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Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: Address change; Name change; Initial return; Terminated; Amended return; Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) P. O. BOX 1464 Room/suite

City or town, state or country, and ZIP + 4 DILLINGHAM, AK 99576

D Employer identification number 92-0142567

E Telephone number (907) 842-4370

G Gross receipts $ 41,254,485.

F Name and address of principal officer H. ROBIN SAMUELSEN, JR. P.O. BOX 1464 DILLINGHAM, AK 99576

H(a) Is this a group return for affiliates? Yes [X] No

H(b) Are all affiliates included? Yes [ ] No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(4) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.BBEDC.COM

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1992 M State of legal domicile AK

Part I Summary

1 Briefly describe the organization's mission or most significant activities

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

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of employees (Part V, line 2a)	5	55
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	-2,251,673.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-2,274,240.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	98,000.	1,043,323.
	9 Program service revenue (Part VIII, line 2g)	14,687,452.	15,147,575.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,176,540.	1,302,832.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	482,745.	617,642.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,444,737.	18,111,372.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,092,863.	6,639,360.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	867,759.	1,917,646.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses, Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,890,423.	4,933,401.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,851,045.	13,490,407.
	19 Revenue less expenses Subtract line 18 from line 12	17,593,692.	4,620,965.

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	166,185,336.	168,096,875.
	21 Total liabilities (Part X, line 26)	28,968,751.	21,393,721.
	22 Net assets or fund balances Subtract line 21 from line 20	137,216,585.	146,703,154.

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Part II Signature Block

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

Sign Here

▶ Staci M. Fieser
Signature of officer

11/9/2010
Date

▶ STACI FIESER FINANCE OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ V. Jean Fejes Date 11-5-10 Check if self-employed ▶ [ ] Preparer's identifying number (see instructions) P00146958

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP 701 WEST 8TH AVENUE, SUITE 600 ANCHORAGE, AK 99501

EIN ▶ 13-5565207

Phone no ▶ 907-265-1200

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions * Form **990** (2009)

JSA
9E1010 3 000

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SCANNED DEC 07 2010

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

ATTACHMENT 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? SEE SCH O [X] Yes [ ] No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses $ 5,392,852 including grants of $ 5,187,702) (Revenue $)

COMMUNITY AND BUSINESS DEVELOPMENT - THE COMMUNITY BLOCK GRANT (CBG) PROGRAM PROVIDES BBEDC CDQ COMMUNITIES WITH THE OPPORTUNITY TO 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.

4b (Code) (Expenses $ 3,399,719 including grants of $ 134,476) (Revenue $ 99,366)

ATTACHMENT 3

4c (Code) (Expenses $ 1,031,499 including grants of $ 653,571) (Revenue $)

ATTACHMENT 4

4d Other program services. (Describe in Schedule O) ATTACHMENT 5

(Expenses $ 1,877,626 including grants of $ 659,434.) (Revenue $)

4e Total program service expenses ▶ 11,701,696.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete 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) 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 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		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 term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10		X
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	X	
	• 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-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*			
	• 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," complete Schedule D, Parts XI, XII, and XIII*	12		X
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* (Yes: X / No:)	12A		
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, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part 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	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	X	
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 question 25*	24a		X
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/A	
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*	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or 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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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		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		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	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	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete 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 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	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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			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	1a 102		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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 55		
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	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		X
b	If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	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?	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).**			
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 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, 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	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 required?	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/A	
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/A	
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a N/A		
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			
a	Gross income from members or shareholders	11a 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)	11b N/A		
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 N/A		

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	17		
b	Enter the number of voting members that are independent	1b	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? SEE SCH O	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 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				
a	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 the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a			X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCH O			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
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? *If "Yes," describe in Schedule O how this is done* SEE SCH O	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?			
a	The organization's CEO, Executive Director, or top management official SEE SCH O	15a	X	
b	Other officers or key employees of the organization SEE SCH O	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," 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	X	

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.
☐ Own website ☒ Another's website ☒ Upon request

