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

C Name of organization: CENTRAL BERING SEA FISHERMEN'S ASSOCIATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address): P. O. BOX 288 — Room/suite

City or town, state or country, and ZIP + 4: ST. PAUL ISLAND, AK 99660

D Employer identification number: 92-0142892

E Telephone number: (907) 546-2597

G Gross receipts $ 36,266,968.

F Name and address of principal officer: PHILLIP LESTENKOF, 140 ELLERMAN HEIGHTS ST. PAUL ISLAND, AK 99660

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

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

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

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

J Website: ▶ WWW.CBSFA.COM

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶ — L Year of formation 1992 — M State of legal domicile AK

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO REPRESENT THE ST PAUL ISLAND COMMUNITY IN THE COMMUNITY DEVELOPMENT QUOTA (CDQ) PROGRAM ESTABLISHED BY THE FEDERAL GOVERNMENT IN 1992.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of employees (Part V, line 2a)	5	35
6 Total number of volunteers (estimate if necessary)	6	0
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	-34,249.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-42,749.

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	220,000.	31,700.
9 Program service revenue (Part VIII, line 2g)	6,872,978.	9,544,987.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,422,178.	215,478.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,499,906.	13,673,531.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,015,062.	23,465,696.
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	281,561.	458,482.
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)	950,400.	1,197,409.
16a 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)	10,806,117.	19,253,683.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	12,038,078.	20,909,574.
19 Revenue less expenses Subtract line 18 from line 12	6,976,984.	2,556,122.
Net Assets or Fund Balances	**Beginning of Year**	**End of Year**
20 Total assets (Part X, line 16)	75,043,604.	75,681,062.
21 Total liabilities (Part X, line 26)	33,673,101.	31,390,529.
22 Net assets or fund balances Subtract line 21 from line 20	41,370,503.	44,290,533.

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SCANNED DEC 22 2010

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 ▶ Signature of officer — Date 11-15-10

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — 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

13

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

JSA 9E1010 3 000

54N03T 1832 V 09-8.3 51628

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? . . . . ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 10,410,383 including grants of $) (Revenue $ 4,064,126)

CBSFA MULTI SPECIES DEVELOPMENT PROJECT - THIS PROGRAM DEVELOPS INFRASTRUCTURE AND INVESTMENTS IN PROJECTS THAT SUPPORT FISHERIES BASED IN ST PAUL.

4b (Code) (Expenses $ 5,429,805 including grants of $) (Revenue $ 5,480,861)

CBSFA HALIBUT COOPERATIVE - THE COOPERATIVE IS OPERATED TO MAXIMIZE THE EX-VESSEL PRICE PAID TO LOCAL FISHERMEN. CBSFA PURCHASES CDQ HALIBUT FROM THE LOCAL FLEET, THEN HAS IT CUSTOM PROCESSED THROUGH A NEGOTIATED CONTRACT WITH A LOCAL PROCESSOR. THE PRODUCT IS THEN MARKETED THROUGH A MARKETING AGREEMENT WITH A DISTRIBUTOR. NET REVENUE IS DISTRIBUTED TO THE LOCAL FLEET THROUGH A RETROACTIVE EX-VESSEL PRICE ADJUSTMENT.

4c (Code) (Expenses $ 519,745 including grants of $) (Revenue $)

EDUCATION AND OUTREACH - THIS PROVIDES SCHOLARSHIPS, TRAINING GRANTS AND STUDENT LOANS FOR THE RESIDENTS OF ST. PAUL ISLAND FURTHER THEIR EDUCATION. IT FUNDS EDUCATIONAL PROGRAMS AND CURRICULUM PROVIDED BY OTHER LOCAL ENTITIES. THIS PROGRAM ALSO PROVIDES OUTREACH TO THE COMMUNITY OF ST. PAUL VIA NEWSLETTERS, RADIO ANNOUNCEMENTS, WEBSITE, COMMUNITY SURVEYS, AND ANNUAL MEETINGS. IT ALSO FUNDS COMMUNITY EVENTS AND DONATIONS.

