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Department of the Treasury

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

nternal	Revenue	e Service The organization may have to use a copy of this return to satisfy sta	ate reporting i	equirements	Inspection
A Fo	r the	2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010			
<b>B</b> Ch	eck ıf a	pplicable C Name of organization Norton Sound Economic Development		D Employer	identification number
Add	dress ch	hange Corporation  Doing Business As		86-0710	582
Naı	me cha	ange		E Telephone	number
— <sub>Inıt</sub>	al retu	Number and street (or P O box if mail is not delivered to street address)	Room/suite	(907) 274	1-2248
– Ter	mınate	420 L Street	,	(307)27	
– <sub>Am</sub>	ended	return City or town, state or country, and ZIP + 4		<b>G</b> Gross receip	ots \$ 40,460,755
_		Anchorage, AK 99501			
741	Silication	· ·			
		<b>F</b> Name and address of principal officer Janis Ivanoff	H(a) Isthisa	group return for affil	nates? Yes No
		420 L Street Suite 310	<b>H(b)</b> Are all a	ıffılıates ıncluded	?
		Anchorage, AK 99501	If "No	" attach a lıs	t (see instructions)
r Ta	x-exem	npt status	H(c) Group	exemption n	umber 🟲
J W	ebsite	e: ► www.nsedc.com			
<b>K</b> Forr	m of or	ganization 🔽 Corporation 🦷 Trust 🦱 Association 🦳 Other 🕨	<b>L</b> Year of form	nation 1993	<b>M</b> State of legal domicile AK
Pa	rt I	Summary			
Activities & Governance	2 · · · · · · · · · · · · · · · · · · ·	Check this box F if the organization discontinued its operations or disposed of Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2010 (Part V, line 2a) . Total number of volunteers (estimate if necessary)		% of its net a  4  5  6  7a	15 15 353
	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	
			Prior	Year	Current Year
<b>a</b> .	8	Contributions and grants (Part VIII, line 1h)		169,868	0
	9	Program service revenue (Part VIII, line 2g)		13,281,016	14,977,314
Ravenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		393,177	1,145,721
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-2,329,460	-782,859
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,514,601	15,340,176
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,727,432	3,369,038
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-			
Expenses		10)		3,208,014	4,215,552
₹	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0
ठ	Ь	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright^0$			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		5,021,653	5,702,595
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		11,957,099	13,287,185
- 02	19	Revenue less expenses Subtract line 18 from line 12		-442,498	2,052,991
Net Assets or Fund Balances				of Current ar	End of Year
9 G	20	Total assets (Part X, line 16)	1.	42,051,556	154,657,094
38	21	Total liabilities (Part X, line 26)		6,657,795	11,505,573
žŽ	22	Net assets or fund balances Subtract line 21 from line 20	1	35,393,761	143,151,521
Pai	rt II	Signature Block		, ,	· · ·
Jnde cnow	r penal	lties of perjury, I declare that I have examined this return, including accompanying sch and belief, it is true, correct, and complete. Declaration of preparer (other than officer)			
		***** Signature of officer	201 Dat	1-10-20	
Sign Hero		Janis Ivanoff CEO/Vice Pres	Dat	e 	
	ı	Type or print name and title	Ta	hock if calf	T
		Print/Type preparer's name TOM J DOMAGALA CPA Preparer's signature TOM J DOMAGALA CPA Domagala CPA		heck if self- mployed •	PTIN
Paid	F	Firm's name Altman Rogers & Company		<u> </u>	Firm's EIN
Prepa		Firm's address 425 G Street Suite 500			Phone no ▶ (907) 274-
Jse (	Only	Anchorage, AK 99501			2992 Prione no F (907) 274-
					i .

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

┌Yes ┌No

Form	990	(2010)	

Par	t III	Statement of I Check if Schedule	_	_	<b>lishments</b> Jestion in this Part II:	ı	<del>/</del>
1	Brief	y describe the orga	nızatıon's mıs:	sion			
prov	ide eco		through educ	atıon, employment	_	e clean harvest of Bering Sea al assistance to member com	·
2		ne organization unde Tor Form 990 or 99			ervices during the yea	r which were not listed on	┌ Yes ┌ No
	If "Ye	s," describe these r	new services o	n Schedule O			
3		ne organization ceas ces?		=	=	onducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these o	hanges on Sc	hedule O			
4	Section	on 501(c)(3) and 50	D1(c)(4) orgar	nizations and secti	_	e largest program services by are required to report the am service reported	•
4a	(Code	e	) (Expenses \$	6,583,213	ıncludıng grants of \$	3,369,038 ) (Revenue \$	14,977,314 )
		gement of CDQ operations of CDQ operations, any-owned fish quotas,			processing plants, prograi	ms to benefit residents of member	communities, the harvest of
4b	(Code	<u> </u>	) (Expenses \$	1,076,420	ıncludıng grants of \$	) (Revenue \$	)
	Train	ng programs offered to	residents of the E	Bering Straits Region fo	r commercial fisheries skill	s including process line workers, de	ckhands, etc
4c	(Code	e	) (Expenses \$	859,294	ıncludıng grants of \$	) (Revenue \$	3,864,358 )
	Deve	lopment of new and ong	going fisheries in t	the Norton Sound area			
4d	Othe	er program services	(Describe in	Schedule O )			
	(Exp	enses \$	852,690	including grants o	of\$	) (Revenue \$	)
4e	Tota	I program service e	xpenses <b>⊧</b> -\$	9,371,61	. 7		