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

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

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

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RALPH ANGASAN, JR ALTERNATE BOARD MEMBER	.20	X						1,500.	0.	0.
MARGIE ALOYSIUS BOARD MEMBER	.30	X						1,000.	0.	0.
PATRICK PATTERSON, JR BOARD MEMBER		X						0.	0.	0.
HATTIE ALBECKER SECRETARY/BOARD MEMBER	2.00	X						13,350.	450.	0.
HELEN SMEATON 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.	0.	8,176.
PAUL PEYTON SEAFOOD INVESTMENT OFFICER	40.00					X		132,015.	0.	29,187.
1b Total ▶								586,832.	8,700.	103,984.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

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 ▶ 5

Part VIII Statement of Revenue 92-0142567

			(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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 943,323.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 100,000				
	g Noncash contributions included in lines 1a-1f $					
	h Total Add lines 1a-1f . . ATTACHMENT 12. . . ▶		1,043,323			
Program Service Revenue		Business Code				
	2a CDQ ROYALTIES	110000	13,617,186			13,617,186
	b IFQ ROYALTIES	110000	1,530,389			1,530,389
	c					
	d					
	e					
	f All other program service revenue					
	g Total Add lines 2a-2f ▶		15,147,575			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . ATTACHMENT 7. ▶		2,809,843	3,318,334	-2,251,673	1,743,182
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties ▶		0			
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶		0			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	21,636,102				
	b Less cost or other basis and sales expenses	23,103,761 / 39,352				
	c Gain or (loss)	-1,467,659 / -39,352				
	d Net gain or (loss) ▶		-1,507,011	-37,004		-1,470,007
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events ▶		0.			
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▶		0			
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶		0			
	Miscellaneous Revenue	Business Code				
	11a BBEDC MATCHING FUNDS	110000	488,446	488,446		
	b ICE SALES FROM BARGE	110000	99,366	99,366		
	c OTHER REVENUE	900099	29,830	29,830		
	d All other revenue					
	e Total Add lines 11a-11d ▶		617,642			
	12 Total Revenue See instructions ▶		18,111,372	3,898,972	-2,251,673	15,420,750.

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).

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	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.	
10 Payroll taxes	119,699.	57,716.	61,983.	
11 Fees for services (non-employees)				
a Management	0.			
b Legal	126,885.	115,479.	11,406.	
c Accounting	120,372.		120,372.	
d Lobbying	93,609.		93,609.	
e 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.	
12 Advertising and promotion	30,032.	25,882.	4,150.	
13 Office expenses	81,780.	17,635.	64,145.	
14 Information technology	21,283.	201.	21,082.	
15 Royalties	0.			
16 Occupancy	85,621.	17,950.	67,671.	
17 Travel	219,619.	122,117.	97,502.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	12,572.	1,572.	11,000.	
20 Interest	216,215.	216,215.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	520,628.	399,290.	121,338.	
23 Insurance	77,568.	43,914.	33,654.	
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)				
a UBI TAX BENEFIT	-460,369.	-460,369.		
b ADDITIONAL PROGRAM SERVICES	3,375,958.	3,375,958.		
c STAFF DEVELOPMENT	21,725.		21,725.	
d DUES AND SUBSCRIPTIONS	23,432.	20,443.	2,989.	
e MISCELLANEOUS	21,367.	5,696.	15,671.	
f All other expenses				
25 **Total functional expenses** Add lines 1 through 24f	13,490,407.	11,701,696.	1,788,711.	
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				

Part X Balance Sheet

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

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," 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	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	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 ☒ 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	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number

92-0142567

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

5 During the year, did the organization solici t or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

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

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

b If "Yes," explain the arrangement in Part XI V and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

b If "Yes," explain the arrangement in Part XI V.

