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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

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

C Name of organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Doing Business As:

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

Room/suite:

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

D Employer identification number: 92-0142567

E Telephone number: (907) 842-4370

G Gross receipts $ 79,211,075.

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

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No" attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website ▶ WWW.BBEDC.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1992 M State of legal domicile AK

Part I Summary

1 Briefly describe the organization's mission or most significant activities
IT IS THE PURPOSE OF THE BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION TO PROMOTE ECONOMIC GROWTH AND OPPORTUNITIES FOR RESIDENTS OF ITS MEMBER COMMUNITIES THROUGH SUSTAINABLE USE OF THE BERING SEA RESOURCES.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	17.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13.
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	61.
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,263,744.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	1,956,020

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	68,000.	8,000
9	Program service revenue (Part VIII, line 2g)	16,486,855	19,122,826
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,910,231.	17,453,477.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	172,237	523,772.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,637,323.	37,108,075
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,291,643.	8,045,201.
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)	1,868,994.	2,000,391.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,728,308.	3,036,943.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,888,945.	13,082,535.
19	Revenue less expenses Subtract line 18 from line 12	20,748,378.	24,025,540.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	181,723,948.	200,690,449.
21	Total liabilities (Part X, line 26)	12,224,180.	8,438,465
22	Net assets or fund balances Subtract line 21 from line 20	169,499,768.	192,251,984.

Part II Signature Block

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

Sign Here

▶ Staci M. Fieser — Signature of officer — Date 11/6/2012

▶ STACI FIESER — FINANCE OFFICER — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: TERESA D. NEWINS — Preparer's signature — Date 11/5/12 — Check ☐ if self-employed — PTIN P00181442

Firm's name ▶ KPMG LLP — Firm's EIN ▶ 13-5565207

Firm's address ▶ 701 WEST 8TH AVENUE, SUITE 600 ANCHORAGE, AK 99501 — Phone no 907-265-1200

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions — Form **990** (2011)

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission

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

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 6,103,088 including grants of $ 6,103,088) (Revenue $ _____)

ATTACHMENT 1

4b (Code _____) (Expenses $ 1,389,808 including grants of $ 744,871) (Revenue $ _____)

ATTACHMENT 2

4c (Code _____) (Expenses $ 902,326 including grants of $ 239,807) (Revenue $ 111,383)

ATTACHMENT 3

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

(Expenses $ 2,106,776 including grants of $ 957,435) (Revenue $ _____)

4e Total program service expenses ▶ 10,501,998

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* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	N/A	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		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 (see instructions)*	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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	N/A	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	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 line 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	N/A	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		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

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	92		
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	61		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
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			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 line 5a or 5b, did the organization file Form 8886-T?*	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			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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N/A	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		N/A	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a		N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N/A	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	N/A		
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a	N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	N/A		
12a	**Section 4947(a)(1) non-exempt charitable trusts** Is the organization filing Form 990 in lieu of Form 1041?	12a		N/A	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A		
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		N/A	
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	N/A		
c	Enter the amount of reserves on hand	13c	N/A		
14a	*Did the organization receive any payments for indoor tanning services during the tax year?*	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		N/A	

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*

Check if Schedule O contains a response to any question in this Part VI X

Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
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*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	N/A	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AK,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) PATRICK PATTERSON, JR. BOARD MEMBER	.90	X						4,500.	0	0
(16) FRITZ SHARP BOARD MEMBER	1.00	X						5,800.	2,200.	0
(17) MOSES TOYUKAK, SR. BOARD MEMBER	1.20	X						9,000.	0	0
(18) HARRY WASSILY, SR. BOARD MEMBER	90	X						4,500	2,000.	0
(19) HELEN SMEATON CHIEF OPERATING OFFICER	40.00			X				92,620.	7,667.	31,427.
(20) CHRISTOPHER NAPOLI CHIEF ADMINISTRATIVE OFFICER	40.00			X				81,010.	0	20,055.
(21) STACI FIESER FINANCE OFFICER	40.00			X				91,876.	0	22,254.
(22) PAUL PEYTON SEAFOOD INVESTMENT OFFICER	40.00					X		140,665.	0	35,863.
1b Sub-total ▶								228,684.	7,650.	34,828.
c Total from continuation sheets to Part VII, Section A ▶								429,971.	11,867.	109,599.
d Total (add lines 1b and 1c) ▶								658,655	19,517.	144,427.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
KPMG LLP 701 W 8TH AVE STE 600 ANCHORAGE, AK 99501	ACCOUNTING SERVICE	185,746.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue

