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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

20

2012

OMB No 1545-0047

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012 Name of organization D Employer identification number B Check if applicable Norton Sound Economic Development Address change Corporation 86-0710582 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Terminated (907) 274-2248 Amended return City or town, state or country, and ZIP + 4 Anchorage, AK 99501 Application pending **G** Gross receipts \$ 54,218,143 Name and address of principal officer Is this a group return for Janus Ivanoff ┌ Yes 🗸 No affiliates? 420 L Street Suite 310 Anchorage, AK 99501 **H(b)** Are all affiliates included? Yes ✓ No If "No," attach a list (see instructions) Tax-exempt status **H(c)** Group exemption number ▶ **Website: ►** www.nsedc.com L Year of formation 1993 M State of legal domicile AK Part I Summary Briefly describe the organization's mission or most significant activities To develop and sustain new and ongoing economic activity in the Norton Sound Region Activities & Governance 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 307 6 Total number of volunteers (estimate if necessary) . . . 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a  $\boldsymbol{b}$  Net unrelated business taxable income from Form 990-T, line 34  $\,$ 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 0 23,318,166 22,648,804 Program service revenue (Part VIII, line 2g) . . 2,656,294 6,463,236 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . -180,305 -762,538 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 25,794,155 28,349,502 13 3,576,074 8,291,112 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines **15 Expenses** 4,659,404 4,606,907 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright 0$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 6,047,228 8,917,032 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 14,282,706 21,815,051 18 19 Revenue less expenses Subtract line 18 from line 12 11,511,449 6,534,451 t Assets or id Balances **Beginning of Current End of Year** Year 204,873,974 20 Total assets (Part X, line 16) . 166,311,143 21 33,488,943 Total liabilities (Part X, line 26) . . 14,716,000 22 Net assets or fund balances Subtract line 21 from line 20 151,595,143 171,385,031 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

Preparer's signature

Firm's address - 425 G Street Suite 500

Firm's name 🕨 Altman Rogers & Company

Anchorage, AK 99501

Signature of office

Janis Ivanoff President & CEO Type or print name and title

> Print/Type preparer's name TOM J DOMAGALA CPA

Sign Here

Paid

Preparer

Use Only

2013-11-06

Check

self-employed

Phone no (907) 274-2992

Firm's EIN

P00122688

Form	990	(2012)	

Par		<b>ent of Program Serv</b> Schedule O contains a res				٦
1	Briefly describe	the organization's missio	n			
provi wate Build the le	ide a balance betw r fisheries in the B l infrastructure to ocal salmon, herrii	veen local economic develoring Sea and Aleutian Is help support the new and	lopment oriente slands The Cor existing fisheri rmen, restore s	ed towards the resident mpany implements prog es, start new fisheries salmon runs in the regio	n The Company's mission outles in the region and active particians to educate, train, and employed locally initiated develon for both commercial and sub	cipation in the distant- iploy people of the regior opment efforts, support
2	the prior Form 99	tion undertake any signifi 90 or 990-EZ?		ervices during the year	which were not listed on	┌ Yes ┌ No
3	·	tion cease conducting, or		nt changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe	e these changes on Scheo	dule O			
4	expenses Section		4) organization	s are required to report	ree largest program services, a the amount of grants and alloo	
4a	(Code	) (Expenses \$	14,524,879	ıncludıng grants of \$	7,257,791 ) (Revenue \$	22,648,804 )
		OQ operations including Norton s sh quotas, and general corpora		b processing plants, program	s to benefit residents of member con	nmunities, the harvest of
4b	(Code	) (Expenses \$	1,408,046	ıncludıng grants of \$	1,033,321 ) (Revenue \$	)
	Training programs	offered to residents of the Berii	ng Straits Region fo	or commercial fisheries skills	ıncludıng process line workers, deckh	ands, etc
4c	(Code	) (Expenses \$	782,213	ıncludıng grants of \$	) (Revenue \$	)
	Research, rehabilita	ation, enhancement and manag	gement of regional	salmon stocks in an effort t	o rebuild and maintain subsistence an	d commercial fisheries
4d	Other program	services (Describe in Sch	nedule O )			
	(Expenses \$	557,111 in	cluding grants	of\$	) (Revenue \$	)
4e	Total program s	service expenses 🕨	17,272,249	)		

### 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 $IV^{\square}$	9		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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 $1^{\circ}$ If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	,		1
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
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		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	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   107		165	IAC
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
Č	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
ט	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		Ν
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		N
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		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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 as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		N
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		N
9	Sponsoring organizations maintaining donor advised funds.	ا ا		- 14
_	Did the organization make any taxable distributions under section 4966?	9a		N
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		N
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	12-		N.
	Note. See the instructions for additional information the organization must report on Schedule O	13a		N
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			
r	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	   14a		l N
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $O$ .	14a 14b		N

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

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

Se	ection A. Governing Body and Management						
			Yes	No			
<b>1</b> a	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						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Did the organization have members or stockholders?	6		No			
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	Yes				
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		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	<b>b</b> Each committee with authority to act on behalf of the governing body?						
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		No.			
	Trigation and the first triangles and the first triangles and the first triangles and						
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)			
Se		evenu	ie Cod Yes	e.) No			
		evenu 10a					
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R			No			
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No			
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No			
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No			
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No No			
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes	No No			
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No No			
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No No			
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No			
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No			
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No			
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No			
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No			
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No			