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

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

2 Provide the estimated percentage of the y ear end balance held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizati ons listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of t he organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		202,399.		202,399.
b Buildings		1,640,882.	111,153.	1,529,729.
c Leasehold improvements				
d Equipment		384,474.	214,952.	169,522.
e Other		3,277,621.	950,697.	2,326,924.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				4,228,574.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
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	279,631.
DUE FROM AFFILIATES	250,263.
GOODWILL	30,477,067.
INCOME TAXES RECEIVABLE	2,360,381.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	33,367,342.

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

1. (a) Description of liability	(b) Amount
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.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	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	10	9,486,569.

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

1	Total revenue, gains, and other support per audited financial statements			1	22,976,976.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	4,865,604.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	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				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	18,111,372.

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

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				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	13,490,407.
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			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	13,490,407.

Part XIV Supplemental Information

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

SEE PAGE 5

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 I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number

92 : 0142567

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE SCHEDULE I-1							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 23

3 Enter total number of other organizations . . . . . ▶ 5

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 Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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	6	32,400			
STUDENT LOAN FORGIVENESS PROGRAM	15	52,677			
COLLEGE DEVELOPMENT FUND	126	120,898			
BASIC VOCATIONAL/TECHNICAL TRAINING PROGRAM	61	55,202			

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

SCHEDULE I PART I QUESTION 2

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

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(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
ADVANCED VOCATIONAL/TECHNICAL TRAINING PROGRAM	117	351,725			
CHILLING IMPROVEMENTS PROGRAM - TOTES	30		47,367	FMV	TOTES FOR ICING FISH
CHILLING IMPROVEMENTS PROGRAM - SLUSH BAGS	67		54,709	FMV	SLUSH BAGS FOR ICING
TECHNICAL ASSISTANCE PROGRAM	11	11,287			

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number

92-0142567

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply			
	☐ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PAUL PEYTON	(i)	131,515.	500.		3,942.	25,697.	161,654.	141,313.
	(ii)	0.					0.	
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

JSA

9E1291 1 000

54N033 1832

Part III Supplemental Information

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ 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.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number
92-0142567

Part I Excess Benefit Transacations (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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 assistance
ATTACHMENT 11		

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "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	(e) Sharing of organization's revenues? Yes	(e) No

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

2009

Open to Public Inspection

Name of the organization

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number

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

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number: 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%

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number: 92-0142567

ATTACHMENT 1 (CONT'D)

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.

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.

ATTACHMENT 2

FORM 990, PART III, LINE 1 - 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 RESOURCES.

ATTACHMENT 3

4B PROGRAM SERVICE

REGIONAL FISHERIES - CHILLING THE CATCH HAS BEEN THE NUMBER ONE

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number: 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

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number: 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.

ATTACHMENT 5

FORM 990, PART 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 PROGRAM	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.	
TOTALS	659,434.	1,877,626.	

ATTACHMENT 6

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number: 92-0142567

ATTACHMENT 6 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
AHTNA GOVERNMENT SERVICES CORPORATION 4341 B STREET SUITE 403 ANCHORAGE, AK 99503	DESIGN/INSTALLATION	787,245.
ALASKA SHIP & DRYDOCK, INC. 3801 TONGASS AVENUE KETCHIKAN, AK 99901	REPAIRS/MAINTENANCE	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 SERVICES	142,722.
JAMES BARNETT 10050 PROSPECT DRIVE ANCHORAGE, AK 99507	LEGAL SERVICES	107,310.
	TOTAL COMPENSATION	1,531,970.

ATTACHMENT 7

FORM 990, PART VIII - INVESTMENT INCOME

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

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number: 92-0142567

ATTACHMENT 8 (CONT'D)

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID INSURANCE	53,935.
PREPAID EXPENSES	20,639.
PREPAID RENT	13,651.
PREPAID WORKERS' COMP INS.	11,651.
PREPAID BROKERAGE TRANSACTIONS	7,184.
PREPAID FEDERAL INCOME TAX	357,638.
PREPAID STATE INCOME TAX	207,018.
TOTALS	671,716.