4d Other program services (Describe in Schedule O) ATTACHMENT 3

(Expenses $ 545,016 including grants of $) (Revenue $)

4e Total program service expenses ▶ 16,904,949.

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
12A	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* — 12A: Yes X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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	36		
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	35		
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		X
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 9			
b	Enter the number of voting members that are independent . . . 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members 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			
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*	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	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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	N/A	

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: ▶ RENA KUDRIN 140 ELLERMAN HEIGHTS ST. PAUL ISLAND, AK 99660
907-546-2597

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
MYRON MELOVIDOV CHAIRMAN	2.00	X						4,485.	975.	0.
JASON BOURDUKOFSKY, SR DIRECTOR	2.00	X						6,105.	0	0.
ROMAN FRATIS, SR. DIRECTOR	2.00	X						5,973.	0	0.
AMOS PHILEMONOFF DIRECTOR	2.00	X						15,440.	0	0.
PHILLIP LESTENKOF PRESIDENT	40.00	X		X		X		136,595.	0	30,752.
JEFFERY KAUFFMAN VICE PRESIDENT	40.00	X				X		2,391.	103,161.	27,581.
RENA KUDRIN SECRETARY/TREASURER	40.00	X						75,024.	0	24,203.
ROBERT MELOVIDOV DIRECTOR	2.00	X						2,760.	0	0.
MICHAEL BALDWIN DIRECTOR	2.00	X						0.	0	0.
JONATHAN THORPE CHIEF FINANCIAL OFFICER	40.00			X	X	X		156,059.	0	32,822.

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Total ▶								404,832.	104,136.	115,358.

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

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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*	4	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*	5		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

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 ▶ 0

Part VIII Statement of Revenue

92-0142892

			(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				
f	All other contributions, gifts, grants, and similar amounts not included above	1f 31,700				
g	Noncash contributions included in lines 1a-1f $					
h	**Total.** Add lines 1a-1f ▶		31,700			
Program Service Revenue		Business Code				
2a	CDQ ROYALTIES	110000	4,064,126			4,064,126
b	HALIBUT COOPERATIVE SALES	110000	5,480,861			5,480,861.
c						
d						
e						
f	All other program service revenue					
g	**Total** Add lines 2a-2f ▶		9,544,987			
Other Revenue						
3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 4 ▶		341,672	-73,019	-34,249	448,940.
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	(i) 12,675,078				
b	Less cost or other basis and sales expenses	(i) 12,801,272.				
c	Gain or (loss)	(i) -126,194				
d	Net gain or (loss) ▶		-126,194			-126,194
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	FISHING OPERATIONS	110000	7,288,482	7,288,482		
b	MSDH ADMINISTRATIVE FEES	561000	360,000	360,000		
c	CRAB SALES	110000	5,935,134	5,935,134		
d	All other revenue	110000	89,915			89,915
e	**Total.** Add lines 11a-11d ▶		13,673,531			
12	**Total Revenue** See instructions ▶		23,465,696	13,510,597	-34,249	9,957,648.