- 17 List the States with which a copy of this Form 990 is required to be filed▶AK
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Volume Upon request Other (explain in Schedule O)
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶Janıs Ivanoff 420 L Street Suite 310 Anchorage, AK (907) 274-2248

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

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

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

- 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, or 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	Name and Title Average Position (do not check Reportable Reportable							<b>(F)</b> Estimated		
	hours per week (list	more				t, unle i offic		compensation from the	compensation from related	amount of other
	any hours					ustee		organızatıon	organızatıons	compensation
	for related	오크	_	Ω	줐	욕포	Ţ	(W- 2/1099-	(W- 2/1099-	from the
	organizations below	함	Institutional	Officei	.)3 (0	문화	Former	MISC)	MISC)	organization and related
	dotted line)	438 210	ütic	<u></u>	哥	)     (1)   (2)   (3)   (3)   (4)   (4) 	읙			organizations
		Individual trustee or director	mal		Key employee	Highest compensated employee				
		ু কু	Τu		ĕ	<u>\$</u>				
		ā.	Trustee			ळ   ₽				
						2				
(1) Milton Cheemuk	5 00							F 160	0	0
Director	0 00	Х						5,160	0	0
(2) Oscar Takak	5 00							20.671	610	0
Director	0 00	Х						28,671	610	0
(3) Walter Seetot	5 00	х						24,299	0	0
Director	0 00	^						24,299	U	0
(4) Joel James	5 00	х						22,099	0	0
Director	0 00	^						22,099	O	0
(5) Don Stiles	5 00	х						20,127	5,361	0
Director	0 00	^						20,127	3,301	0
(6) William Johnson	5 00	Х						21,771	0	0
Director	0 00	^						21,771	0	0
(7) Dean Peterson	5 00	х						19,022	0	0
Director	0 00	^						15,022	<u> </u>	
(8) Elvina Naranjo	5 00	x						24,435	0	0
Director	0 00	^						24,433		
(9) Orville Ahkınga Jr	5 00	x						17,123	0	0
Director	0 00	,						17,123		
(10) Truman Kava	5 00	x						23,319	0	0
Director	0 00							20,013		
(11) Wilfred Katcheak	5 00	х						17,752	0	0
Director	0 00									_
(12) Eugene Asicksik	5 00	х						23,182	2,759	0
Director	0 00							,	,	
(13) Victor Joe	5 00	х						20,056	0	0
Director	0 00								_	_
(14) Daniel Harrelson	5 00	х		х				30,773	0	0
Chairman	0 00							,		
(15) Joseph Garnie	5 00	х						21,311	0	0
Director	0 00									
(16) Lucy Kitchen	5 00	х						22,740	0	0
Director	0 00									
(43) C	40 00	ı			ı	ı	ı	ı		
(17) Simon Kinneen	40 00			Х				131,608	0	33,769

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

	<b>(A)</b> Name and Tıtle	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec c, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organization	on d s	( <b>F</b> Estim amount o compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099 MISC)	-	organiz and re organiz	lated
(18)	Richard Walicki	40 00			х				136,526		0		24,581
	urer/CFO Jerry Ivanoff	0 00							,		$\dashv$		
` '	ET Coord	40 00			х				116,863	;	o		32,495
	Janis Ivanoff	40 00									$\dashv$		
Presid	lent & CEO	0 00			Х				160,074		0		35,141
(21)	Kyan Olanna	40 00					X		133,897	,	0		24,854
	ral Council Charles Lean	0 00							,		$\dashv$		
. ,	&D Director	40 00					х		102,186	,	0		31,684
(23)	Greg Alexander	40 00					х		136,970		0		8,218
Tende	er Captain	0 00									+		
											$\dashv$		
											_		
											_		
1b	Sub-Total	<u> </u>	<del></del>	<del>'</del>			<u> </u>	<u> </u>			$\top$		
c	Total from continuation sheets to Pa	t VII, Section A					•						
d	Total (add lines 1b and 1c)						•		1,259,964	8,73	0		190,742
2	Total number of individuals (including \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more than				
												Yes	No
3	Did the organization list any <b>former</b> of							r hıç	ghest compensate	ed employee			
	on line 1a? If "Yes," complete Schedule	J for such individ	lual .	•	٠	٠	•				3		No
4	For any individual listed on line 1a, is organization and related organizations individual									om the			
5	Did any person listed on line 1a receiv								_	ndıvıdual for	4	Yes	
	services rendered to the organization?	' 17 "Yes," comple	te Sche	eaule .	J for	suc	n pers	son		[	5		No
Se	ection B. Independent Contract	ors											
1	Complete this table for your five highe compensation from the organization R	st compensated										tax year	
	Name and	(A) business address							Descrint	(B) ion of services		(C Comper	
	Nume and								Безспре	2. 55. 71665	$\downarrow$	Joinpel	
											+		
											#		
	Total number of Independent contractor	s (including but	not lım	ıted t	o th	iose	listed	dab	ove) who received	d more than			