ATTACHMENT 9

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

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

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: GOVERNMENTAL ENTITY
INTEREST RATE: 2.000000
MATURITY DATE:

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

ATTACHMENT 10 (CONT'D)

11/01/2011
REPAYMENT TERMS: PAYABLE IN ANNUAL INSTALLMENTS OF $33,398

BEGINNING BALANCE DUE	97,080.
ENDING BALANCE DUE	65,563.

LENDER: BANK OF AMERICA, N.A
ORIGINAL AMOUNT: 24,000,000.
DATE OF NOTE: 06/19/2007
MATURITY DATE: 05/01/2012
REPAYMENT TERMS: VARIABLE RATE (LIBOR+0.35%) INT ONLY MONTHLY PYMTS
SECURITY PROVIDED: CAPITAL INVESTMENT ACCOUNT
PURPOSE OF LOAN: REVOLVING PROMISSORY NOTE

BEGINNING BALANCE DUE	20,000,000.
ENDING BALANCE DUE	15,000,000.

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION
Employer identification number: 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 VARIABLE RATE OF LIBOR + 1%
SECURITY PROVIDED: CAPITAL INVESTMENT ACCOUNT
PURPOSE OF LOAN: REVOLVING PROMISSORY NOTE

BEGINNING BALANCE DUE	3,000,000.
ENDING BALANCE DUE	0.

LENDER: CORPORATION
ORIGINAL AMOUNT: 33,579.
MATURITY DATE: 11/20/2012
REPAYMENT TERMS: SUBJECT TO NPFMC FINAL ACION REGARDING CREW ALLOC.

BEGINNING BALANCE DUE	0.
ENDING BALANCE DUE	33,579.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	23,097,080.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	15,099,142.

ATTACHMENT 11

SCHEDULE L, PART III

(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

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number: 92-0142567

ATTACHMENT 11 (CONT'D)

SCHEDULE L, PART III

CHARLES SMEATON	SON OF OFFICER	2,500	TRAINING ASSIST

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number
92-0142567

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part 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
BRISTOL BAY ICE, LLC 20-4176963 PO BOX 1464 DILLINGHAM, AK 99576	COMM.FISHING	AK	199,366.	2,404,448.	N/A

Part II 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.)

(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 SCIENCE & RESEARCH INSTITUTE 92-0168036 PO BOX 1464 DILLINGHAM, AK 99576	SCIENCE/EDUC	AK	501(C)(3)	7	N/A
HARVEY SAMUELSEN SCHOLARSHIP TRUST 30-0065137 PO BOX 1464 DILLINGHAM, AK 99576	SCHOLARSHIPS	AK	501(C)(3)	PF	N/A

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
DONA MARTITA, LLC 91-2089115 SEATTLE, WA 98133	COMM FISHING	WA	N/A	RELATED	-117,844	18,480,027.	X		0		X
ALASKAN LEADER FISHERIES, LLC LYNDEN, WA 98264	COMM FISHING	AK	N/A	RELATED	-100,131	-18,616	X		0		X
ALASKAN LEADER SEAFOODS, LLC LYNDEN, WA 98264	FISH MARKETING	AK	N/A	RELATED	34,722	68,683		X	0		X
ALASKAN LEADER VESSEL, LLC LYNDEN, WA 98264	COMM FISHING	AK	N/A	RELATED	-56,931	1,473,932	X		0		X
ALEUTIAN LEADER FISHERIES, LLC LYNDEN, WA 98264	COMM FISHING	AK	N/A	RELATED	-26,628	684,206	X		0		X
BERING LEADER FISHERIES, LLC LYNDEN, WA 98264	COMM FISHING	AK	N/A	RELATED	15,074	3,786,373	X		0		X
BRISTOL LEADER FISHERIES, LLC LYNDEN, WA 98264	COMM FISHING	AK	N/A	RELATED	563,241	1,312,358	X		0		X

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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	(g) Share of end-of-year assets	(h) Percentage ownership
ALASKA SEAFOOD INVESTMENT MGMT CO 92-0148997 PO BOX 1464 DILLINGHAM, AK 99576-1464	FISHING MGMT	AK	N/A	C CORPORATION	0	0.	100 0000

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

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?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b	X	
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p	X	
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

2 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.