				(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	8,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	Total. Add lines 1a-1f . . ATTACHMENT 10 . . . ▶		8,000			
Program Service Revenue			Business Code				
	2a	CDQ ROYALTIES	110000	16,592,914			16,592,914
	b	IFQ ROYALTIES	110000	2,529,912			2,529,912
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		19,122,826			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . ATTACHMENT 5 ▶		15,992,260	11,730,095	2,263,744	1,998,421
	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	43,564,217				
	b	Less cost or other basis and sales expenses	42,103,000				
	c	Gain or (loss)	1,461,217				
	d	Net gain or (loss) ▶		1,461,217			1,461,217
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events ▶		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities ▶		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory ▶		0			
		Miscellaneous Revenue	Business Code				
	11a	BBEDC MATCHING FUNDS	110000	27,386	27,386		
	b	ICE SALES FROM BARGE	110000	111,383	111,383		
	c	MEDIATION SETTLEMENT INCOME	900099	380,653	380,653		
	d	All other revenue	900099	4,350	4,350		
	e	Total. Add lines 11a-11d ▶		523,772			
	12	Total revenue. See instructions ▶		37,108,075	12,253,867	2,263,744	22,582,464

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

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

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 United States See Part IV, line 21	7,110,452.	7,110,452.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	934,749.	934,749.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	660,020.	174,131.	485,889.	
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	811,713.	488,278.	323,435	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,329.	5,317.	33,012.	
9 Other employee benefits	372,474.	165,342.	207,132.	
10 Payroll taxes	117,855.	56,506.	61,349.	
11 Fees for services (non-employees)				
a Management	0			
b Legal	48,309.	38,884.	9,425.	
c Accounting	125,528.		125,528.	
d Lobbying	97,039.		97,039.	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	213,330.	205,464.	7,866.	
g Other	54,800.	54,800.		
12 Advertising and promotion	57,207.	32,535.	24,672.	
13 Office expenses	82,110.	15,887.	66,223.	
14 Information technology	29,158.	4,418.	24,740.	
15 Royalties	0			
16 Occupancy	82,436.	18,033.	64,403.	
17 Travel	186,543.	88,514.	98,029.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	13,043.	1,023.	12,020.	
20 Interest	22,911.	22,911.		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	495,189.	398,255.	96,934.	
23 Insurance	84,539.	50,747.	33,792.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount list line 24e expenses on Schedule O)				
a UBI TAX EXPENSE	825,606.		825,606.	
b PROGRAM EXPENSES	537,147.	537,147.		
c DUES AND SUBSCRIPTIONS	102,272.	97,599.	4,673.	
d TRAINING & STAFF DEVELOPMENT	28,080		28,080.	
e All other expenses	-48,304.	1,006.	-49,310.	
25 Total functional expenses Add lines 1 through 24e	13,082,535.	10,501,998.	2,580,537	
26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		13,707,472.	2	32,901,821.
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		6,623,209.	4	6,781,726.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		0	6	0
	7	Notes and loans receivable, net ATCH. 6.		3,000,000	7	3,000,000.
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges ATCH. 7.		546,832.	9	180,178.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,578,775.			
	b	Less accumulated depreciation	10b 2,268,963.	3,741,297.	10c	3,309,812.
	11	Investments - publicly traded securities ATCH 8		45,086,197.	11	47,903,730.
	12	Investments - other securities See Part IV, line 11		0	12	0
	13	Investments - program-related See Part IV, line 11		77,125,397.	13	75,674,044.
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		31,893,544.	15	30,939,138
	16	**Total assets** Add lines 1 through 15 (must equal line 34)		181,723,948.	16	200,690,449
Liabilities	17	Accounts payable and accrued expenses		493,131.	17	516,507.
	18	Grants payable		4,651,593	18	7,578,552.
	19	Deferred revenue		0	19	100,000
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties ATCH 9		7,067,055.	23	33,579.
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		12,401.	25	209,827.
	26	**Total liabilities.** Add lines 17 through 25		12,224,180	26	8,438,465.
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		169,499,768.	27	192,251,984.
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		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		169,499,768.	33	192,251,984.
	34	Total liabilities and net assets/fund balances		181,723,948.	34	200,690,449.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,108,075.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,082,535.
3	Revenue less expenses Subtract line 2 from line 1	3	24,025,540.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	169,499,768.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,273,324.
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	192,251,984.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . [ ]

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	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 separate basis, consolidated basis, or both [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