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	118,027.	118,027.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	340,455.	340,455.		
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	404,832.		404,832.	
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	523,627.	36,798.	486,829.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	70,083.		70,083.	
9 Other employee benefits	198,867.		198,867.	
10 Payroll taxes	0.			
11 Fees for services (non-employees)				
a Management	125,000.		125,000.	
b Legal	305,007.	155,575.	149,432.	
c Accounting	131,942.		131,942.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	34,011.	34,011.		
g Other	12,678.		12,678.	
12 Advertising and promotion	16,536.	16,536.		
13 Office expenses	363,394.	176,467.	186,927.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	109,033.		109,033.	
17 Travel	236,529.	13,092.	223,437.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	21,955.	21,955.		
20 Interest	1,343,633.		1,343,633.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	294,990.	87,228.	207,762.	
23 Insurance	226,282.	11,481.	214,801.	
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 COST OF GOODS SOLD-MSDP	10,064,883.	10,064,883		
b COST OF GOODS SOLD-HALIBUT	5,385,996.	5,385,996.		
c MINORITY INTEREST	-5,228.		-5,228.	
d LICENSES, MEMBERSHIPS, DUES	126,735.	505.	126,230.	
e CAPITAL CONTRIBUTIONS EXP.	345,000.	345,000.		
f All other expenses	115,307.	96,940.	18,367.	
25 **Total functional expenses** Add lines 1 through 24f	20,909,574.	16,904,949.	4,004,625.	
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	9,032,807.	2	6,763,319.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	614,154.	4	2,051,547.
	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	2,900,775.	8	3,624,235.
	9	Prepaid expenses and deferred charges ATCH 5	759,692.	9	709,709.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 7,726,932.			
	b	Less accumulated depreciation 10b 2,285,915.	5,031,852.	10c	5,441,017.
	11	Investments - publicly traded securities ATCH 6	8,424,728.	11	8,665,677.
	12	Investments - other securities See Part IV, line 11	5,529,989.	12	5,848,180.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	42,749,607.	15	42,577,378.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	75,043,604.	16	75,681,062.
Liabilities	17	Accounts payable and accrued expenses	1,505,780.	17	1,666,742.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties ATCH 7	28,538,123.	23	26,295,612.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	3,629,198.	25	3,428,175.
	26	**Total liabilities.** Add lines 17 through 25	33,673,101.	26	31,390,529.
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	41,370,503.	27	44,290,533.
	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	41,370,503.	33	44,290,533.
	34	Total liabilities and net assets/fund balances	75,043,604.	34	75,681,062.

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	N/A	

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: CENTRAL BERING SEA FISHERMEN'S ASSOCIATION

Employer identification number: 92-0142892

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				
b Buildings		116,131.	6,608	109,523.
c Leasehold improvements				
d Equipment		7,402,239.	2,255,811	5,146,428
e Other		208,562.	23,496	185,066.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				5,441,017.

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 FIERCE ALLEGIANCE, LLC	2,583,235.	FMV
EARLY DAWN, LLC	1,425,749.	FMV
ASLP ACQUISITION, LLC	1,379,023.	FMV
BERING SEA PARTNERS, INC.	544,500.	FMV
MORGAN STANLEY PARTNERSHIPS	233,561.	FMV
CBSF CORPORATION	-317,888.	FMV
INVESTMENT IN MIS	0.	FMV
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶	5,848,180.	

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
Total *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

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

(a) Description	(b) Book value
DUE FROM CBSFC	717,881.
DUE FROM MIS	20,253.
DUE FROM RELATED PARTY	0.
FISHING RIGHTS	41,839,244.
Total *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	42,577,378.

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO RELATED PARTY	0.
MINORITY INTEREST PAYABLE	3,164,485.
INTEREST RATE SWAP PAYABLE	263,690.
Total *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	3,428,175.

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	23,465,696.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,909,574.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,556,122.
4	Net unrealized gains (losses) on investments	4	363,908.
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	363,908.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,920,030.

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	23,833,981.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	363,908.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	4,377.		
e	Add lines **2a** through **2d**			2e	368,285.
3	Subtract line **2e** from line **1**			3	23,465,696.
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	23,465,696.

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

1	Total expenses and losses per audited financial statements			1	20,913,951.
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	4,377.		
e	Add lines **2a** through **2d**			2e	4,377.
3	Subtract line **2e** from line **1**			3	20,909,574.
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	20,909,574.