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)	BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE	B	250,000.
(2)	BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE	P	140,426.
(3)	BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE	M	26,620.
(4)	BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE	K	26,620.
(5)	CASCADE MARINER, LLC	B	335,000.
(6)	WESTERN MARINER, LLC	B	75,000.

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.

(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	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No
PACIFIC MARINER, LLC 91-1424629 5470 SHILSHOLE AVENUE N SEATTLE, WA 98107	COMM. FISHIN	WA		X	360,785.	X		0.		X

SCHEDULE R-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)

▶ Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II, Part III, Part IV; Part V, line 2; or Part VI.

▶ See instructions for Schedule R (Form 990).

OMB No 1545-0047

2009

Open to Public Inspection

Name of filing organization

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number

92-0142567

Part I Continuation of Identification of Disregarded Entities

(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 Continuation of Identification of Related Tax-Exempt Organizations

(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

92-0142567

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner? Yes	(j) No
ATECH SERVICES, LLC 26-2712575 LYNDEN, WA 98264	FABRICATION	WA	N/A	UNRELATED	173,605	415,350		X	0		X
ALASKAN MARINER LLC 20-0499337 SEATTLE, WA 98107	COMM FISHING	WA	N/A	RELATED	471,380	735,243	X		0		X
ALEUTIAN MARINER, LLC SEATTLE, WA 98107	COMM FISHING	WA	N/A	RELATED	186,853	234,603	X		0		X
ARCTIC MARINER, LLC 91-1530408 SEATTLE, WA 98107	COMM FISHING	WA	N/A	RELATED	217,858	313,424	X		0		X
BRISTOL MARINER LLC 91-1812263 SEATTLE, WA 98107	COMM FISHING	AK	N/A	RELATED	276,131	742,735.	X		0.		X
CASCADE MARINER LLC 91-2095173 SEATTLE, WA 98107	COMM FISHING	WA	N/A	RELATED	44,650	1,042,008	X		0		X
NORDIC MARINER, LLC 91-1837754 SEATTLE, WA 98107	COMM FISHING	WA	N/A	RELATED	276,423	707,897	X		0.		X
NORTHERN MARINER, LLC SEATTLE, WA 98107	COMM FISHING	WA	N/A	RELATED	335,968	21,382	X		0.		X
WESTERN MARINER LLC 80-0074651 SEATTLE, WA 98107	COMM FISHING	WA	N/A	RELATED	-9,386	1,190,455	X		0		X
F/V NEAHKAHNIE, LLC 91-1953160 SEATTLE, WA 98103	COMM FISHING	WA	N/A	RELATED	728,655	1,265,025	X		0		X
OCEAN BEAUTY SEAFOODS, LLC SEATTLE, WA 98119	SEAFOOD PROCESS	AK	N/A	UNRELATED	2,154,911	34,025,442	X		0		X

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Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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	(g) Share of end-of-year assets	(h) Percentage ownership

JSA

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54N033 1832

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VI Continuation of Unrelated Organizations Taxable as a Partnership