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Part V	* * * *	Statement o	f Revenue ule O contains a respor	nse to any question i	in this Part VIII			
		encer ii benede	are o contains a respon	Je to uny question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
क्ष	1a	Federated camp	paigns 1a					
tributions, Gifts, Grants Other Similar Amounts	b	Membership du	es <b>1b</b>					
, Gi Am	С	Fundraising eve	ents <b>1c</b>					
Giffs, nilar Aı	d	Related organiz	ations 1d					
imi	е	Government grants	s (contributions) <b>1e</b>					
tion er S	f	All other contribution	ons, gifts, grants, and <b>1f</b>					İ
ibu Xthe	g		ons included in lines					 
Contributions, and Other Sim	h	1a-1f \$  Total. Add lines	- 1 - 1 f		0			
ت ه	n	Total. Add lines	5 1d-11	<b>.</b>	, and the second			
nue	2a	Harvesting Revenu	ie	Business Code 110000	22,648,804	22,648,804		
ever	b	Traine String Revenue		110000	22,040,004	22,040,004		
Se F	С							
erw	d							
m S	е							
Program Serwce Revenue	f	All other progra	im service revenue					
<u>Ā</u>	g	<b>Total.</b> Add lines	s 2a-2f		22,648,804			
	3		ome (including dividendar ar amounts)		2,372,940	-2,504		2,375,444
	4		tment of tax-exempt bond	-	0			
	5	Royalties		🕨	0			
	6-	Cross rents	(ı) Real 14,400	(II) Personal				
	6a b	Gross rents Less rental	14,400					
	c	expenses Rental income	14,400					
	d	or (loss)	me or (loss)		14,400	14,400		
	u u	Wet rental medi	(ı) Securities	(II) O ther	,	,		
	7a	Gross amount from sales of assets other than inventory	20,245,542	4,000,000				
	b	Less cost or other basis and sales expenses	18,733,451	1,421,795				
	С	Gain or (loss)	1,512,091	2,578,205				
	d		s)		4,090,296	4,090,296		
Other Revenue	8a	Gross income fi events (not incl \$ of contributions See Part IV, lin	luding s reported on line 1c)					
her	b	Less direct ex	penses b					
5	с		(loss) from fundraising	events 🛌	0			
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	b	Less direct ex	penses b					
	C		loss) from gaming acti	vities	0			
	10a	Gross sales of returns and allo		4,572,833				
	b		oods sold <b>b</b>	5,713,395				
	С	Net income or (	(loss) from sales of inve	entory <b>p</b> - Business Code	-1,140,562	-1,140,562		
	11a	Right of Way	o Nevellue	Dualliess Code	42,338	42,338		
	b	Other	_		309,505	309,505		
	С	Loan Fees & In	t		11,781	11,781		
	d	-	ue					
	e	Total. Add lines	s 11a-11d		363,624			
	12	Total revenue.	See Instructions .	▶	28,349,502	25,974,058		2,375,444

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) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 6,199,479 6,199,479 Grants and other assistance to individuals in the United States See Part IV, line 22 2,091,633 2,091,633 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 886,911 583,519 303,392 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 2,441,676 Other salaries and wages 1,606,435 835,241 Pension plan accruals and contributions (include section 401(k) 157,893 76,757 81,136 and 403(b) employer contributions) . . . . Other employee benefits . . . . 772,797 375,682 397,115 10 347,630 235,390 112,240 11 Fees for services (non-employees) Management . . . . O 169,505 13,349 156,156 Legal . . . . . . . . Accounting . . . . . . . . . . . . . 62,109 62,109 0 Professional fundraising services See Part IV, line 17 0 Investment management fees . . . . . 0 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 0 Schedule 0) . . . . . . . . . . Advertising and promotion . . 9,390 7,979 12 1,411 13 Office expenses . . . . . 12,693 12,693 138,464 56,370 82,094 14 Information technology . . 15 0 Royalties . 634,424 444,051 190,373 16 Occupancy . . . . . . **17** 578,124 429,591 148,533 Travel . . . . . . . 18 Payments of travel or entertainment expenses for any federal, 5,420 5,420 state, or local public officials . . . . . 6,539 19 Conferences, conventions, and meetings . 6,539 20 277,857 277,857 Payments to affiliates . . . . . . 21 O 931,198 22 Depreciation, depletion, and amortization . 844,640 86,558 23 488,119 141,490 346.629 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) 493,901 a Community Energy Fund 493,901 Supplies & Equipment 603,316 576,272 27,044 Directors' Fees and Expenses 671,678 500 671,178 d Contract Services 1,889,427 1,740,168 149,259 e All other expenses 1,944,868 1,349,623 595,245 Total functional expenses. Add lines 1 through 24e 25 21,815,051 17,272,249 4,542,802 0 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	6,124,264	1	5,488,708
	2	Savings and temporary cash investments	2,020,036	2	2,535,489
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	7,432,309	4	5,619,190
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
Assets	6	Loans and other 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) Complete Part II of Schedule L		5	0
Se	l _		0.405.407	6	0
AS.	7	Notes and loans receivable, net	8,425,427	7	8,631,946
	8	Inventories for sale or use	982,782	8	1,347,426
	9 10a	Prepaid expenses and deferred charges	814,540	9	959,119
	Ь	Complete Part VI of Schedule D  Less accumulated depreciation		10c	11,518,695
	11	Investments—publicly traded securities	69,715,177	11	77,407,214
	12	Investments—other securities See Part IV, line 11	, ,	12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	61,738,407	15	91,366,187
	16	Total assets. Add lines 1 through 15 (must equal line 34)	166,311,143	16	204,873,974
	17	Accounts payable and accrued expenses	2,574,546	17	3,412,778
	18	Grants payable		18	-,,
	19	Deferred revenue		19	48,455
	20	Tax-exempt bond liabilities		20	,
_	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	9,367,299	23	29,618,751
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	2,774,155	25	408,959
	26	Total liabilities. Add lines 17 through 25	14,716,000	26	33,488,943
s es		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
e G	27	Unrestricted net assets	151,595,143	27	171,385,031
<u>ස</u>	28	Temporarily restricted net assets		28	
됟	29	Permanently restricted net assets		29	
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
455	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net ,	33	Total net assets or fund balances	151,595,143	33	171,385,031
Ź	34	Total liabilities and net assets/fund balances	166,311,143	34	204,873,974
		,	111,511,10		