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)*

RECONCILIATION OF REVENUE

PART XII, LINE 2D

TO EXCLUDE THE SEPARATELY FILED REVENUE OF ENTITY 92-0159159, CENTRAL BERING SEA FISHERMEN'S CORPORATION

RECONCILIATION OF EXPENSES

PART XIII, LINE 2D

TO EXCLUDE THE SEPARATELY FILED ENTITY 92-0159159, CENTRAL BERING SEA FISHERMEN'S CORPORATION EXPENSES

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: CENTRAL BERING SEA FISHERMEN'S ASSOCIATION

Employer identification number: 92-0142892

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? . . . . . [X] 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
PRIBILOF SCHOOL DISTRICT 930 TOLSTOI BLVD ST PAUL ISLAND, AK 99660	92-0058444	501	118,027				GENERAL SUPPORT

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

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

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
STUDENT SCHOLARSHIPS	21	108,000			
TRAINING GRANTS	2	4,316			
ELDERS RESIDENTIAL ASSISTANCE PROGRAM	51	120,294			

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

GRANT MONITORING

SCHEDULE I, LINE 2

EXPENDITURES AND RECEIPTS ARE POSTED TO A GRANT DESIGNATED ACCOUNT IN

ACCOUNTING SYSTEM, PER STATE OF ALASKA INSTRUCTIONS.

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: CENTRAL BERING SEA FISHERMEN'S ASSOCIATION

Employer identification number: 92-0142892

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 [X] First-class or charter travel [ ] Travel for companions [ ] Tax indemnification and gross-up payments [ ] Discretionary spending account [ ] Housing allowance or residence for personal use [ ] Payments for business use of personal residence [ ] Health or social club dues or initiation fees [ ] 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	X	
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	X	
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 [X] Compensation committee [ ] Independent compensation consultant [ ] Form 990 of other organizations [ ] Written employment contract [ ] Compensation survey or study [X] 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 (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
PHILLIP LESTENKOF	(i)	130,530.	4,343.	1,722.	0.	0.	136,595.	113,278.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JONATHAN THORPE	(i)	150,000.	5,573.	486.	0.	0.	156,059.	152,914.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

FIRST CLASS TRAVEL

SCHEDULE J, PART I, LINE 1A

COMPANY POLICY IS THAT FOR TRAVEL BEYOND SEATTLE, WA A FIRST CLASS TICKET

CAN BE PURCHASED.

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: CENTRAL BERING SEA FISHERMEN'S ASSOCIATION
Employer identification number: 92-0142892

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	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	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	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 8		

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	No
ATTACHMENT 9					

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	Employer identification number
CENTRAL BERING SEA FISHERMEN'S ASSOCIATION	92-0142892

ATTACHMENT 1

OTHER PROGRAM SERVICES

FORM 990, PART III, LIND 4D

(EXPENSE $323,047) ESSENTIAL FISH HABITAT (EFH) ADVOCACY AND RESEARCH - THIS PROGRAM ADVOCATES FOR PRIBILOF ISLANDS HARVESTING AND PROCESSING INTERESTS WITHIN THE EFH PROCESS, PARTICIPATES IN AND ADVISES ON MATTERS RELATED TO THE CDQ SECTOR, AND ATTRACTS RESEARCH PROJECTS TO THE PRIBILOF ISLANDS.

(EXPENSE $177,358) VESSEL LAUNCH AND RETRIEVAL - THIS PROGRAM DEVELOPS AND FACILITATES VESSEL LAUNCH AND RETRIEVAL SERVICES THAT SUPPORT THE GROWTH OF THE LOCAL FLEET AND INSURE THEIR ABILITY TO PROSECUTE THE LOCAL FISHERIES.

(EXPENSE $44,611) INVESTMENT FUND POLICIES AND PROCEDURES - THIS PROGRAM IMPLEMENTS POLICIES AND PROCEDURES TO MAINTAIN A CONSERVATIVE STANCE AND SUFFICIENT LIQUIDITY IN INVESTMENTS TO MEET THE FUNDING REQUIREMENTS OF COMMUNITY DEVELOPMENT PROJECTS AND FISHERIES INVESTMENT.