ATTACHMENT 10

FORM 990, PART VIII - CONTRIBUTIONS

NAME AND ADDRESS	DATE	FEDERATED CAMPAIGNS	MEMBERSHIP DUES	FUNDRAISING EVENTS	RELATED ORGANIZATIONS	GOVERNMENT GRANTS	ALL OTHER CONTRIBUTIONS
						8,000	
TOTALS						8,000	

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number
92-0142567

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

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ 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 Tax 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, and not on a historic structure listed in the National Register	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 section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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, accession, 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 solicit 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, custodian 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 XIV 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 XIV

Part V Endowment Funds. Complete if the 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 current year end balance (line 1g, column (a)) held as

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

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession 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 organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		202,399.		202,399.
b Buildings		1,644,382.	327,524.	1,316,858.
c Leasehold improvements				
d Equipment		401,430.	193,197.	208,233.
e Other		3,330,564.	1,748,242.	1,582,322.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				3,309,812.

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN AFFILIATES	60,360,240	COST
(2) INVESTMENT IN IFQS	15,313,804.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	75,674,044.	

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

(a) Description	(b) Book value
(1) ACCRUED INTEREST	239,556.
(2) DUE FROM AFFILIATES	205,566.
(3) GOODWILL	30,477,067.
(4) INCOME TAXES RECEIVABLE	16,949.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	30,939,138.

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

1 (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FEDERAL AND STATE TAXES PAYABLE	209,827.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	209,827.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) N/A

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	37,108,075.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,082,535.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	24,025,540.
4	Net unrealized gains (losses) on investments	4	-1,273,324.
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	-1,273,324.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	22,752,216.

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	35,834,751.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-1,273,324.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	-1,273,324.
3	Subtract line 2e from line 1			3	37,108,075.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
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	37,108,075.

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

1	Total expenses and losses per audited financial statements			1	13,082,535.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	13,082,535.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c *(This must equal Form 990, Part I, line 18)*			5	13,082,535.

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

Part XIV Supplemental Information *(continued)*

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

2011

Open to Public Inspection

Name of the organization

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number

92-0142567

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [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 Part II can be duplicated 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
(1) SEE SCHEDULE I-1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 24.

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 9.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 PERMIT LOAN PROGRAM	11	44,155			
2 INTEREST RATE ASSISTANCE PROGRAM	44	61,151			
3 TECHNICAL ASSISTANCE PROGRAM	33	12,551			
4 TAX ASSISTANCE PROGRAM	1,346	152,325			
5 CHILLING IMPROV PROGRAM-VESSEL HULL INSULATION	19	155,783			
6 STUDENT LOAN FORGIVENESS PROGRAM	16	46,803			
7 COLLEGE DEVELOPMENT FUND	129	106,611			

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	BASIC VOCATIONAL/TECHNICAL TRAINING PROGRAM	44	30,488			
2	ADVANCED VOCATIONAL/TECHNICAL TRAINING PROGRAM	103	240,857			
3	CHILLING IMPROVEMENTS PROGRAM - TOTES	30		39,005	FMV	TOTES FOR ICING FISH
4	CHILLING IMPROVEMENTS PROGRAM - SLUSH BAGS	23		34,270	FMV	SLUSH BAGS FOR ICING
5	CHILLING IMPROVEMENTS PROGRAM - FOAM INSULATION	18		10,750	FMV	FOAM INSUL FOR ICING
6						
7						