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		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
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		Νo
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		Νo
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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		No
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		No
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Pa	Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 111			
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	Yes	
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			
ь	return			
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
Ju	year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь		Νo
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		No
b	If "Yes," enter the name of the foreign country 🕒			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			No
		5c		
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		Νο
	were not tax deductible?	6b		Νο
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	_		
d	file Form 8282?	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
L	required?	7g		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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 o
9	Sponsoring organizations maintaining donor advised funds.			110
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		No
=				
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
1/1~	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N a
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		No No
	2. 100, has te med a rollin 720 to report these payments. If no, provide an explanation in schedule of		orm <b>99</b> 0	

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

_Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
b	Enter the number of voting members included in line 1a, above, who are independent	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			<del>- 110</del>
J	year by the following			
a	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at th organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)	_		
	venue couc.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		No
110	affiliates, and branches to ensure their operations are consistent with those of the organization?			NO
IIa	has the organization provided a copy of this Form 990 to an members of its governing body before ming the form	11a		No
b	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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	Yes	
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	Yes	
Se	ection 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 Form 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			

- 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. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 Janıs Ivanoff

420 L Street Suite 310 Anchorage, AK 99501

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization no<u>r any related organization compensated any current officer, director, or trustee</u>

<b>(A)</b> Name and Title	(B) Average hours	Posii t	(( tion ( hat a	che		I	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation		
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	from the organization (W-2/1099-MISC)  Highest compensated lindividual trustee  For clirector.  from the from related organizations (W-2/1099-MISC)  MISC)		Officer Institutional Trustee Individual trustee or director		lighest compensated miployee  Key employee  Officer		Key employee  Cofficer  Institutional Trustee		from the organization and related organizations
(1) William Johnson Director	5 00	Х					15,989	0	0		
(2) Wilfred Katcheak Director	5 00	Х					14,121	0	0		
(3) Walter Seetot Director	5 00	Х					13,084	0	0		
(4) Victor Joe Director	5 00	Х					20,879	0	0		
(5) Truman Kava Director	5 00	Х					24,774	0	0		
(6) Simon Kinneen COO	40 00			х			123,810	0	0		
(7) Rıchard Walıckı Control/Treas	40 00			х			101,046	0	0		
(8) Reggie Barr Director	5 00	Х					24,061	0	0		
(9) Oscar Takak Director	5 00	Х					31,170	0	0		
(10) Orville Ahkınga Jr Director	5 00	Х					12,186	0	0		
(11) Kyan Olanna Attorney	40 00					х	115,362	0	0		
(12) Joseph Garnie Director	5 00	Х					21,062	0	0		
(13) Joel James Director	5 00	Х					18,941	0	0		
(14) Jerry Ivanoff Sec/EET Coord	40 00			х			110,539	0	0		
(15) Janıs Ivanoff CEO/Vice Pres	40 00			х			149,314	0	0		
(16) Harvey Sookiayak Sr Director	5 00	Х					21,504	0	0		

Part VII

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

( <b>A)</b> Name and Title	(B) Average hours	Posi	(( tion ( hat a	(che		11		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(17) Frank Oxereok Jr Director	5 00	х						27,540	0	0
(18) Frank Katchatag Director	5 00	х						25,266	0	0
(19) Elvina Naranjo Director	5 00	х						29,092	0	0
(20) Don Stiles Director	5 00	х						16,297	0	0
(21) Dean Peterson Director	5 00	х						16,288	0	0
(22) Daniel Harrelson President	5 00	х		х				109,348	0	0
1b Sub-Total				<u> </u>		<del></del>	<b> </b>			
c Total from continuation sheets						<b>F</b>				
d Total (add lines 1b and 1c) .							<b>F</b>	1,041,673		
2 Total number of individuals (incl	udıng but not lır	nited to	thos	e lıs	ted	above	) who	received more tha	n	