PROCESS FOR ELECTING THE GOVERNING BODY

PART VI, SECTION A, LINE 7A

AN ELECTION IS HELD AT THE CBSFA ANNUAL MEETING. ALL MEMBERS IN ATTENDANCE OF THE MEETING ARE ELIGIBLE TO VOTE. DIRECTORS SERVE STAGGERED THREE YEAR TERMS, RESULTING IN THREE SEATS ON THE BOARD BEING UP FOR ELECTION EACH YEAR.

Name of the organization	Employer identification number
CENTRAL BERING SEA FISHERMEN'S ASSOCIATION	92-0142892

ATTACHMENT 1 (CONT'D)

THE PROCESS FOR DETERMINING COMPENSATION

PART VI, SECTION B, LINE 15

A. THE PROCESS FOR DETERMINING COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR: THE BOARD APPOINTS A COMPENSATION COMMITTEE COMPRISED OF DIRECTORS TO REVIEW THE PERFORMANCE OF THE ENTITY. THE COMMITTEE'S RECOMMENDATION IS RATIFIED BY THE FULL BOARD. B. THE PROCESS FOR DETERMINING COMPENSATION OF OTHER KEY EMPLOYEES: FULL TIME EMPLOYEES UNDERGO AN EVALUATION PROCESS WITH MANAGEMENT. MANAGEMENT PRESENTS THE EVALUATIONS AND MAKES RECOMMENDATIONS TO THE COMPENSATION COMMITTEE. THE COMMITTEE DELIBERATES AND DEVELOPS COMPENSATION RECOMMENDATIONS THAT ARE PRESENTED TO AND RATIFIED BY THE FULL BOARD.

AVAILABLE TO THE PUBLIC

PART VI, SECTION C, LINE 19

PUBLIC DOCUMENTS ARE AVAILABLE UPON REQUEST.

FAMILY RELATIONSHIP IN THE GOVERNING BODY

PART VI, SECTION A, LINE 2

MYRON MELOVIDOV IS THE UNCLE OF ROMAN FRATIS, SR. JASON BOUDUKOFSKY, SR. IS THE COUSIN OF AMOS PHILEMONOFF.

MEMBERS

PART VI, SECTION A, LINE 6

CENTRAL BERING SEA FISHERMEN'S ASSOCIATION IS ORGANIZED AS AN ASSOCIATION WITH MEMBERS. THE MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY.

PROCESS FOR REVIEWING 990

Name of the organization: CENTRAL BERING SEA FISHERMEN'S ASSOCIATION

Employer identification number: 92-0142892

ATTACHMENT 1 (CONT'D)

PART VI, SECTION B, LINE 11A

CFO AND CONTROLLER REVIEWED DRAFT. VARIOUS EMPLOYEES INVOLVED IN INFORMATION GATHER FOR DRAFTING.

CONFLICT OF INTEREST

PART VI, SECTION B, LINE 12B

INDIVIDUALS REQUIRED TO COMPLY WITH THE CONFLICT OF INTEREST POLICY ARE MADE AWARE OF THE POLICY AND ARE THEN RESPONSIBLE FOR DISCLOSING AFFILIATIONS THAT ARE COVERED BY THE POLICY.

ATTACHMENT 2

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

CENTRAL BERING SEA FISHERMEN'S ASSOCIATION IS A NOT-FOR-PROFIT CORPORATION ORGANIZED TO REPRESENT THE ST. PAUL ISLAND COMMUNITY IN THE COMMUNITY DEVELOPMENT QUOTA (CDQ) PROGRAM ESTABLISHED BY THE FEDERAL GOVERNMENT IN 1992. PROCEEDS RECEIVED FROM THE PROGRAM ARE TO BE USED TO DEVELOP NATURAL AND HUMAN RESOURCES IN THE ST. PAUL ISLAND COMMUNITY AND TO PROMOTE EDUCATIONAL AND CHARITABLE BETTERMENT OF ITS MEMBERS.