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

SCHEDULE I PART I QUESTION 2

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

Name and Address of Organization or Government	EIN	IRC Section if applicable	Amount of Cash Grant	Amount of Non-Cash Assistance	Method of Valuation (book, FMV, appraisal, other)	Description of Non-Cash Assistance	Purpose of Grant or Assistance
CITY OF ALEKNAGIK BOX 33 ALEKNAGIK, AK 99555	92-0079021		316 057				ECONOMIC DEVELOPMENT GRANT WRITING ASSIST AND SEASONAL EMPLOYMENT OPPORTUNITIES
ALEKNAGIK TRADITIONAL COUNCIL BOX 115 ALEKNAGIK, AK 99555	94-2857786		81 200				ECONOMIC DEVELOPMENT AND PROMOTION OF PROGRAMS
BRISTOL BAY BOROUGH BOX 189 NAKNEK, AK 99633	92-0029832		19 934				SEASONAL EMPLOYMENT OPPORTUNITIES
CHOGGIUNG LTD BOX 330 DILLINGHAM, AK 99576	92-0045217		8,250				SEASONAL EMPLOYMENT OPPORTUNITIES
CITY OF DILLINGHAM BOX 889 DILLINGHAM, AK 99576	92-0030674		10 539				SEASONAL EMPLOYMENT OPPORTUNITIES
CLARKS POINT VILLAGE COUNCIL BOX 90 CLARKS POINT, AK 99569	92-0073206		389 400				ECONOMIC DEVELOPMENT PROMOTION OF PROGRAMS AND OPPORTUNITIES FOR YOUTH
CURYUNG TRIBAL COUNCIL BOX 216 DILLINGHAM, AK 99576	92 0069902		389 400				ECONOMIC DEVELOPMENT, PROMOTION OF PROGRAMS AND OPPORTUNITIES FOR YOUTH
DILLINGHAM CITY SCHOOL DISTRICT BOX 170 DILLINGHAM, AK 99576	92 0031132		8 194				SEASONAL EMPLOYMENT OPPORTUNITIES
EDDIE S FIREPLACE INN BOX 69 KING SALMON, AK 99613	92-0125527		8 525				SEASONAL EMPLOYMENT OPPORTUNITIES
CITY OF EGEGIK BOX 189 EGEGIK, AK 99579	92 0154668		200 000				ECONOMIC DEVELOPMENT
EGEGIK TRIBAL COUNCIL *6348 NIELSON WAY UNIT B* ANCHORAGE, AK 99518	92 0063332		189 400				ECONOMIC DEVELOPMENT PROMOTION OF PROGRAMS *AND OPPORTUNITIES FOR YOUTH*
EKWOK VILLAGE COUNCIL BOX 70 EKWOK, AK 99580	94-3057295		403 756				ECONOMIC DEVELOPMENT SEASONAL EMPLOYMENT OPPORTUNITIES GRANT WRITING ASSIST AND PROMOTION OF PROGRAMS
EKUK VILLAGE TRIBE BOX 530 DILLINGHAM, AK 99576	92-0163114		401,240				ECONOMIC DEVELOPMENT SEASONAL EMPLOYMENT OPPORTUNITIES AND PROMOTION OF PROGRAMS AND LEARNING OPPORTUNITIES FOR YOUTH
KING SALMON GROUND LLC BOX 214 KING SALMON, AK 99613	90-0421246		9 901				SEASONAL EMPLOYMENT OPPORTUNITIES
KING SALMON VILLAGE COUNCIL BOX 68 KING SALMON, AK 99613	92-0177073		389 400				ECONOMIC DEVELOPMENT PROMOTION OF PROGRAMS AND OPPORTUNITIES FOR YOUTH
LEVELOCK VILLAGE COUNCIL BOX 70 LEVELOCK, AK 99625	92 0074206		394 787				ECONOMIC DEVELOPMENT PROMOTION OF PROGRAMS OPPORTUNITIES FOR YOUTH AND SEASONAL EMPLOYMENT OPPORTUNITIES
CITY OF MANOKOTAK BOX 170 MANOKOTAK, AK 99628	92-0037650		389 357				ECONOMIC DEVELOPMENT PROMOTION OF PROGRAMS, OPPORTUNITIES FOR YOUTH AND SEASONAL EMPLOYMENT OPPORTUNITIES
NAKNEK NATIVE COUNCIL *BOX 106* NAKNEK, AK 99633	92-0058661		389 400				ECONOMIC DEVELOPMENT PROMOTION OF PROGRAMS *AND OPPORTUNITIES FOR YOUTH*
CITY OF PILOT POINT BOX 430 PILOT POINT, AK 99649	92 0140460		13 835				SEASONAL EMPLOYMENT OPPORTUNITIES
PILOT POINT TRIBAL COUNCIL BOX 449 PILOT POINT, AK 99649	99-0143318		389 400				ECONOMIC DEVELOPMENT PROMOTION OF PROGRAMS AND OPPORTUNITIES FOR YOUTH
NATIVE COUNCIL OF PORT HEIDEN BOX 49007 PORT HEIDEN, AK 99549	92 0059922		389 400				ECONOMIC DEVELOPMENT PROMOTION OF PROGRAMS AND OPPORTUNITIES FOR YOUTH
PORTAGE CREEK VILLAGE COUNCIL 1327 E 72ND UNIT B ANCHORAGE, AK 99518	92 0070857		354 987				ECONOMIC DEVELOPMENT AND OPPORTUNITIES FOR YOUTH
NATIVE VILLAGE OF SOUTH NAKNEK 1830 E PARK HWY SUITE A-113 PMB 388 WASILLA, AK 99654	92-0065146		383 400				ECONOMIC DEVELOPMENT AND PROMOTION OF PROGRAMS
CITY OF TOGIAK BOX 190 TOGIAK, AK 99678	92 0047402		100 610				ECONOMIC DEVELOPMENT GRANT WRITING ASSIST AND SEASONAL EMPLOYMENT OPPORTUNITIES
TOGIAK SEAFOODS LLC 1400 E 1ST AVE ANCHORAGE, AK 99501	27 0378144		9 004				SEASONAL EMPLOYMENT OPPORTUNITIES
TRADITIONAL COUNCIL OF TOGIAK BOX 310 TOGIAK, AK 99678	92-0113885		319 815				ECONOMIC DEVELOPMENT LEARNING OPPORTUNITIES FOR YOUTH AND PROMOTION OF PROGRAMS
TWIN HILLS VILLAGE COUNCIL BOX TWA TWIN HILLS, AK 99576	92 0062296		390 395				ECONOMIC DEVELOPMENT LEARNING OPPORTUNITIES FOR YOUTH, PROMOTION OF PROGRAMS AND TECHINCAL ASSISTANCE
UGASHIK TRADITIONAL VILLAGE 206 E FIREWEED LN SUITE 204 ANCHORAGE, AK 99503	92-0160597		400 391				ECONOMIC DEVELOPMENT SEASONAL EMPLOYMENT OPPORTUNITIES LEARNING OPPORTUNITIES FOR YOUTH PROMOTION OF PROGRAMS, AND GRANT WRITING ASSIST
BRISTOL BAY SCIENCE & RESEARCH INSTITUTE BOX 1464 DILLINGHAM, AK 99576	92-0168036		175,000				*SCIENTIFIC AND EDUCATIONAL PROJECTS*
UAF-BRISTOL BAY CAMPUS BOX 1070 DILLINGHAM, AK 99576	92 6000147		60 001				GED/ADULT BASIC EDUCATION AND TRAINING
ARCTIC STORM MANAGEMENT GROUP 2727 ALASKAN WAY PIER 69 SEATTLE, WA 98121	91-2155264		43 195				INTERNSHIPS
OCEAN BEAUTY SEAFOODS LLC BOX 70739 SEATTLE, WA 98127-1539	20-8899430		34 482				INTERNSHIPS
WESTWARD SEAFOODS, INC 2101 FOURTH AVE. SUITE 1700 SEATTLE, WA 98121-2377	91 1443701		47 797				INTERNSHIPS