\$100,000 in reportable compensation from the organization -6

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
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	_		
	marviada	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

#### **Section B. Independent Contractors**

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
Jon Zuck 16140 Terracewood Lane Anchorage, AK 99516	Fisheries Management	166,843
Latham & Watkins LLP PO Box 7247-8202 Philadelphia, PA 19170	Legal	173,878

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  $\blacktriangleright$ 2

	90 (2010)  TIII Statement of Revenu	10				Pa	ge <b>9</b>
rt v	Statement of Revenu	16		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	exclude from tax under section
							512, 513, o 514
<b>4</b> 1	<b>1a</b> Federated campaigns	<b>1</b> a					
ੑਫ਼	<b>b</b> Membership dues	. 1b					
(₩	<b>c</b> Fundraising events	. 1c					
<u>.</u> =	<b>d</b> Related organizations	. 1d					
E I	e Government grants (contributions)	1e					
and other similar amounts	All other contributions, gifts, grants, similar amounts not included above	and <b>1f</b>				İ	<u> </u>
⇟	g Noncash contributions included in lii						
至	h Total. Add lines 1a-1f			0			
10	ii lotai. Add iiiles Ta-Ti		Business Code				
	2a		245655 Code				
Program Service nevenue	Harvesting Revenue		110000	14,977,314	14,977,314		
Ļ	ь с						
	d						
<u> </u>	e	<u> </u>					
ē	f All other program service rev	 venue					
2							
	<ul><li>g Total. Add lines 2a-2f</li><li>3 Investment income (includin</li></ul>			14,977,314			
	3 Investment income (includin and other similar amounts)	· .	ŀ	1,687,227			1,687,2
4	4 Income from investment of tax-exe			0			
5	<b>5</b> Royalties			0			
		(ı) Real	(II) Personal				
6	<b>6a</b> Gross Rents	24,000					
	<b>b</b> Less rental expenses						
	c Rental income or (loss)	24,000					
	<b>d</b> Net rental income or (loss)			24,000	24,000		
	<b>7a</b> Gross amount	(ı) Securities 19,500,618	(II) O ther				
'	from sales of assets other	25/200/020					
	than inventory  b Less cost or	20,042,124					
	other basis and sales expenses	20,042,124					
	c Gain or (loss)	-541,506					
L	<b>d</b> Netgain or (loss)			-541,506			-541,5
8	<b>8a</b> Gross income from fundraisin (not including	ng events					
	\$						
	of contributions reported on l See Part IV, line 18						
	occi antiv, ime io	a					
	<b>b</b> Less direct expenses						
-	c Net income or (loss) from fur			0			
9		ctivities See Part IV, line 19 .					
	<ul><li>b Less direct expenses</li><li>c Net income or (loss) from ga</li></ul>		ь	0			
- ⊢	<b>10a</b> Gross sales of inventory, les						
	returns and allowances .						
	<b>b</b> Less cost of goods sold .	a . b	3,864,358 5,078,455				
	c Net income or (loss) from sa		3,078,433	-1,214,097			
-	Miscellaneous Revenue		Business Code		1,214,097		
-	11a O ther			257,071	257,071		
	<b>b</b> Loan Fees & Int			16,813	16,813		
	<b>c</b> Bad Debt Recovery			133,354	133,354		
	<b>d</b> All other revenue	•					
	e Total. Add lines 11a-11d .			407,238			
		•		707,230			<u> </u>
1	12 Total revenue. See Instruction	ons -					1

	990 (2010)				Page <b>10</b>
Par					
	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c			(D)	
	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,719,446	2,719,446		Спранова
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
_	,	649,592	649,592		
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	926,311	209,002	717,309	
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	2,271,305	1,680,009	591,296	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	131,741	87,231	44,510	
9	Other employee benefits	594,568	284,131	310,437	
10	Payroll taxes	291,627	188,339	103,288	
а	Fees for services (non-employees) Management	0			
ь	Legal	256,483	15,622	240,861	
c	Accounting	63,434		63,434	
d	Lobbying	17,440		17,440	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	167,495		167,495	
g	Other	143,278	40,122	103,156	
12	Advertising and promotion	22,359	11,854	10,505	
13	Office expenses	0			
14	Information technology	121,345	36,764	84,581	
15	Royalties	33,474	33,474		
16	Occupancy	654,488	462,215	192,273	
17	Travel	848,888	331,494	517,394	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,142	3,142		
19	Conferences, conventions, and meetings	0			
20	Interest	34,256		34,256	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	742,292	685,953	56,339	
23	Insurance	375,552	84,933	290,619	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Supplies & Equipment	528,284	495,814	32,470	
ь	Repairs and Maintenance	139,197	134,894	4,303	
c	Miscellaneous	195,920	9,515	186,405	
d	Fuel and Other Fleet Support	278,777	278,777		
e	Contract Services	809,890	648,259	161,631	
f	All other expenses	266,601	281,035	-14,434	
25	Total functional expenses. Add lines 1 through 24f	13,287,185	9,371,617	3,915,568	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation		<u> </u>		