ATTACHMENT 3

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
EFH ADVOCACY AND RESEARCH		323,047.	
VESSEL LAUNCH AND RETRIEVAL		177,358.	
INV. FUND POLICIES AND PROCEDURES		44,611.	

Name of the organization	Employer identification number
CENTRAL BERING SEA FISHERMEN'S ASSOCIATION	92-0142892

ATTACHMENT 3 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
TOTALS		545,016.	

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV	(D) EXCLUDED REVENUE
EQUITY IN EARNINGS OF CBSFC	8,609	8,609		
EQUITY IN EARNINGS OF FIERCE ALLEGIANCE, LLC	122,277	122,277		
EQUITY IN EARNINGS OF EARLY DAWN, LLC	100,616	100,616		
EQUITY IN EARNINGS OF SHISHALDIN, LLC	5,455	5,455		
EQUITY IN LOSS OF ASLP ACQUISITION, LLC	-994,692	-994,692		
DISTRIBUTION FROM ASLP	650,467	684,716	-34,249	
INTEREST AND DIVIDEND INCOME	448,940			448,940
TOTALS	341,672	-73,019	-34,249	448,940

ATTACHMENT 5

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID RENT	494,444.
CURRENT PREPAID EXPENSES	215,265.
TOTALS	709,709.

Name of the organization: CENTRAL BERING SEA FISHERMEN'S ASSOCIATION

Employer identification number: 92-0142892

ATTACHMENT 6

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
MONEY MARKET FUNDS	6,971,795.	FMV
MUNICIPAL BONDS	0.	FMV
CORPORATE DEBT SECURITIES	0.	FMV
COMMON STOCKS	1,693,882.	FMV
TOTALS	8,665,677.	

ATTACHMENT 7

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: BANK OF AMERICA, N.A.
ORIGINAL AMOUNT: 11,820,000.
INTEREST RATE: 4.393750
DATE OF NOTE: 03/22/2004
MATURITY DATE: 06/01/2014
REPAYMENT TERMS: SEMI-ANNUAL PAYMENTS OF $308,761 PLUS INTEREST
SECURITY PROVIDED: COMPANY ASSETS
PURPOSE OF LOAN: THE ACQUISITION OF THE VESSELS AND FISHING RIGHTS

BEGINNING BALANCE DUE .... 9,311,266.
ENDING BALANCE DUE .... 8,655,500.

LENDER: BANK OF AMERICA, N.A.
ORIGINAL AMOUNT: 17,700,000.
INTEREST RATE: 2.960000
DATE OF NOTE: 12/31/2008
MATURITY DATE: 12/01/2018
REPAYMENT TERMS: SEMI-ANNUAL PRINCIPAL AND INTEREST PAYMENT
SECURITY PROVIDED: MARINE VESSELS
PURPOSE OF LOAN: LOAN FOR PURCHASE OF FISHING RIGHTS

BEGINNING BALANCE DUE .... 17,700,000.
ENDING BALANCE DUE .... 16,235,040.

Name of the organization: CENTRAL BERING SEA FISHERMEN'S ASSOCIATION

Employer identification number: 92-0142892

ATTACHMENT 7 (CONT'D)

LENDER: WELLS FARGO BANK, N.A.
ORIGINAL AMOUNT: 1,596,000.
INTEREST RATE: 3.387500
DATE OF NOTE: 01/14/2008
MATURITY DATE: 03/01/2018
REPAYMENT TERMS: SEMI-ANNUAL PRINCIPAL AND INTEREST PAYMENT
SECURITY PROVIDED: VESSEL - SAINT PAUL, LLC
PURPOSE OF LOAN: VESSEL/SHIP MORTGAGE

BEGINNING BALANCE DUE .... 1,526,857.
ENDING BALANCE DUE .... 1,405,072.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 28,538,123.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 26,295,612.