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

2011

Open to Public Inspection

Name of the organization

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number

92-0142567

Part I Questions Regarding Compensation

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 H. ROBIN SAMUELSEN, JR	(i)	106,334.	10,500.	0	3,167.	31,661.	151,662.	141,262.
	(ii)	0	0	0	0	0	0	0
2 PAUL PEYTON	(i)	140,165.	500.	0	4,202.	31,661.	176,528.	166,372.
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.

SCHEDULE 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

2011

Open To Public Inspection

Name of the organization
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number
92-0142567

Part I **Excess Benefit Transactions** (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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total . . . . . ▶ $										

Part III **Grants or Assistance Benefiting 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
(1) CARLA AKELKOK	IN-LAW TO BOARD MEMBER	1,743. EDUC. ASSIST.
(2) PHYLLIS AYOJIAK	DAUGHTER OF BOARD MEMBER	1,380. TRAINING ASSIST
(3) ROBERT HEYANO	BOARD MEMBER	550 TRAINING ASSIST
(4) ANECIA KRITZ	SPOUSE OF BOARD MEMBER	75 TRAINING ASSIST
(5) KRISTIN SMEATON	DAUGHTER OF OFFICER	628. EDUC. ASSIST.
(6)		
(7)		
(8)		
(9)		
(10)		

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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V **Supplemental Information**

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

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number
92-0142567

FAMILY AND BUSINESS RELATIONSHIPS OF BOARD MEMBERS

PART VI, SECTION A, LINE 2

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

PROCESS FOR REVIEW OF THE FORM 990

PART VI, SECTION B, LINE 11B

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

MONITORING OF CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

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

DETERMINING COMPENSATION FOR PRESIDENT/CEO

PART VI, SECTION B, LINE 15A

THE BOARD SETS THE BEGINNING SALARY RANGE FOR THE POSITION OF THE

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number: 92-0142567

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

DETERMINING COMPENSATION FOR OTHER OFFICERS OR KEY EMPLOYEES

PART VI, SECTION B, LINE 15B

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

AVAILABILITY OF DOCUMENTS

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number: 92-0142567

PART VI, SECTION C, QUESTIONS 18 AND 19

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

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PART XI, LINE 5

UNREALIZED LOSS ON MARKETABLE SECURITIES	$(1,273,324)
OTHER CHANGE IN NET ASSETS	$(1,273,324)