(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 allocations?		(g) Code V-UBI amount on Box 20 of K-1	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Name and Address of Organization or Government	EIN	IRC Section if applicable	Amount of Cash Grant	Amount of Non-Cash Assistance	Method of Valuation (book, FMV, appraisal, other)	Description of Non-Cash Assistance	Purpose of Grant or Assistance
CITY OF ALEKNAGIK BOX 33 ALEKNAGIK, AK 99555	92-0079021		623,727				ECONOMIC DEVELOPMENT
ALEKNAGIK TRADITIONAL COUNCIL BOX 115 ALEKNAGIK AK 99555	94-2857786		69 203				ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS
BRISTOL BAY BOROUGH BOX 189 NAKNEK AK 99633	92-0029832		14 883				SEASONAL EMPLOYMENT OPPORTUNITIES
CLARKS POINT VILLAGE COUNCIL BOX 90 CLARKS POINT AK 99569	92-0073206		153 206				ECONOMIC DEVELOPMENT LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS
CITY OF DILLINGHAM BOX 889 DILLINGHAM AK 99576	92-0030674		178 125				ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OPPORTUNITIES AND GRANT WRITING ASSISTANCE
CURYUNG TRIBAL COUNCIL BOX 216 DILLINGHAM AK 99576	92-0069902		158 937				ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS
CITY OF EGEGIK BOX 189 EGEGIK AK 99579	92-0154668		187 564				ECONOMIC DEVELOPMENT AND SEASONAL EMPLOYMENT OPPORTUNITIES
EGEGIK TRIBAL COUNCIL 6348 NIELSON WAY, UNIT B ANCHORAGE AK 99518	92-0063332		29,744				PROMOTION OF PROGRAMS AND GRANT WRITING ASSISTANCE
EKWOK VILLAGE COUNCIL BOX 70 EKWOK AK 99580	94-3057295		193 797				ECONOMIC DEVELOPMENT SEASONAL EMPLOYMENT OPPORTUNITIES LEARNING OPPORTUNITIES FOR YOUTH AND PROMOTION OF PROGRAMS
EKUK VILLAGE TRIBE BOX 530 DILLINGHAM AK 99576	92-0163114		319,982				ECONOMIC DEVELOPMENT SEASONAL EMPLOYMENT OPPORTUNITIES LEARNING OPPORTUNITIES FOR YOUTH AND PROMOTION OF PROGRAMS
KING SALMON GROUND LLC BOX 214 KING SALMON AK 99613	90-0421246		10 213				SEASONAL EMPLOYMENT OPPORTUNITIES
KING SALMON VILLAGE COUNCIL BOX 68 KING SALMON AK 99613	92-0177073		1 298,190				ECONOMIC DEVELOPMENT SEASONAL EMPLOYMENT OPPORTUNITIES, LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS
LEVELOCK VILLAGE COUNCIL BOX 70 LEVELOCK AK 99625	92-0074206		221 765				ECONOMIC DEVELOPMENT SEASONAL EMPLOYMENT OPPORTUNITIES, LEARNING OPPORTUNITIES FOR YOUTH, AND PROMOTION OF PROGRAMS
CITY OF MANOKOTAK BOX 170 MANOKOTAK AK 99628	92-0037650		35,162				LEARNING OPPORTUNITIES FOR YOUTH AND PROMOTION OF PROGRAMS
MANOKOTAK VILLAGE COUNCIL BOX 169 MANOKOTAK, AK 99628	92-0124434		139,600				ECONOMIC DEVELOPMENT
NAKNEK NATIVE COUNCIL BOX 106 NAKNEK AK 99633	92-0058661		54 082				ECONOMIC DEVELOPMENT PROMOTION OF PROGRAMS AND GRANT WRITING ASSISTANCE
PILOT POINT TRIBAL COUNCIL BOX 449 PILOT POINT, AK 99649	99-0143318		179,825				ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH PROMOTION OF PROGRAMS, AND GRANT WRITING ASSISTANCE
CITY OF PORT HEIDEN BOX 49050 PORT HEIDEN AK 99549	92-6009671		7 393				SEASONAL EMPLOYMENT OPPORTUNITIES
NATIVE COUNCIL OF PORT HEIDEN BOX 49007 PORT HEIDEN AK 99549	92-0059922		115,374				ECONOMIC DEVELOPMENT, LEARNING OPPORTUNITIES FOR YOUTH PROMOTION OF PROGRAMS AND GRANT WRITING ASSISTANCE
NATIVE VILLAGE OF SOUTH NAKNEK 1830 E PARKS HWY SUITE A-113 PMB 388 WASILLA, AK 99654	92-0065146		393 524				ECONOMIC DEVELOPMENT PROMOTION OF PROGRAMS AND GRANT WRITING ASSISTANCE
CITY OF TOGIAK BOX 190 TOGIAK AK 99678	92-0047402		118 793				ECONOMIC DEVELOPMENT PROMOTION OF PROGRAMS AND GRANT WRITING ASSISTANCE
TRADITIONAL COUNCIL OF TOGIAK BOX 310 TOGIAK AK 99678	92-0113885		695 907				ECONOMIC DEVELOPMENT SEASONAL EMPLOYMENT OPPORTUNITIES, LEARNING OPPORTUNITIES FOR YOUTH PROMOTION OF PROGRAMS AND TECHINCAL ASSISTANCE
TWIN HILLS VILLAGE COUNCIL BOX TWA TWIN HILLS AK 99576	92-0062296		264 014				ECONOMIC DEVELOPMENT, SEASONAL EMPLOYMENT OPPORTUNITIES, AND PROMOTION OF PROGRAMS
UGASHIK TRADITIONAL VILLAGE 206 E FIREWEED LN SUITE 204 ANCHORAGE AK 99503	92-0160597		40 411				ECONOMIC DEVELOPMENT LEARNING OPPORTUNITIES FOR YOUTH AND PROMOTION OF PROGRAMS
UAF-BRISTOL BAY CAMPUS BOX 1070 DILLINGHAM AK 99576	92-6000147		47,228				GED/ADULT BASIC EDUCATION AND TRAINING
ARCTIC STORM MANAGEMENT GROUP 2727 ALASKAN WAY PIER 69 SEATTLE WA 98121	91-2155264		13 628				INTERNSHIPS
ICICLE SEAFOODS BOX 79003 SEATTLE WA 98199	92-0032180		13,661				INTERNSHIPS
OCEAN BEAUTY SEAFOODS, LLC BOX 70739 SEATTLE WA 98119	20-8899430		60,823				INTERNSHIPS