Part X Balance Sheet (B) (A) Beginning of year End of year 722,785 2,164,249 1 1 8,163,099 2 3.715.339 2 0 3 3 5.435.306 4 4,951,819 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 0 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 0 6 9,757,988 7 16,304,303 8 442,989 8 764,249 Prepaid expenses and deferred charges . . . . 905,105 9 849,896 10a Land, buildings, and equipment cost or other basis Complete 13.973.857 10a Part VI of Schedule D 10b 5.262.060 ь Less accumulated depreciation . . . . . 8.588.622 10c 8,711,797 11 58.062.195 11 67.279.210 12 0 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 0 13 13 Investments—program-related See Part IV, line 11 . . 0 14 14 49,973,467 15 49,916,232 15 16 142,051,556 16 154,657,094 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 2.215.110 17 1.796.329 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 4.442.685 25 9,709,244 Other liabilities Complete Part X of Schedule D . . . . . 11,505,573 26 6.657.795 26 Total liabilities. Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 135,393,761 27 143,151,521 Temporarily restricted net assets . . . . . 28 28 Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 135,393,761 33 143,151,521 33 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 142.051.556 154,657,094 34

Pa	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		15.3	340,17
2	Total expenses (must equal Part IX, column (A), line 25)	2			287,18
3	Revenue less expenses Subtract line 2 from line 1	3			052,99
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		135,3	393,76
5	Other changes in net assets or fund balances (explain in Schedule O)	5		5,7	704,76
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		143,1	151,52
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	•
		_		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		No
Ь	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis 🔽 Both consolidated and separated 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?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		No

DLN: 93493312018161

OMB No 1545-0047

(Form 990)

**SCHEDULE D** 

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions. Name of the organization Norton Sound Economic Development

**Employer identification number** 

orporati						0710582		
art I				Other Similar	Funds	or Accour	<b>nts.</b> Comple	te if the
	organization answered "Yes" to Form 99			vised funds	<u> </u>	<b>b)</b> Funds ar	nd other accou	ınts
Tot	al number at end of year	(=, = :			<u> </u>	,		
	regate contributions to (during year)							
Agg	regate grants from (during year)							
Agg	gregate value at end of year							
	the organization inform all donors and donor advids are the organization's property, subject to the				onor advi	sed	☐ Yes	┌ No
use	the organization inform all grantees, donors, and ed only for charitable purposes and not for the ben iferring impermissible private benefit						☐ Yes	∏ No
rt II		ıf the organizat	tion	answered "Yes'	" to Forn	າ 990, Part	t IV, line 7.	
Pur 	pose(s) of conservation easements held by the o Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space							e a
' '	·	ified concervation		tribution in the fo	rm of a co	ncaryation		
	mplete lines 2a-2d if the organization held a qual sement on the last day of the tax year	med conservation	ı con	tribution in the fo	rm or a co	onservation		
						Held at 1	the End of the	Year
Tot	al number of conservation easements				2a			
Tot	al acreage restricted by conservation easements				2b			
Nu	mber of conservation easements on a certified his	toric structure in	clude	ed ın (a)	2c			
Nu	mber of conservation easements included in (c) a	cquired after 8/17	7/06		2d			
	mber of conservation easements modified, transfe taxable year 🛌	rred, released, ex	∢tıngı	uished, or termina	ated by th	ie organizati	on during	
Nui	mber of states where property subject to conserva	ation easement is	loca	ted <b>Ի</b>				
	es the organization have a written policy regarding orcement of the conservation easements it holds?		nıtorı	ng, inspection, ha	andling of	violations,	and <b>Yes</b>	┌ No
Sta	ff and volunteer hours devoted to monitoring, insp	pecting and enforc	cing (	conservation eas	ements d	uring the yea	ar ►	
A m	ount of expenses incurred in monitoring, inspecti	ng, and enforcing	cons	ervation easeme	nts during	g the year ►	·\$	
	es each conservation easement reported on line 2 O(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	!(d) above satisfy	the	requirements of s	ection		☐ Yes	∏ No
bal	Part XIV, describe how the organization reports co ance sheet, and include, if applicable, the text of t organization's accounting for conservation easer	the footnote to the			•		•	
t II	Organizations Maintaining Collection Complete if the organization answered				s, or Otl	her Simila	ar Assets.	
art,	he organization elected, as permitted under SFAS , historical treasures, or other similar assets held vide, in Part XIV , the text of the footnote to its fir	for public exhibit	ion, e	education or rese	arch ın fu			e,
his	he organization elected, as permitted under SFAS torical treasures, or other similar assets held for vide the following amounts relating to these items	public exhibition,					•	
(i)	Revenues included in Form 990, Part VIII, line 1					<b>►</b> \$		
(ii)	Assets included in Form 990, Part X					<b>►</b> \$		
Ift	he organization received or held works of art, histonomics amounts required to be reported under SFA				for finan	cıal gaın, pr	ovide the	
Rev	venues included in Form 990, Part VIII, line 1					<b>►</b> \$		
	•							