HOURS WORKED FOR RELATED ORGANIZATIONS

PART VII, SECTION A, COLUMN B

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

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number: 92-0142567

HARRY WASSILY, SR. 0.1 HOURS/WEEK FOR HSST

HELEN SMEATON 2.75 HOURS/WEEK FOR BBSRI

ATTACHMENT 1

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

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

ATTACHMENT 2

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

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

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number: 92-0142567

ATTACHMENT 2 (CONT'D)

WITH FUNDS OF $106,611 (DOWN FROM 145 RESIDENTS WITH FUNDS OF $140,793 IN 2010). IN 2011, BBEDC'S BASIC VOCATIONAL/TECHNICAL PROGRAM PROVIDED OVER $61,000 WORTH OF ASSISTANCE TO AREA RESIDENTS (UP FROM $45,716 IN 2010) AND THE ADVANCED VOCATIONAL/TECHNICAL PROGRAM ASSISTED 103 RESIDENTS WITH FUNDS OF $240,857 (DOWN FROM 119 RESIDENTS AND $272,381 IN FUNDS IN 2010). BBEDC INCREASED ITS FINANCIAL SUPPORT TO THE UAF-BRISTOL BAY CAMPUS TO $50,001 (UP FROM $40,000 IN 2010) AS WELL AS PROVIDED A $10,000 CONTRIBUTION TO THEIR NURSING PROGRAM. BBEDC'S INTERNSHIP PROGRAMS CONTINUED WITH 11 RESIDENTS BENEFITING FROM THE SEATTLE-BASED INTERNSHIPS (SAME AS 2010), 3 RESIDENTS BENEFITING FROM THE IN-REGION INTERNSHIPS (SAME AS 2010), AND 24 YOUTH BENEFITING FROM YOUTH INTERNSHIPS (UP FROM 16 IN 2010). BBEDC'S EMPLOYMENT OPPORTUNITIES CONTINUED PROVIDING SEASONAL EMPLOYMENT TO 23 RESIDENTS OVER THE SUMMER MONTHS (DOWN FROM 25 IN 2010) AND PROVIDING BERING SEA EMPLOYMENT TO 14 RESIDENTS (UP FROM 2 IN 2010).

ATTACHMENT 3

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

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

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number: 92-0142567

ATTACHMENT 3 (CONT'D)

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

ATTACHMENT 4

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
PERMIT BROKERAGE	152,325.	354,301.	
PERMIT LOAN PROGRAM	44,155.	66,583.	
CDQ OUTREACH	0	155,167.	
TECHNICAL ASSISTANCE PROGRAM	13,596.	42,863.	
QUOTA MANAGEMENT	0	169,652.	
COMMUNITY LIAISON	534,400.	542,910.	
INVESTMENT MANAGEMENT	175,000.	710,421.	
GRANT WRITING ASSISTANCE	37,959.	64,879.	
TOTALS	957,435.	2,106,776.	

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number: 92-0142567

ATTACHMENT 5

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 AFFILIATES	13,962,260.	11,730,095.	2,232,165.	
INTEREST AND DIVIDEND INCOME	2,030,000.		31,579.	1,998,421.
TOTALS	15,992,260.	11,730,095.	2,263,744.	1,998,421.

ATTACHMENT 6

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER	OCEAN BEAUTY SEAFOODS, LLC
ORIGINAL AMOUNT.	3,000,000.
INTEREST RATE:	2.625000
DATE OF NOTE:	06/18/2010
REPAYMENT TERMS.	INTEREST MONTHLY, PRINCIPAL ON DEMAND
SECURITY PROVIDED:	REAL ESTATE
PURPOSE OF LOAN	FACILITATE BANK REFINANCING
RELATIONSHIP·	BUSINESS

BEGINNING BALANCE DUE	3,000,000.
ENDING BALANCE DUE	3,000,000.
TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	3,000,000.
TOTAL ENDING NOTES AND LOANS RECEIVABLES	3,000,000.

ATTACHMENT 7

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

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

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number: 92-0142567

ATTACHMENT 7 (CONT'D)

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID WORKERS' COMP INS.	1,037.
PREPAID BROKERAGE TRANSACTIONS	2,394.
PREPAID FEDERAL INCOME TAXES	0.
PREPAID STATE INCOME TAXES	63,937.
SECURITY DEPOSITS	1,400.
TOTALS	180,178.