- 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

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

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

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567
	Number, street, and room or suite no If a P O box, see instructions P. O. BOX 1464	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions DILLINGHAM, AK 99576	

Check type of return to be filed (File a separate application for each return)

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041- A	[ ] Form 6069
[ ] Form 990-B L	[ ] Form 990-T (sec 401(a) or 408(a) tr ust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-E Z	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

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

- The books are in the care of ▶ STACI FIESER
  Telephone 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) _____ If this is for the whole group, check this box . . . ▶ [ ] If it is for part of the group, check this box . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 *I request an additional 3-month extension of time until* 11/15/2010

5 For calendar year 2009 , or other tax year beginning _____ , and ending _____

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE A ACCURATE RETURN IS NOT YET AVAILABLE.

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

Signature and Verification

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

Signature ▶ _____ Title ▶ CPA Date ▶ 8/8/2010

KPMG LLP
701 WEST 8TH AVENUE, SUITE 600
ANCHORAGE, AK 99501

INTERNAL REVENUE SERVICE
W & I - FIELD ASSISTANCE
ANCHORAGE, AK 99508

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Form **8868**
(Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- 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

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

Electronic Filing *(e-file)* Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	92-0142567
	Number, street, and room or suite no If a P O box, see instructions P. O. BOX 1464	
	City, town or post office, state, and ZIP code For a foreign address, see instructions DILLINGHAM, AK 99576	

INTERNAL REVENUE SERVICE
W & I - FIELD ASSISTANCE
ANCHORAGE, AK 99508

Check type of return to be filed (file a separate application for each return)

[X]	Form 990	[ ]	Form 990-T (corporation)	[ ]	Form 4720
[ ]	Form 990-BL	[ ]	Form 990-T (sec 401(a) or 408(a) trust)	[ ]	Form 5227
[ ]	Form 990-EZ	[ ]	Form 990-T (trust other than above)	[ ]	Form 6069
[ ]	Form 990-PF	[ ]	Form 1041-A	[ ]	Form 8870

- The books are in the care of ▶ STACI FIESER

RECEIVED
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Telephone 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) _____ . If this is for the whole group, check this box . ▶ [ ] If it is for part of the group, check this box . . ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____, _____, and ending _____, _____

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

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

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2009)

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