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	easu	res, or Ot	ther	· Similar	Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing th	nat are	e a significai	nt us	e of its co	llection	1	
а	Public exhibition		d	Γ	Loan o	rexch	nange progra	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	/ further	the o	organization'	s ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Г	Yes	┌ No
Par	<b>t IV Escrow and Custodial Arrang</b> Part IV, line 9, or reported an an						n answered	l "Y€	es" to For	m 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	ediary	for c	ontrıbutı	ions o	or other asse	ets n	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing ta	able		Г			A mou	ınt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year						F	1e				
f	Ending balance						_	lf				
2a	Did the organization include an amount on Fo	orm 000 Part V Jun	a 212				<u></u>				Yes	┌ No
			e 21,							'	165	, 140
	If "Yes," explain the arrangement in Part XIV  rt V Endowment Funds. Complete i		n and	wor	d "Voc	" to F	Form 990	Dart	· TV line	10		
ra	Endowment I unus. Complete I	(a)Current Year		Prior \			o Years Back		hree Years B		)Four Y	ears Back
1a	Beginning of year balance	, ,		-								
b	Contributions											
c	Investment earnings or 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 yea	r end balance held	as		_					-		
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment											
с	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re held	and a	dministered	for t	:he			
	organization by	-							-		Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
	If "Yes" to 3a(II), are the related organizatio	•						•	[	3b		
4	Describe in Part XIV the intended uses of th					0 D-	and V. June 1					
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S									
	Description of investment				Cost or o		(b)Cost or ot basis (other		(c) Accumu depreciat		( <b>d</b> ) Bo	ook value
							l 247	068		- 1		
1a	Land		•				317,	000				317,068
	Land						8,691,	_				
b		· · · · · · · · · · · · · · · · · · ·	· ·				,	169				317,068 8,691,169 603,396
b c	Buildings	· · · · · · · · · · · · · · · · · · ·					8,691,	169 396				8,691,169
b c d	Buildings	· · · · · · · · · · · · · · · · · · ·					8,691, 603,	169 396	5,2	62,060		8,691,169 603,396

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value		d of valuation
		Cost of end-of-	year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total (Seram (2) Sheard Equal (Sim 350) (art ii) ee (2) mie 12 )	<u>• </u>		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line :		
(a) Description of investment type	( <b>b</b> ) Book value		d of valuation -year market value
		Sost of the of	year market varae
			_
Tabel (Column (h) should aqual Form 000, Part V, col (D) line 12.)	•		
<b>Part IX</b> Other Assets. See Form 990, Part X, col (B) line 13 )			
(a) Descri			(b) Book value
(1) Life Insurance Net Surrender Value Rec	F		315,492
(2) Investment in Unaatuq, LLC			450,000
(3) Investment in Siu Alaska Corp			38,415,683
(4) Investment in Quota Share Unit			10,560,852
			10,500,652
(5) Investment in NSEDC Education Foundation			112 104
(6) Interest Receivable			112,194
(7) Employee Advances			6,177
(8) Construction in Progress			55,834
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		49,916,232
Part X Other Liabilities. See Form 990, Part 3		•	
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
Sales Tax Payable	-1,374		
Line of Credit Fisheries Tax	6,500,000		
	111,137		
Due to Affiliates	2,799,942		
Accrued Payroll & Related liabilities	299,539		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	9,709,244		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,340,176
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,287,185
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,052,991
4	Net unrealized gains (losses) on investments	4	6,049,271
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	693,707
9	Total adjustments (net) Add lines 4 - 8	9	6,742,978
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	8,795,969
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	26,860,760
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	6,575,483
3	Subtract line <b>2e</b> from line <b>1</b>	3	20,285,277
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-4,945,101
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	15,340,176
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	18,064,791
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses	1	
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	4,945,101
3	Subtract line <b>2e</b> from line <b>1</b>	3	13,119,690
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 167,495		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	167,495
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	13,287,185
Do.	+ XIV Supplemental Information		