ATTACHMENT 8

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

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

ATTACHMENT 9

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER GOVERNMENTAL ENTITY
INTEREST RATE: 2.000000
MATURITY DATE: 11/01/2011
REPAYMENT TERMS: PAYABLE IN ANNUAL INSTALLMENTS OF $33,398

BEGINNING BALANCE DUE	33,476.
ENDING BALANCE DUE	0.

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

ATTACHMENT 9 (CONT'D)

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

BEGINNING BALANCE DUE	7,000,000.
ENDING BALANCE DUE	0.

LENDER: CORPORATION
MATURITY DATE. 11/20/2012
REPAYMENT TERMS. SUBJECT TO NPFMC FINAL ACTION REGARDING CREW ALLOC

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

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	7,067,055
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	33,579.

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
2011
Open to Public Inspection

Name of the organization
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number
92-0142567

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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
(1) BRISTOL BAY ICE, LLC 20-4176963 PO BOX 1464 DILLINGHAM, AK 99576	COMM.FISHING	AK	111,383.	1,712,403.	N/A
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity? Yes	No
(1) BRISTOL BAY SCIENCE & RESEARCH INSTITUTE 92-0168036 PO BOX 1464 DILLINGHAM, AK 99576	SCIENCE/EDUC	AK	501(C)(3)	7	N/A	X	
(2) HARVEY SAMUELSEN SCHOLARSHIP TRUST 30-0065137 PO BOX 1464 DILLINGHAM, AK 99576	SCHOLARSHIPS	AK	501(C)(3)	PF	N/A	X	
(3)							
(4)							
(5)							
(6)							
(7)							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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	(k) Percentage ownership
(1) SEE SCHEDULE R-1												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(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
(1) ALASKA SEAFOOD INVESTMENT MGMT CO 92-0148997 PO BOX 1464 DILLINGHAM, AK 99576-1464	FISHING MGMT	AK	N/A	C CORP	0	0	1 0000
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
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 related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Sale of assets to related organization(s)	1f		X
g	Purchase of assets from related organization(s)	1g		X
h	Exchange of assets with related organization(s)	1h		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	X	
n	Sharing of paid employees with related organization(s)	1n	X	
o	Reimbursement paid to related organization(s) for expenses	1o	X	
p	Reimbursement paid by related organization(s) for expenses	1p		X
q	Other transfer of cash or property to related organization(s)	1q		X
r	Other transfer of cash or property from related 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	(d) Method of determining amount involved
(1) BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE	B	175,000.	ACTUAL CASH
(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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(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	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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