ATTACHMENT 8

SCHEDULE L, PART III

(A) INTERESTED PERSON NAME	(B) RELATIONSHIP	(C) GRANT AMOUNT AND TYPE
DIONISY BOURDUKOFSKY	SIBLING OF DIRECTOR	2,000
MARY BOURDUKOFSKY	MOTHER OF DIRECTOR	2,000
CHAUNCINA BOURDUKOFSKY	SIBLING OF DIRECTOR	2,000
THOMAS BOURDUKOFSKY	SIBLING OF DIRECTOR	2,000
JASON BOURDUKOFSKY	DIRECTOR	2,000.
JOHN MELOVIDOV	SIBLING OF DIRECTOR	2,000
MYRON MELOVIDOF, JR	CHILD OF DIRECTOR	15,000
SHIONA MELOVIDOV	CHILD OF DIRECTOR	12,500
JOHN W MELOVIDOV	CHILD OF DIRECTOR	15,000
RAY MELOVIDOV	CHILD OF DIRECTOR	10,000
TERENTY PHILEMONOFF	PARENT OF DIRECTOR	2,000
EVELYN PHILEMONOFF	PARENT OF DIRECTOR	2,000
PHILLIP LESTENKOF	DIRECTOR	2,000
CHERYL LESTENKOF	CHILD OF DIRECTOR	10,000

Name of the organization	Employer identification number
CENTRAL BERING SEA FISHERMEN'S ASSOCIATION	92-0142892

ATTACHMENT 8 (CONT'D)

SCHEDULE L, PART III

EDNA FLOYD	PARENT OF DIRECTOR	2,000
NOEL FLOYD	STEP PARENT OF DIRECTOR	2,000
PHYLLIS SWETZOF	SPOUSE OF FORMER DIRECTOR	2,000
JUSTINA SWETZOF	PARENT OF FORMER DIRECTOR	2,000
MARY FRATIS	SIBLING OF DIRECTOR	2,000
ROMAN FRATIS SR	DIRECTOR	2,000
ANTHONY KOCHUTIN	STEP PARENT OF DIRECTOR	2,000
ALEX KUDRIN	SPOUSE OF DIRECTOR	2,000
PLATONIDA KASHATOK	SIBLING OF DIRECTOR	2,500
TINA WOODS	SIBLING OF DIRECTOR	7,500
MICHAEL BALDWIN	DIRECTOR	2,500.

ATTACHMENT 9

SCHEDULE L, PART IV

(A) NAME OF INTERESTED PERSON	(B) RELATIONSHIP	(C) AMOUNT	(D) DESCRIPTION OF TRANSACTION	(E) YES	NO
PHILLIP LESTENKOF	DIRECTOR/OFFICER	97,721	PURCHASE OF HALIBUT INVENTORY		X
MYRON MELOVIDOV	DIRECTOR	104,167	PURCHASE OF HALIBUT INVENTORY		X
TERENTY PHILEMONOFF	FORMER DIRECTOR	272,836	PURCHASE OF HALIBUT INVENTORY		X
ALEX KUDRIN	SPOUSE OF DIRECTOR	264,810	PURCHASE OF HALIBUT INVENTORY		X
JEFFERY KAUFFMAN	DIRECTOR	287,308	PURCHASE OF HALIBUT INVENTORY		X
SIMEON SWETZOF, JR	FORMER DIRECTOR	29,184	PURCHASE OF HALIBUT INVENTORY		X
JEFFERY PHILEMONOFF	CHILD OF FORMER DIRECTOR	22,753	PURCHASE OF HALIBUT INVENTORY		X
NICHOLAS PHILEMONOFF	CHILD OF FORMER DIRECTOR	222,069	PURCHASE OF HALIBUT INVENTORY		X
REBECCA PHILEMONOFF	SPOUSE OF FORMER DIRECTOR	49,393	PURCHASE OF HALIBUT INVENTORY		X
STEVEN MELOVIDOV	SIBLING OF DIRECTOR	4,031.	PURCHASE OF HALIBUT INVENTORY		X