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

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, 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

Ident if ier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	The company has adopted ASC 740-10 as it relates to uncertain federal or state tax positions and has evaluated its tax positions taken for all open years. Currently, the 2008 and 2009 years are open and subject to examination by the Internal Revenue Service. However, the company is not currently under audit nor has the company been contacted by any jurisdiction Based of the evaluation of the Company's tax positions, management believes all positions taken would be upheld under examination. Therefore, no provision for the effects of uncertain tax positions has been recorded for the year ended December 31, 2010.
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Bad Debt Recovery \$-133354 Fishing & Processing exp on Part VIII \$5078455
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Investment Expenses \$-167495 Equity in Earnings of Siu \$693707
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Equity in earnings of Siu \$693707 See Schedule O \$ -1038209

#### **Additional Data**

**Software ID:** 10000105

**Software Version:** 2010v3.2

**EIN:** 86-0710582

Name: Norton Sound Economic Development

Corporation

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
Life Insurance Net Surrender Value Rec	315,492
Investment ın Unaatuq, LLC	450,000
Investment in Siu Alaska Corp	38,415,683
Investment in Quota Share Unit	10,560,852
Investment in NSEDC Education Foundation	
Interest Receivable	112,194
Employee Advances	6,177
Construction in Progress	55,834

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Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

# **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

Inspect ion

Name of the organization	Employer identification number						
Norton Sound Economic Development Corporation	86-0710582						
Part I General Informatio	n on Grants and	d Assistance					
<ul> <li>Does the organization maintain the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> </ul>	vard the grants or as	sistance?					ר Yes ⊏
Part II Grants and Other A Form 990, Part IV, line duplicated if additional	e 21 for any recip	pient that received r	nore than \$5,000. Ch	United States. Coreck this box if no one	recipient receive	ed more than \$5,000.	es" to . Part II can be
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 50		ment organizations .				· · · · · • <u></u>	39

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization	answered "Ye	s" to Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.				

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Small Business Initiative	7	21,307			
(2) Scholarships	361	628,285			

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

Identifier Return Reference Explanation	
Grantmaker's Description of How Grants are Used  The recipient must be a resident of the Norton Sound Region for a minimum of How Grants are Used  Scholarship Once they have established residency they must complete fall semesters and December 30 for the spring semesters. A complete application - Two letters of recommendation - Letter of acceptance - PhotoA student must be enrolled in a minimum of 12 credits for post seminimum of 9 credits each semester. In order to remain in good stand with at least a 2.0 GPA. Working students are those who are working in based on the amount of credits they are taking. Because they are a working and there is no deadline for those students. All of the guidelines of students before they are funded.	te an application before the deadlines of June 30 for the application includes the following - Completed Personal statement - An official transcript - Current econdary and a graduate student must be enrolled in a ing they must complete 12 or 9 credits respectively the Norton Sound Region These students are funded orking student, they do not need to take classes full-

**Software ID:** 10000105

**Software Version:** 2010v3.2

**EIN:** 86-0710582

Name: Norton Sound Economic Development

Corporation

Torin 330,3cheddie 1, Tur	,				in the officed of		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Norton Sound Marine HarvestersPO Box 906 Nome,AK 99762			58,000	0			Discretionary Grant
Norton Sound Health CorporationPO Box 966 Nome, AK 99762	92-0041488		14,976	0			Discretionary Grant
Nomad CharitiesPO Box 9113 Ketchikan, AK 99901	72-1526699	501(c)(3)	7,000	0			Discretionary Grant
Native Village of WalePO Box 549 Wales, AK 99783	92-0070094		41,317	0			Discretionary Grant
Native Village of Unalakleet PO Box 270 Unalakleet, AK 99684	92-0039457		42,530	0			Discretionary Grant
Native Village of ShakPO Box 100 Shaktoolik, AK 99771	92-0010257		19,425	0			Discretionary Grant
Native Village of KoyuPO Box 53030 Koyuk, AK 99753	92-0061645		18,005	0			Discretionary Grant
Native Village of ElimPO Box 39070 Elim, AK 99739	92-0055379		7,500	0			Discretionary Grant
Native Village of DiomPO Box 7019 Diomede, AK 99762	92-0066244		16,642	0			Discretionary Grant
Marys Igloo TraditionPO Box 546 Teller, AK 99778	92-0082479		36,987	0			Discretionary Grant
Kawerak IncPO Box 948 Nome, AK 99762	92-0047009	501(c)(3)	39,217	0			Discretionary Grant
Golovin Native Corporation PO Box 62099 Golovin, AK 99762	92-0045492		107,497	0			Discretionary Grant