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

Name, Address, and EIN of Related Organization	Primary Activity	Legal Domicile (state or foreign country)	Direct Controlling Entity	Predominant Income (related, investment, unrelated)	Share of Total Income	Share of End-of-year Assets	Disproportionate Allocations Yes	Disproportionate Allocations No	Code V-UBI Amount on Box 20 of K-1	General or Managing Partner Yes	General or Managing Partner No	Percentage Ownership
DONA MARTITA, LLC 91-2089115 20308 DAYTON AVE N , SEATTLE WA 98133	COMM FISHING	WA	N/A	RELATED	1,096 745	12,968,811	X		NONE		X	50%
ALASKAN LEADER FISHERIES, LLC 61-1503131 8874 BENDER RD, STE 201, LYNDON, WA 98264	COMM FISHING	AK	N/A	RELATED	177 861	243,276	X		NONE		X	50%
ALASKAN LEADER SEAFOODS LLC 20-5851344 8874 BENDER RD, STE 201, LYNDON, WA 98264	FISH MARKETING	AK	N/A	RELATED	42,242	336,393		X	NONE		X	50%
ALASKAN LEADER VESSEL, LLC 92-0142904 8874 BENDER RD, STE 201, LYNDON, WA 98264	COMM FISHING	AK	N/A	RELATED	851 161	4,279,088	X		NONE		X	50%
ALEUTIAN LEADER FISHERIES, LLC 26-1607537 8874 BENDER RD, STE 201 LYNDON, WA 98264	COMM FISHING	AK	N/A	RELATED	(39,474)	(29,966)	X		NONE		X	50%
BERING LEADER FISHERIES, LLC 43-2055793 8874 BENDER RD, STE 201, LYNDON, WA 98264	COMM FISHING	AK	N/A	RELATED	922,584	3,678,360	X		NONE		X	50%
BRISTOL LEADER FISHERIES, LLC 91-1780779 8874 BENDER RD STE 201 LYNDON WA 98264	COMM FISHING	AK	N/A	RELATED	1,956 826	3,793,333	X		NONE		X	50%
ATECH SERVICES, LLC 26-2712575 8874 BENDER RD, STE 201, LYNDON, WA 98264	FABRICATION	WA	N/A	UNRELATED	2,916	256,000		X	NONE		X	50%
KODIAK LEADER FISHERIES, LLC 27-2387715 8874 BENDER RD, STE 201, LYNDON, WA 98264	COMM FISHING	AK	N/A	RELATED	371,391	8,233 969		X	NONE		X	50%
ALASKAN MARINER, LLC 20-0499337 5470 SHILSHOLE AVE NW, STE 410, SEATTLE, WA 98107	COMM FISHING	WA	N/A	RELATED	337,173	885,006	X		NONE		X	50%
ALEUTIAN MARINER, LLC 91-1424870 5470 SHILSHOLE AVE NW STE 410 SEATTLE, WA 98107	COMM FISHING	WA	N/A	RELATED	388,291	433,074	X		NONE		X	40%
ARCTIC MARINER, LLC 91-1530408 5470 SHILSHOLE AVE NW, STE 410, SEATTLE, WA 98107	COMM FISHING	WA	N/A	RELATED	409,343	381,139	X		NONE		X	50%
BRISTOL MARINER, LLC 91-1812263 5470 SHILSHOLE AVE NW, STE 410, SEATTLE, WA 98107	COMM FISHING	AK	N/A	RELATED	506 185	609,138	X		NONE		X	45%
CASCADE MARINER LLC 91-2095173 5470 SHILSHOLE AVE NW, STE 410, SEATTLE WA 98107	COMM FISHING	WA	N/A	RELATED	92,359	892,603	X		NONE		X	50%
NORDIC MARINER, LLC 91-1837754 5470 SHILSHOLE AVE NW STE 410 SEATTLE, WA 98107	COMM FISHING	WA	N/A	RELATED	566,424	731 444	X		NONE		X	45%
NORTHERN MARINER LLC 91-1942159 5470 SHILSHOLE AVE NW, STE 410, SEATTLE, WA 98107	COMM FISHING	WA	N/A	RELATED	283,601	25 045		X	NONE		X	45%
WESTERN MARINER, LLC 80-0074651 5470 SHILSHOLE AVE NW, STE 410, SEATTLE, WA 98107	COMM FISHING	WA	N/A	RELATED	179,764	1,295,051	X		NONE		X	50%
F/V NEAHKAHNIE, LLC 91-1953160 400 N 34TH ST, STE 306, SEATTLE, WA 98103	COMM FISHING	WA	N/A	RELATED	822,453	740,517	X		NONE		X	30%
OCEAN BEAUTY SEAFOODS, LLC 20-8899430 1100 W EWING ST, SEATTLE, WA 98119	SEAFOOD PROCESSING	AK	N/A	UNRELATED	6 958 991	38 943,331	X		NONE		X	50%

Form **8868**
(Rev January 2012)
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

Electronic filing *(e-file)* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return See instructions

Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	[X] 92-0142567
Number, street, and room or suite no If a P O box, see instructions	**Social security number (SSN)**
P O. BOX 1464	[ ]
City, town or post office, state and ZIP code For a foreign address, see instructions	
DILLINGHAM, AK 99576	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ STACI FIESER

Telephone No ▶ 907 842-4370 FAX No ▶ 907 842-4336

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . . . ▶ [ ] If it is for part of the group, check this box . . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 12, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [X] calendar year 20 11 or

▶ [ ] tax year beginning _____, 20 ____, and ending _____, 20 ____

2 If the tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] 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, 990-T, 4720, or 6069 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, 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

- 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)

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION	[X] 92-0142567
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions P. O. BOX 1464	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DILLINGHAM, AK 99576	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of ▶ STACI FIESER
  Telephone No ▶ 907 842-4370 FAX No ▶ 907 842-4336
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . . . ▶ [ ] If it is for part of the group, check this box . . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15, 20 12

5 For calendar year 2011, or other tax year beginning _____, 20 ____, and ending _____, 20 ____

6 If the tax year entered in line 5 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 THE 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	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$ 0.
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$ 0.

Signature and Verification must be completed for Part II only.

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

Signature ▶ Diane Jacobsen Title ▶ CPA Date ▶ 8-1-12