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	. ,			
		$\Box$			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		28,3	349,502
2	Total expenses (must equal Part IX, column (A), line 25)	2		21,8	315,051
3	Revenue less expenses Subtract line 2 from line 1	3		6,5	34,451
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		151,5	595,143
5	Net unrealized gains (losses) on investments	5		4,8	390,310
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		- 1	.67,162
9	Other changes in net assets or fund balances (explain in Schedule O)	9		8,5	32,289
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		171,3	885,031
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed a separate basis, consolidated basis, or both	ed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both	ıte			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
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?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the rec	quired	3b		

DLN: 93493311017713

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

► 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

**Supplemental Financial Statements** 

Open to Public

emal Reve	enue Service	m 990. ► See separate instructions.			Inspec	cion
	of the organization ound Economic Development		Emp	oloyer identifica	tion numbe	er
Corporat	·		86-	0710582		
Part I	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts	. Comple	te if the
		(a) Donor advised funds		(b) Funds and	other accou	ınts
. Tot	tal number at end of year					
Αg	gregate contributions to (during year)					
Αg	gregate grants from (during year)					
Ag	gregate value at end of year					
	d the organization inform all donors and donor adviso nds are the organization's property, subject to the or		or adv	ısed	☐ Yes	┌ No
us	d the organization inform all grantees, donors, and deed only for charitable purposes and not for the benefungering impermissible private benefit?				☐ Yes	┌ No
art I	Conservation Easements. Complete if	the organization answered "Yes" to	o Forr	n 990, Part I\	/, line 7.	
Г Г ! со	rpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Implete lines 2a through 2d if the organization held a sement on the last day of the tax year	or education) Preservation of an Preservation of a c	ertifie	d historic struc	ture	
	sometic on the fast day of the tax year	Γ		Held at the	End of the	Year
<b>a</b> To	tal number of conservation easements		2a			
<b>b</b> To	tal acreage restricted by conservation easements		2b			
c Nu	imber of conservation easements on a certified histo	oric structure included in (a)	2c			
	imber of conservation easements included in (c) acq storic structure listed in the National Register	quired after 8/17/06, and not on a	2d			
Nu	imber of conservation easements modified, transferr	red, released, extinguished, or terminate	d by th	ne organization	during	
the	e tax year 🗕					
Nu	ımber of states where property subject to conservat	ion easement is located be				
Do	es the organization have a written policy regarding t forcement of the conservation easements it holds?			f violations, and	│ │	┌ No
Sta ▶_	aff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easen	nents (	during the year		
A m	nount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements	durın	g the year		
Do	r es each conservation easement reported on line 2(o d section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 1	70(h)(4)(B)(ı)	☐ Yes	┌ No
bal	Part XIII, describe how the organization reports con lance sheet, and include, if applicable, the text of the e organization's accounting for conservation easeme	e footnote to the organization's financial	-	•		
art II	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures, ( 'es" to Form 990, Part IV, line 8.	or Ot	her Similar	Assets.	
wo	the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asse rvice, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education, o	or rese	earch in furthera		
wo	the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asse rvice, provide the following amounts relating to thes	ets held for public exhibition, education, o				lıc
(i)	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	Assets included in Form 990, Part X					
Ift	the organization received or held works of art, histor lowing amounts required to be reported under SFAS		r finan			
a Ro	venues included in Form 990 Part VIII line 1			<b>-</b> ¢		

