	Expected Graduation Date:	
Expected Degree: Associate	Bachelor 🗌 Master 🗌 Doctorate 🗌	
Number of credit hours in which you	u plan to enroll: Fall Winter Spi	ing Summer
School on: Quarters Semes	sters Trimesters	
Cumulative GPA:		
Application	Deadline is June 30, 201	0
***************************************		

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ATTACHMENT 20

#### HARVEY SAMUELSEN SCHOLARSHIP APPLICATION PART XV – SUPPLEMENTARY INFORMATION HSST SCHOLARSHIP APPLICATION FINANCIAL INFORMATION

30-0065137

#### FINANCIAL AID

Please list all sources of financial aid (loans, scholarships, grants, etc.) you are applying for:

Name of Scholarship, Grant, etc.	Expected Date of	Amount	Amount Received, Approved
	Notification	Requested	
			· · · · · · · · · · · · · · · · · · ·
	······		
Total of Financial Aid Requested	· · · · · · · · · · · · · · · · · · ·		
Total of Financial Aid Approved		1	
(Attach additional page if needed)			(Table1)

### SCHOOL YEAR EXPENSES

(Note: These figures must be as accurate as possible as we will verify them with the school you will be attending. Any intentional misrepresentation of your financial information will disqualify you from receiving any scholarship from the Bristol Bay Economic Development Corporation. If you are unsure of what your expenses will be, contact the university or college you will be attending.)

Tuition			
Fees/Due			
Room/Rent			
Meals/Food Expense	se		···· · · · · · · · · · · · · · · · · ·
Books & Supplies			
Travel (Limited to	2 R.T. tickets)		
Child Care			
Miscellaneous:	Clothing (maximum allowed is \$300)	· · ·	
	Entertainment (maximum allowed is \$250)		
Total School Year	Expenses		
······		(Table 2)	

### FINANCIAL NEED

Total School Year Expenses (Table 2)		
Total Amount of Funds Approved (Table 1)	-	
Total Estimated Financial Need		•

2010-2011 HSST SCHOLARSHIP APPLICATION

#### HARVEY SAMUELSEN SCHOLARSHIP APPLICATION PART XV – SUPPLEMENTARY INFORMATION HSST SCHOLARSHIP APPLICATION

30-0065137

### LETTER OF INTEREST

Your letter of interest should be no longer than one typed page and should address the following questions:

- 1. What are your educational and career goals?
- 2. What are you contributing to your education?
- 3. Why should you be selected to receive a scholarship?

If you fail to address the above questions in your letter of interest, your application may be deemed incomplete and therefore you will not receive an award.

By signing this page and also your attached letter, you affirm that this is your own original work and understand that if it is not, your application may be rejected and any award granted may be canceled.

I, \_\_\_\_\_\_ certify that the information herein, financial or otherwise, is correct and any intentional misrepresentation therein will negate my participation now and hereafter in the Scholarship Program administered by Bristol Bay Economic Development Corporation.

Applicant's Signatur	App	licant'	s Si	gnatur
----------------------	-----	---------	------	--------

e: \_\_\_\_\_Date: \_\_\_\_\_

# **Application Deadline is June 30, 2010**

2010-2011 HSST SCHOLARSHIP APPLICATION

HARVEY SAMUELSEN SCHOLARSHIP APPLICATION PART XV – SUPPLEMENTARY INFORMATION HSST SCHOLARSHIP APPLICATION

30-0065137

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the release of any and all information contained in city councils, village councils, state, federal, private or educational agencies' records to the organization below:

### BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION P. O. Box 1464 Dillingham, Alaska 99576

Fax Number 1-888-325-4336 (In state) 907-842-4336 (Out of state)

This information is to be used for the verification of the eligibility of:

This authority shall continue in effect until this student is no longer enrolled in the Harvey Samuelsen Scholarship Program.

Signature:\_\_\_\_\_Date\_\_\_\_\_ Social Security Number:\_\_\_\_\_ Date of Birth

I hereby authorize BBEDC to publicize my name, institution, degree and major, year in college, and village of residency to further encourage youth of the Bristol Bay Region to obtain higher education. In addition, I authorize the same organizations to provide my name for employment purposes. This authority shall continue in effect until I am no longer in the Harvey Samuelsen Scholarship Program.

Signature\_\_\_\_\_Date\_\_\_\_\_

# **Application Deadline is June 30, 2010**

2010-2011 HSST SCHOLARSHIP APPLICATION

ATTACHMENT 20

	DEARSEBECTOCCRESIGENCY		30-0065137
Name:			
	(Please print)		
Address:	City/State:	Zij	p:
Social Security #:	Phone:	Fax:	
How long at this address:		Date:	

The Bristol Bay Economic Development Corporation requires that anyone seeking services from BBEDC be a resident of one of the 17 Bristol Bay CDQ communities. (Aleknagik; Clarks Point; Dillingham; Egegik; Ekuk; Ekwok; King Salmon; Levelock; Manokotak; Naknek; Pilot Point; Port Heiden; Portage Creek; South Naknek; Togiak; Twin Hills; Ugashik.)