Name of the organization: CENTRAL BERING SEA FISHERMEN'S ASSOCIATION

Employer identification number: 92-0142892

ATTACHMENT 9 (CONT'D)

SCHEDULE L, PART IV

NOEL FLOYD	STEP PARENT OF DIRECTOR	77,956	PURCHASE OF HALIBUT INVENTORY	X

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
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Name of the organization: CENTRAL BERING SEA FISHERMEN'S ASSOCIATION

Employer identification number: 92-0142892

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
57 DEGREES NORTH, LLC 90-0089171 P. O. BOX 288 ST. PAUL ISLAND, AK 99660	FISHERIES	AK	9,164,511.	26,722,533.	CBSFA
MULTI SPECIES DEVELOPMENT HOLDINGS, LLC 75-3141232 165 E PARKS HWY SUITE 204A WASILLA, AK 99654	FISHERIES	AK	514,432.	45,075,011.	CBSFA
SAINT PAUL, LLC 26-1269305 165 E PARKS HWY SUITE 204A WASILLA, AK 99654	FISHERIES	AK	1,395,270.	2,607,267.	MSDH
CENTRAL BERING SEA VESSELS, LLC 11-3695172 165 E PARKS HWY SUITE 204A WASILLA, AK 99654	FISHERIES	AK	222,893.	4,008,984.	MSDH

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

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
STAR PARTNERS, LLC 20-0506723 7215 156TH ST SW, EDMONDS, WA	FISHING	WA	MSDH	RELATED	-743,428	10,069,209		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
CENTRAL BERING SEA FISHERMEN'S CORP 92-0159159 P O BOX 288 ST PAUL ISLAND, AK 99660	BOAT LOANS	AK	CBSFA	C CORP	12,986	420,246	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)		
(2)		
(3)		
(4)		
(5)		
(6)		

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
AMERICAN SEAFOODS, LP 13-4097212 2025 FIRST AVE., STE 90 SEATTLE, WA 98121	FISHING	WA		X	-16438537.		X	0.		X
FIERCE ALLEGIANCE, LLC 90-0089164 1445 NW 56TH STREET SEATTLE, WA 98107	FISHING	WA		X	1,242,508.		X	0.		X
EARLY DAWN, LLC 90-0089167 1445 NW 56TH STREET SEATTLE, WA 98107	FISHING	WA		X	810,898.		X	0.		X
ASLP ACQUISITION, LLC 20-4305373 2025 FIRST AVE., STE 90 SEATTLE, WA 98121	FISHING	WA		X	1,379,023.		X	0.		X

- 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 File by the extended due date for filing the return See instructions	Name of Exempt Organization CENTRAL BERING SEA FISHERMEN'S ASSOCIATION	Employer identification number 92-0142892
	Number, street, and room or suite no If a P O box, see instructions P. O. BOX 288	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions ST. PAUL ISLAND, AK 99660	

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-BL [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 4720 [ ] Form 8870
[ ] Form 990-EZ [ ] 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 ▶ RENA KUDRIN
  Telephone No ▶ 907 546-2597 FAX No ▶ 907 546-2450
- 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 ▶ [signature] Title ▶ CPA Date ▶ 8/8/2010

Form **8868** (Rev 4-2009)

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

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

AUG 13 2010

RECEIVED
55101

ATTACHMENT TO RETURN

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 File by the due date for filing your return See instructions	Name of Exempt Organization CENTRAL BERING SEA FISHERMEN'S ASSOCIATION	**Employer identification number** 92-0142892
	Number, street, and room or suite no If a P O box, see instructions P. O. BOX 288	
	City, town or post office, state, and ZIP code For a foreign address, see instructions ST. PAUL ISLAND, AK 99660	

INTERNAL REVENUE SERVICE
ANCHORAGE, AK 99508
MAY 13 2010
RECEIVED

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 ▶ RENA KUDRIN

Telephone No ▶ 907 546-2597 FAX No ▶ 907 546-2450

- 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)