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of White MountainPO Box 130 White Mountain, AK 99784	92-0077464		68,726	0			Discretionary Grant
City of White MountainPO Box 130 White Mountain, AK 99784	92-0077464		100,000	0			Community Benefit Share Grant
City of WalesPO Box 489 Wales, AK 99783	92-0055294		100,000	0			Community Benefit Share Grant
City of UnalakleetPO Box 28 Unalakleet, AK 99684	92-6101102		12,593	0			Discretionary Grant
City of UnalakleetPO Box 28 Unalakleet, AK 99684	90-6011026		100,000	0			Community Benefit Share Grant
City of TellerPO Box 548 Teller, AK 99778	92-0038016		25,345	0			Discretionary Grant
City of TellerPO Box 548 Teller, AK 99778	92-0038016		100,000	0			Community Benefit Share Grant
City of Stebbins PO Box 22 Stebbins, AK 99671	92-0055113		13,644	0			Discretionary Grant
City of Stebbins PO Box 22 Stebbins, AK 99671	92-0055113		100,000	0			Community Benefit Share Grant
City of St MichaelPO Box 70 St Michael, AK 99659	92-0044250		61,495	0			Discretionary Grant
City of St MichaelPO Box 70 St Michael, AK 99659	92-0044250		100,000	0			Community Benefit Share Grant
City of ShaktoolikPO Box 10 Shaktoolik, AK 99771	92-0071623		41,294	0			Discretionary Grant

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of ShaktoolikPO Box 10 Shaktoolik, AK 99771	92-0071623		100,000	0			Community Benefit Share Grant
City of SavoongaPO Box 40 Savoonga, AK 99769	92-0047577		123,444	0			Discretionary Grant
City of SavoongaPO Box 40 Savoonga, AK 99769	92-0047577		100,000	0			Community Benefit Share Grant
City of NomePO Box 281 Nome, AK 99762	92-0019767		102,000	0			Discretionary Grant
City of NomePO Box 281 Nome, AK 99762	92-0019767		100,000	0			Community Benefit Share Grant
City of KoyukPO Box 53029 Koyuk, AK 99753	92-0082645		43,984	0			Discretionary Grant
City of KoyukPO Box 53029 Koyuk, AK 99753	92-0082645		100,000	0			Community Benefit Share Grant
City of GolovinPO Box 62059 Golovin, AK 99762	92-0055818		14,415	0			Discretionary Grant
City of GolovinPO Box 62059 Golovin, AK 99762	92-0055818		100,000	0			Community Benefit Share Grant
City of GambellPO Box 189 Gambell, AK 99742	92-0059105		19,377	0			Discretionary Grant
City of GambellPO Box 189 Gambell, AK 99742	92-0059105		100,000	0			Community Benefit Share Grant
City of ElimPO Box 39009 Elim, AK 99739	92-0058095		196,758	0			Discretionary Grant

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of ElimPO Box 39009 Elim, AK 99739	92-0058095		100,000	0			Community Benefit Share Grant
City of DiomedePO Box 7039 Diomede, AK 99762	92-0062020		100,000	0			Community Benefit Share Grant
City of Brevig MissionPO Box 85021 Brevig Mission, AK 99785	92-0084368		12,575	0			Discretionary Grant
City of Brevig MissionPO Box 85021 Brevig Mission, AK 99785	92-0084368		100,000	0			Community Benefit Share Grant
Bering Straight School DistrictPO Box 225 Unalakleet, AK 99684	92-0058118		74,700	0			Discretionary Grant

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Name of the organization
Norton Sound Economic Development
Corporation

Employer identification number 86-0710582

Identifier	Return Reference	Explanation
	Form 990, Part XI, Line 5 Other Decreases in Net Assets	The 2009 net assets included the net equity of the NSEDC Education Foundation which has since been dissolved. This resulted in a decrease of \$226,667. The balance of the Investment in Siu Alaska Corp was overstated on the 2009 Balance Sheet by the income taxes paid by Siu Alaska Corp which resulted in a decrease of \$811,542.

ldentifier	Return Reference	Explanation
		Governing documents to clerk of member communities, conflict of interest policy on request and financial statements are mailed to the public

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The organization uses compensation surveys or studies of the surrounding area in determining the amount of compensation which are then approved by the Board of Directors or compensation committee Following that a written employment contract is used