Definition of a CDQ community resident: A person who has resided (lived) in the CDQ community for a period of 12 consecutive months or more immediately **prior to application** and continues to live in that CDQ community. Unexcused absences of up to 90 days per year are allowable. Absences of over 90 days for educational purposes, military duty, or medical reasons are allowable with the proper documentation.

In order to verify your residency in one of the 17 CDQ communities you <u>must</u> provide the following documentation:

- A copy of your Alaska state issued photo ID (drivers license or ID Card) and at least one of the following documents:
  - A copy of your Permanent Fund Dividend Check stub that shows your current address.
  - Copies of current utility bill receipts in your name from your residence.
  - A copy of your most recent pay check stub that shows your address.
  - A copy of your recent AFDC or food stamp benefit receipts that shows your address.
  - Voters registration card

If you are out of the CDQ community for more than 90 consecutive days for any reason, the only **excusable absences** of more than 90 days duration are: **educational purposes**; **military service**; or **medical reasons**. To waive the 90-day requirement you must supply one of the following:

- A copy of your school enrollment form or transcripts verifying full-time attendance during the previous year if you are a student away from home attending school.
- A copy of your current orders if you are on active military duty.
- A letter from your physician stating the reason for the need to reside in another location and the time estimated for that stay.

By signing this affidavit, I warrant that I am a resident of the community from which I am applying and I attest that the documents submitted are true and accurate to the best of my knowledge. Any falsification or misrepresentation of the information submitted will result in the termination of benefits and the applicant may be required to pay back any funds that were provided by BBEDC as a result of the information provided.

SIGNATURE:	DAT	E:
This form must signed by an authorized repre	sentative of the village tribal counc	il or the city government.
I verify that	is a resident of	, and
has been has not been		
residing in this CDQ community for the past twe	lve months.	
Signed by:		
Organization: Thank you for your assistance. If you have quest	ions, please call BBEDC at 842-4370	) or 1-800-478-4370
2010-2011 HSST Scholarship Application APPL	ICATION	

<ul> <li>If you are</li> </ul>	e 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 origin	
Type or	Name of exempt organization	Employer identification number
print	HARVEY SAMUELSEN SCHOLARSHIP TRUST	30-0065137
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
extended due date for	P.O. BOX 1464	
iling your	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	· · · · · · · · · · · · · · · · · · ·
return. See instructions.	DILLINGHAM, AK 99576-1464	

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

Application	Return	Application	Return
Is For	Code	ls For	Code
Form 990	01		
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
STOP! Do not complete Part II if you were not already	granted ar	n automatic 3-month extension on a previously filed Fo	rm 8868.
● The books are in the care of ▶ STACI FIESER,	FINANCE	E OFFICER	
Telephone No. ► 907 842-4370		FAX No. 🕨 907 842-4336	
• If the organization does not have an office or place of	 business ir	the United States, check this box	►
• If this is for a Group Return, enter the organization's fo	ur digit Gro	pup Exemption Number (GEN)	this is
for the whole group, check this box	f it is for pa	art of the group, check this box	attach a
list with the names and EINs of all members the extensio		• • • • • • • • • • • • • • • • • • •	
4 I request an additional 3-month extension of time u	ntil	11/15 ,20 11 .	
5 For calendar year 2010, or other tax year beginn	ing	, 20, and ending ck reason:Initial returnFinal return	, 20
6 If the tax year entered in line 5 is for less than 12 m	onths, che	ck reason: Initial return Final return	
Change in accounting period			
7 State in detail why you need the extension INFOR	MATION	NECESSARY TO PREPARE A COMPLETE AND	
ACCURATE RETURN IS NOT YET AVAILAB	BLE.		
2 If this application is for Form 000 PL 000 PF 00	0 T 4700	ar 6060 optor the tentative tax less any	

			1	
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.	8 a	\$	3,660.
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.	8 b	\$	6,111.
с	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.	8 c	\$	0.

#### 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.

linul ! Date ► 08/03/2011 Title ► CPA Signature 🕨 Form 8868 (Rev. 1-2011) WILL. V. a States and the second second ANC

AUG 1 2 2011

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## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► X

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 unlessou 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* 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

Type or	Name of exempt organization	Employer identification number		
print	HARVEY SAMUELSEN SCHOLARSHIP TRUST	30-0065137		
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.			
due date for	P.O. BOX 1464			
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	,,		
instructions.	DILLINGHAM, AK 99576			

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

04

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A HAY 2 111	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 ▶ STACI FIESER

	elephone No. ►907_842-4370 FAX No. ►907_842-4336			
• 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)			this is
for th	ne whole group, check this box		and a	ittach
	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 08/15, 20 11, to file the exempt organization return for the organization named above	/e. T	he ex	tension is
	for the organization's return for:			
	► X calendar year 20 <u>10</u> 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	n		
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	T		
	nonrefundable credits. See instructions.	3a	\$	3,660
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	\$	6,113
С	Balance Due. 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	\$	0.
Caut	ion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO a	nd F	orm	8879-EO fo

payment instructions. For Paperwork Reduction Act Notice, see Instructions.