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

Part	<b>111</b> Organizations Maintaining Co	llections of Art	, His	<u>tori</u>	<u>cal Tı</u>	reasures, or	<u>Othe</u>	<u>r Similar As</u>	sets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck	any of	the following tha	t are a	ı sıgnıfıcant use	e of its	
а	Public exhibition		d	Γ	Loan	or exchange pro	grams	3		
b	Scholarly research		e	Γ	Othe	r				
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y furthe	er the organizati	on's ex	xempt purpose	ın	
5	During the year, did the organization solicit o	or receive donations	ofar	t, hıs	torıcal	treasures or oth	ersın	nılar		
	assets to be sold to raise funds rather than t		•						☐ Yes	☐ No
Par	Part IV, line 9, or reported an an						ed "Y	es" to Form 9	<del>9</del> 90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					utions or other a	ssets	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing t	able					
							<u> </u>	Ar	nount	
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 Fo	orm 990, Part X, line	e 21?	)					☐ Yes	Г No
_ь	If "Yes," explain the arrangement in Part XII					•				<u> </u>
Pa	rt V Endowment Funds. Complete	f the organization (a)Current year		were Prior		s" to Form 99 b (c)Two years ba			(a)Four v	ears back
1a	Beginning of year balance	(a)curient year	(D	<b>J</b> FIIOI	yeai	b (c) wo years be	CK (U)	Tillee years back	(e)i oui y	cais back
 b	Contributions						+			
c	Net investment earnings, gains, and losses									
							+			
d	Grants or scholarships						+			
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (lın	ne 1g	, colum	nn (a)) held as				
а	Board designated or quasi-endowment ►									
b	Permanent endowment ►									
c	Temporarily restricted endowment ►									
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that	are hel	d and admınısteı	ed for	the		
	organization by (i) unrelated organizations							3a	(i) Yes	No
	(ii) related organizations		• •				• •	3a(	_	<del>                                     </del>
b	If "Yes" to 3a(II), are the related organization						٠.	3		i i
4	Describe in Part XIII the intended uses of th	ne organızatıon's en	dowm	ent f	unds					
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	_				T		
	Description of property				Cost or s (invest			(c) Accumulated depreciation	( <b>d)</b> Bo	ok value
1a	Land					3	17,068			317,068
b	Buildings					10,4	20,261		1	0,420,261
C	Leasehold improvements									
	Equipment		•	<u></u>		7,0	49,960			7,049,960
	Other			<u> </u>				6,268,59		6,268,594
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part 🛭	X, colu	ımn (	B), line	10(c)		<u> <del> </del> </u>	1	1,518,695

Part VII Investments—Other Securities. Se			
(a) Description of security or category	( <b>b)</b> Book value		of valuation
(including name of security)		Cost or end-or-y	year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>p</b> -		
Part VIII Investments—Program Related. S	See Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		of valuation
		Cost or end-of-	year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>▶</b>		
Part IX Other Assets. See Form 990, Part X,			
(a) Desc	cription		<b>(b)</b> Book value
(1) Life Insurance Net Surrender Value Rec			21,143
(2) Investment in Unaatuq, LLC			445,927
(3) Investment in Siu Alaska Corp			47,726,965
(4) Investment in Quota Share Unit			19,524,978
(5) Investment in KDS, Inc			513,075
(6) Interest Receivable			96,918
(7) Due from KDS, Inc			22,981,347
(8) Construction in Progress			55,834
(a) Construction in Frogress			33,034
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)		91,366,187
Part X Other Liabilities. See Form 990, Par			,,
1 (a) Description of liability	(b) Book value		
	, ,		
Federal income taxes			
Sales Tax Payable	1,131		
Payroll Liabilities	320,821		
Fisheries Tax	87,007		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 408,959		
2 Fin 48 (ASC 740) Footnote In Part XIII provide the		nization's financial statems	ants that reports the

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	47,289,224
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	13,226,327
3	Subtract line <b>2e</b> from line <b>1</b>	3	34,062,897
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-5,713,395
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	28,349,502
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	27,332,174
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )	_	
e	Add lines <b>2a</b> through <b>2d</b>	2e	5,713,395
3	Subtract line <b>2e</b> from line <b>1</b>	3	21,618,779
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 196,272		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	196,272
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	21,815,051

#### Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XII, Line 2d	Part XII, Line 2d Other expenses and losses per audited F/S	Fishing & Processing exp on Part VIII \$5713395
Part XI, Line 2d	Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990	Investment Expenses \$-196272 Equity in Earnings of Siu \$8032321 Equity in Earnings of KDS \$513075 Book Tax Loss of Unaatuq, LLC \$-13107
Part X	Part X FIN48 Footnote	The company adopted the provisions of Topic 740 of the FASB Accounting Standards Codification relating to accounting for uncertainty in income taxes. As a result of the implementation of ASC 740, the Company made a comprehensive review of its portfolio of uncertain tax positions in accordance with recognition standards established by ASC 740. The Company is exempt from income taxes as a nonprofit corporation under Section 501(c)(4) of the Internal Revenue Code. The Company's policy is to recognize interest and penalties accrued on any unrecognized tax benefits as a component of income tax expense. There is no interest or penalties accrued at December 31, 2012. At year end there are no uncertain tax positions.

#### **Additional Data**

**Software ID:** 12000229

**Software Version:** 2012v2.0

**EIN:** 86-0710582

Name: Norton Sound Economic Development

Corporation

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

(a) Description	(b) Book value
(1) Life Insurance Net Surrender Value Rec	21,143
(2) Investment in Unaatuq, LLC	445,927
(3) Investment in Siu Alaska Corp	47,726,965
(4) Investment in Quota Share Unit	19,524,978
(5) Investment in KDS, Inc	513,075
(6) Interest Receivable	96,918
(7) Due from KDS, Inc	22,981,347
(8) Construction in Progress	55,834

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Schedule I

(Form 990)

Department of the Treasury

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

2012

DLN: 93493311017713

Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number Norton Sound Economic Development 86-0710582 Corporation Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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. Part II can be duplicated if additional space is needed. (f) Method of (a) Name and address of **(b)** EIN (d) A mount of cash (c) IRC Code (e) A mount of non-(g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization section grant cash or government if applicable assistance (book, FMV, appraisal, other) See Additional Data Table