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	All Board members review the conflict of interest policy at the annual meeting and are required to report any conflicts. All other officers and employees are also required to report any conflicts on an annual basis when their employment contracts are renewed

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The Treasurer and Executive Director review the return before it is filed

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Training programs offered to residents of the Bering Straits Region for commercial fisheries skills including process line workers, deckhands, etc

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DLN: 93493312018161

# SCHEDULE R (Form 990)

# **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.

2010

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Department of the Treasury Internal Revenue Service

Name of the organization Norton Sound Economic Development	Employer identification number
Corporation	86-0710582
Part T. Identification of Discogarded Entities (Complete of the organization answered "Vec" on Form 900. Part IV	/ line 33 \

(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(c) Legal domicile (state or foreign country)	(c) Legal domicile (state or foreign country)	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	contr	(g) 512(b)(13) trolled nization
						Yes	No			
(1) NSEDC Education Foundation		1	1							
	Administer Scholarships, education & training	AK	501(c)(3)		Norton Sound Economic Development Corp		No			
Nome, AK 99762 27-0251766	education a naming					<u></u>	/			
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art III					ole as a Partners reated as a partne			answered "	Yes" on Form 990,	Part IV, lır	ne 34
	Decause	e it had one or mor	e i cia	ted organizations t	reated as a partife	iship during the te	ax year.)				
			(c)					(h)	(i)	(i)	1

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> 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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
Dart IV Identifi	ication of Polate	od Ora	onizations Taya	blo ac a Cornora	tion or Trust (C	amplete if the era	20172	100.00	swored "Vec" on	Eorm	000	Dart IV

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>(b)</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	<b>(h)</b> Percentage ownership
(1) Siu Alaska Corporation 420 L Street Suite 310 Anchorage, AK99501 26-3921296	Fisheries	AK	NSEDC	C-Corp			100 000 %
				<u> </u>		Calcadada D.	F 000\ 2010

chedule R (Form 990) 2010							Pag	ge <b>3</b>
Part V Transactions With Relate	d Organizations (Complete if the organization an	swered "Y	es" on Form 990, Pa	rt IV, line 34, 35, 35	5A, or 36.)			
Note. Complete line 1 if any entity is lis-	ted in Parts II, III or IV						Yes	No
1 During the tax year, did the orgranization e	ngage in any of the following transactions with one or more	related org	anızatıons lısted ın Pari	ts II-IV?				
a Receipt of (i) interest (ii) annuities (iii)	royalties (iv) rent from a controlled entity					1a		No
<b>b</b> Gift, grant, or capital contribution to oth	er organization(s)					1b		No
<b>c</b> Gift, grant, or capital contribution from c	other organization(s)					1c		No
<b>d</b> Loans or loan guarantees to or for other	organization(s)					1d	Yes	
e Loans or loan guarantees by other organ	nization(s)					1e		No
<b>f</b> Sale of assets to other organization(s)						1f		No
g Purchase of assets from other organization	tion(s)				-	1g		No
h Exchange of assets	(5)				<u> </u>	1h		No
i Lease of facilities, equipment, or other a	ssets to other organization(s)					1i	Yes	
Lease of identities, equipment, or other a	ssets to other organization(s)							
j Lease of facilities, equipment, or other a	ssets from other organization(s)					1j		No
<b>k</b> Performance of services or membership	or fundraising solicitations for other organization(s)					1k		No
I Performance of services or membership	or fundraising solicitations by other organization(s)					11		No
m Sharing of facilities, equipment, mailing	lists, or other assets					1m	Yes	
n Sharing of paid employees						1n	Yes	
• Reimbursement paid to other organizati	on for expenses					10		No
<b>p</b> Reimbursement paid by other organization	on for expenses					1р	Yes	
						1-		Na
<b>q</b> Other transfer of cash or property to oth						1q 1r		No No
r Other transfer of cash or property from o	other organization(s)					<u> </u>		
2 If the answer to any of the above is "Yes	s," see the instructions for information on who must comple	ete this line,	ıncludıng covered relat	ionships and transacti	on thresholds			
Nar	(a) me of other organization		<b>(b)</b> Transaction type(a-r)	(c) Amount involved	Method of dete	<b>d)</b> :mini olved	ng amo	ount
1) Sıu Alaska Corporation			d	8,317,550				
2)								

(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	<b>(d)</b> Method of determining amount involved
(1) Siu Alaska Corporation	d	8,317,550	
(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>(b)</b> Primary activity	(b) (c) (d) (e)  Primary activity Legal domicile (state or foreign country) section 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) eneral or anaging partner?	
			Yes	No		Yes	No		Yes	N
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### Part VII Supplemental Information

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

Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010