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

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

40

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

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	<b>(d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Small Business Initiative	5	14,205			
(2) Scholarships	268	737,534			
(3) Energy Subsidy	2693	1,339,894			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

to implete this pare to provide the information required in rarely into 27, are 1117 column (b), and any other additional information							
Identifier	Return Reference	Explanation					
Grantmaker's Description of How Grants are Used		Community Benefit Shares are approved by the board annually All other grants go through our Community Benefits department. They receive grant requests and approve them based on our grant requirement guidelines. The scholarship recipient must be a resident of the Norton Sound Region for a minimum of a year before they can receive an NSEDC Scholarship. Once they have established residency they must complete an application before the deadlines of June 30 for the fall semesters and December 30 for the spring semesters. A complete application includes the following. Completed application. Two letters of recommendation. Letter of acceptance. Personal statement. An official transcript. Current photoA student must be enrolled in a minimum of 12 credits for post secondary and a graduate student must be enrolled in a minimum of 9 credits each semester. In order to remain in good standing they must complete 12 or 9 credits respectively with at least a 2.0 GPA. Working students are those who are working in the Norton Sound Region. These students are funded based on the amount of credits they are taking. Because they are a working student, they do not need to take classes full-time and there is no deadline for those students. All of the guidelines except the deadline need to be met by the working students before they are funded.					

**Software ID:** 12000229 **Software Version:** 2012v2.0

**EIN:** 86-0710582

Name: Norton Sound Economic Development

Corporation

Form 990,Schedule I, Pa	rt II, Grants aı	nd Other Assistanc	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
White Mountain SchoolPO Box 69 White Mountain, AK 99784	92-0058118		13,000	0			Discretionary Grants
Wales SchoolPO Box 490 Wales,AK 99783	92-0058118		7,250	0			Dicretionary Grants
Unalakleet SchoolsPO Box 130 Unalakleet,AK 99684	92-0058118		16,000	0			Discretionary Grants
Stebbins SchoolGeneral Delivery Stebbins,AK 99671	92-0058118		15,000	0			Dicretionary Grants
Stebbins Community AssociatioPO Box 2 Stebbins,AK 99671	92-0063408		12,788	0			Dicretionary Grants
Shaktoolik SchoolPO Box 40 Shaktoolik, AK 99771	92-0058118		8,000	0			Dicretionary Grants
Savoonga SchoolPO Box 200 Savoonga,AK 99769	92-0058118		6,000	0			Discretionary Grants
Norton Sound Sled Dog Club PO Box 236 Unalakleet,AK 99684	92-0108819		70,000	0			Dicretionary Grants
Norton Sound Health CorpPO Box 966 Nome, AK 99762	92-0041488	501(c)(3)	40,000	0			Dicretionary Grants
Nome Public SchoolsPO Box 131 Nome,AK 99762	92-6000108		25,359	0			Discretionary Grant
Nome Eskimo CommunityPO Box 1090 Nome,AK 99762	92-0059310		6,394	0			Dicretionary Grants
Native Village of WalesPO Box 549 Wales,AK 99783	92-0070094		63,433	0			Discretionary Grant
Native Village of Unalakleet PO Box 270 Unalakleet, AK 99684	92-0039457		31,164	0			Discretionary Grant
Native Village of Shaktoolik PO Box 100 Shaktoolik, AK 99771	92-0010257		7,000	0			Discretionary Grant
Native Village of ElimPO Box 70 Elim, AK 99739	92-0055379		13,248	0			Discretionary Grant
Native Village of DiomedePO Box 7019 Diomede, AK 99762	92-0066244		14,500	0			Discretionary Grant
Native Village of Brevig Miss PO Box 85039 Brevig Mission, AK 85039	92-0067117		12,000	0			Dicretionary Grants
Native Vill of White Mountain PO Box 84082 White Mountain, AK 99784	92-0118504		11,711	0			Discretionary Grants
Koyuk SchoolPO Box 53009 Koyuk, AK 99753	92-0058118		12,000	0			Dicretionary Grants
KNOM RadioPO Box 988 Nome, AK 99762	27-0518406	501(c)(3)	18,500	0			Dicretionary Grants

#### Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule I, Pa	rt II, Grants aı	nd Other Assistanc	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of grant or assistance
Kawerak IncPO Box 948 Nome,AK 99762	92-0047009		34,894	0			Discretionary Grant
James C Isabell School100 Airport Way Teller, AK 99778	92-0058118		7,000	0			Dicretionary Grants
Golovin Native Corporation PO Box 62099 Golovin, AK 99762	92-0045492		34,119	0			Discretionary Grant
Gambell SchoolPO Box 169 Gambel, AK 99742	92-0058118		9,000	0			Dicretionary Grants
Gambell Presbyterian Church General Delivery Gambell, AK 99742	92-0093531		6,000	0			Dicretionary Grants
City of White MountainPO Box 130 White Mountain, AK 99784	92-0077464		336,394	0			Comm Ben Share/Discretionary Grants
City of WalesPO Box 489 Wales, AK 99783	92-0055294		25,274	0			Comm Ben Share/Discretionary Grants
City of UnalakleetPO Box 28 Unalakleet, AK 99684	92-6011026		188,379	0			Comm Ben Share/Discretionary Grants
City of TellerPO Box 548 Teller, AK 99778	92-0038016		122,504	0			Community Benefit Share
City of StebbinsPO Box 22 Stebbins,AK 99671	92-0055113		100,000	0			Community Benefit Share
City of St MichaelPO Box 70 St Michael, AK 99659	92-0044250		105,064	0			Comm Ben Share/Discretionary Grants
City of ShaktoolikPO Box 10 Shaktoolik, AK 99771	92-0071623		459,781	0			Comm Ben Share/Discretionary Grants
City of SavoongaPO Box 40 Savoonga, AK 99769	92-0047577		136,894	0			Comm Ben Share/Discretionary Grants
City of NomePO Box 281 Nome, AK 99762	92-0019767		442,658	0			Comm Ben Share/Discretionary Grants
City of KoyukPO Box 53029 Koyuk, AK 99753	92-0082645		345,881	0			Comm Ben Share/Discretionary Grants
City of GolovinPO Box 62059 Golovin,AK 99762	92-0055818		319,637	0			Comm Ben Share/Discretionary Grants
City of GambellPO Box 189 Gambell, AK 99742	92-0059105		760,019	0			Community Share/Energy Fund
City of ElimPO Box 39009 Elim, AK 99739	92-0058095		336,894	0			Comm Share/Discretionary Grant
City of Brevig MissionPO Box 85021 Brevig Mission, AK 99785	92-0084368		579,238	0			Comm Share/Discretionary Grant
Chinlk Eskimo Community PO Box 62002 Golovin,AK 99762	92-0101046		18,868	0			Discretionary Grant

#### Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of grant or assistance
Bering Strait School District PO Box 225 Unalakleet, AK 99684	92-0058118		100,149	0			Discretionary Grant
Bering Strait FoundationPO Box 1008 Nome, AK 99762	92-0138528	501(c)(3)	7,440	0			Dicretionary Grants
Anthony A Andrews School 100 Baker St St Michael, AK 99659	92-0058118		6,600	0			Discretionary Grants
Anguilin SchoolPO Box 39029 Elim, AK 99739	92-0058118		10,000	0			Discretionary Grant

DLN: 93493311017713

OMB No 1545-0047

Open to Public Inspection

### Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization Norton Sound Economic Development **Employer identification number** 86-0710582

	Questions Regarding Compensation			
			Yes	No
la	Check the appropriate box(es) if the organization provided any of the following to or for a person 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regards			
	First-class or charter travel Housing allowance or residence for	r personal use		
	Travel for companions Payments for business use of pers	onal residence		
	Tax idemnification and gross-up payments  Health or social club dues or initial	tion fees		
	Discretionary spending account Personal services (e.g., maid, chau	ıffeur, chef)		
b	b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding reimbursement or provision of all of the expenses described above? If "No," complete Part III t			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred b directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	y all officers,		
3	Indicate which, if any, of the following the filing organization used to establish the compensation organization's CEO/Executive Director Check all that apply Do not check any boxes for methoused by a related organization to establish compensation of the CEO/Executive Director, but ex	ods		
	▼ Compensation committee     ▼ Written employment contract			
	Form 990 of other organizations  Approval by the board or compens	ation committee		
1	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to or a related organization	the filing organization		
а	a Receive a severance payment or change-of-control payment?	4a		Νo
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	c Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4</b> c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item	ın Part III		
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue compensation contingent on the revenues of	any		
а	a The organization?	5a		Νo
b	<b>b</b> Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue compensation contingent on the net earnings of	any		
а	a The organization?	6a		Νo
b	<b>b</b> Any related organization?	6b		Νo
	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 not payments not described in lines 5 and 6? If "Yes," describe in Part III	on-fixed <b>7</b>		No
3	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If in Part III			
		8		Νo
•	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure describ section 53 4958-6(c)?	ed in Regulations		Νo

#### 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)(1)-(111) 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 and Title		(B) Breakdown of (i) Base compensation	of W-2 and/or 1099-MISC compensation  (ii) Bonus & (iii) Other reportable compensation		(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported as deferred in prior Form 990
(1)Simon Kinneen Vice Pres/COO	(j) (j)	131,608			8,286	25,483	165,377	
(2)Rıchard Walıckı Treasurer/CFO	(i) (ii)	136,526			8,419	16,162	161,107	
(3)Kyan Olanna General Council	(i) (ii)	133,897			8,034	16,820	158,751	
(4)Janıs Ivanoff President & CEO	(i) (ii)	160,074			9,658	25,483	195,215	

Schedule J (Form 990) 2012

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

**SCHEDULE O** 

(Form 990 or 990-EZ)

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 **2012**Open to Public

. Inspection

Name of the organization Norton Sound Economic Development Corporation Employer identification number

86-0710582

Identifier	Return Reference	Explanation
	Part XI Prior Period Adjustment - 2011 DHA Restatement	The 2011 financial statements were restated to reflect an adjustment in the amount of \$334,324 to correct the amounts payable to fisherman. This affected the cost of sales and accrued expenses for 2011 by \$334,324. The correction is presented as a prior period adjustment in the amount of \$167,162 on the Consolidated Statement of Net Assets. The correction also changed the 2011 equity in earnings of limited liability companies on the Consolidated Statement of Activities and the investment in Dutch Harbor Acquisitions, LLC on the Consolidated Statement of Financial Position in the amount of \$167,162.
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Increases	Equity in Earnings of Siu = \$8032321
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Increases	Equity in Earnings of KDS = \$513075
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Decreases	Book Tax Loss of Unaatuq, LLC = -\$13107
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Quarterly reports are sent to the clerks of member communities, conflict of interest policy on request and financial statements are mailed to member community residents
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The organization uses compensation surveys or studies of the surrounding area in determining the amount of compensation which are then approved by the Board of Directors or compensation committee. Following that a written employment contract is used
Form 990, Part VI, Line 15a	Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	The organization uses compensation surveys or studies of the surrounding area in determining the amount of compensation which are then approved by the Board of Directors or compensation committee. Following that a written employment contract is used
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	All Board members review the conflict of interest policy at the annual meeting and are required to report any conflicts. All other officers and employees are also required to report any conflicts on an annual basis when their employment contracts are renewed.
Form 990, Part VI, Line 11b	Form 990, Part VI, Line 11b Form 990 Review Process	The Treasurer and Executive Director review the return before it is filed
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Training programs offered to residents of the Bering Straits Region for commercial fisheries skills including process line workers, deckhands, etc

SCHEDULE R Related Ord

(Form 990)

Department of the Treasury

Internal Revenue Service

Corporation

Name of the organization Norton Sound Economic Development **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

**Employer identification number** 

86-0710582

DLN: 93493311017713

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Open to Public Inspection

Part I Identification of Disregarded Entities (Complete	ıf the organization	answered "Yes" to	o Form 990, Pa	art IV, line 33.)	
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

	Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the		the organization a	nswered "Yes" to	Form 990, Part IV,	line 34 because it	had oi	ne
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	<b>g)</b> n 512(b) ontrolled tity?
							Yes	No
								1
-								
							+	+
							+	+
For Paperwork	k Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y	I.	Schedule R (Form	990) 2	012

Part III Identification of Related O because it had one or more re								zatıon ar	swered "Y	es" to	Form	n 990, Part	IV, l	ine 3	34	
(a) Name, address, and EIN related organization	of	(b) Primary activity			i) ect olling tity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)		(f) Share of total incom		(h Disprop allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managır partner		(k Percei owne	
						311,				Yes	No	<b>]</b>	Yes	No		
Part IV Identification of Related O										swere	d "Ye	s" to Form	990,	Part	t IV,	
(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	domici (state or fo	(c) Legal domicile (state or foreign country)		(d) Direct control entity		(e) Type of entity (C corp, S corp, or trust)		<b>(f)</b> Share of total income	(g) Share of e of-yea assets		d- Percent	(h) centage nership		(i) Section (b)(13 controll entity	512 3) lled
(1) KDS Inc	Fisheries				NSEDC		C Cor	,						L	Yes	No No
420 L Street Suite 310 Anchorage, AK 99501 92-0143907		AK														
(2) Siu Alaska Corporation 420 L Street Suite 310 Anchorage, AK 99501 26-3921296	Fisheries	AK			NSEDC		C-Cor	p				100 00	0 %			No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes No

1 During the tax year, did the organization engage in any of the following transactions with one or more	re related organizations	listed in Parts II-IV?								
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No				
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		No				
c Gift, grant, or capital contribution from related organization(s)										
d Loans or loan guarantees to or for related organization(s)										
e Loans or loan guarantees by related organization(s)				1e		No				
f Dividends from related organization(s)			<u>:</u>	1f		No				
g Sale of assets to related organization(s)										
h Purchase of assets from related organization(s)										
i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)										
k Lease of facilities, equipment, or other assets from related organization(s)										
I Performance of services or membership or fundraising solicitations for related organization(s)										
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No				
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			_	1n	Yes					
• Sharing of paid employees with related organization(s)			<u>:</u>	1o	Yes					
P Reimbursement paid to related organization(s) for expenses			<u> </u>	1p		No				
<b>q</b> Reimbursement paid by related organization(s) for expenses			<u> </u>	1q		No				
r Other transfer of cash or property to related organization(s)			<u> </u>	1r		No				
s Other transfer of cash or property from related organization(s)				1s		No				
2 If the answer to any of the above is "Yes," see the instructions for information on who must comp	lete this line, including o	covered relationships	and transaction thresholds							
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining amou	unt in	wolvod					
Name of other organization	type (a-s)		-	unt m	ivoiveu					
1) Siu Alaska Corporation	J	157,704	Lease Agreement							
2) Siu Alaska Corporation	d	17,361,200	Bank Balance							
			I							

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				•	,		Ī										
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	(d) redominant income (related, inrelated, cluded from		(f) Share of total income	total	total	total	total end-of-year	(h) Disproprtionate allocations?		<b>(h)</b> Disproprtionate allocations?		(h) Disproprtionate allocations?		(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No										
												1										

#### Part VII Supplemental Information

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

Identifier Return Reference Explanation

Additional Data Return to Form

**Software ID:** 12000229

**Software Version:** 2012v2.0

**EIN:** 86-0710582

Name: Norton Sound Economic Development

Corporation