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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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) Room/suite
PO BOX 1464
Suite

City or town, state or province, country, and ZIP or foreign postal code
DILLINGHAM, AK 99576

D Employer identification number
92-0142567

E Telephone number
(907) 842-4370

G Gross receipts $ 83,079,697

F Name and address of principal officer
NORMAN VAN VACTOR
PO BOX 1464
DILLINGHAM,AK 99576

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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
See schedule O

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	12
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	67
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,239,791
b	Net unrelated business taxable income from Form 990-T, line 34	7b	6,325,932

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,500	0
9	Program service revenue (Part VIII, line 2g)	18,354,716	16,982,784
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,903,506	10,032,025
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	588,499	309,919
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,855,221	27,324,728
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,734,100	13,630,453
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)	2,066,635	2,363,268
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)	3,166,571	4,960,343
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,967,306	20,954,064
19	Revenue less expenses Subtract line 18 from line 12	19,887,915	6,370,664

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	223,637,197	249,303,258
21	Total liabilities (Part X, line 26)	8,795,998	27,948,727
22	Net assets or fund balances Subtract line 21 from line 20	214,841,199	221,354,531

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

****** 2014-11-11
Signature of officer Date

STACI FIESER CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
E MARY THOMAS				P01288194

Firm's name ▶ KPMG LLP — Firm's EIN ▶

Firm's address ▶ 701 West 8th Avenue Suite 600
Anchorage, AK 99501 — Phone no

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

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 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 $ 8,634,070 including grants of $ 8,634,070) (Revenue $)

COMMUNITIES 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 $500,000 FOR 2013, A $150,000 INCREASE OVER THE 2012 AMOUNT OF $350,000 ALL CDQ COMMUNITIES REQUESTED AND WERE AWARDED THE FULL GRANT AMOUNT TOTALING $8,500,000 THE ARCTIC TERN PROGRAM PROVIDES FUNDING FOR COMMUNITIES TO SUPPORT EMPLOYMENT AND EDUCATIONAL ACTIVITIES FOR RESIDENT YOUTH UNDER THE AGE OF 17 IN 2013, $78,000 WAS AWARDED (UP FROM $55,892 IN 2012) THE INTEREST RATE ASSISTANCE PROVIDED $56,070 IN INTEREST RATE ASSISTANCE TO 35 RESIDENTS (DOWN FROM 45 RESIDENTS AND $62,561 IN 2012)

4b (Code) (Expenses $ 2,019,043 including grants of $ 1,211,387) (Revenue $ 57,493)

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 2013, BBEDC'S VESSEL UPGRADE PROGRAM ASSISTED 103 FISHERMEN WITH VESSEL UPGRADES FOR A TOTAL OF $1,175,773 (UP FROM 45 FISHERMEN FOR $371,395 IN 2012) BBEDC ALSO CONTINUED WITH ITS CHILLING IMPROVEMENTS PROGRAM BY PURCHASING 44 TOTES FOR 15 FISHERMEN (UP FROM 9 FISHERMEN IN 2012), 30 SLUSH BAGS FOR 7 FISHERMEN (DOWN FROM 10 FISHERMEN IN 2012), AND PROVIDING FLEX FOAM INSULATION TO 7 FISHERMEN IN ADDITION, TWO ICE BARGES DELIVERED 609,100 POUNDS OF ICE (DOWN 43% FROM 2012)

4c (Code) (Expenses $ 1,734,449 including grants of $ 1,024,165) (Revenue $)

EDUCATION, EMPLOYMENT, AND TRAINING - THIS PROGRAM OFFERS 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 126 RESIDENTS WITH FUNDS OF $130,315 (UP FROM $115,707 AND 146 RESIDENTS IN 2012) IN 2013, BBEDC'S VOCATIONAL/TECHNICAL PROGRAM ASSISTED 140 RESIDENTS WITH FUNDS OF $314,642 (UP FROM 116 RESIDENTS AND $308,877 IN 2012) BBEDC'S COMMUNITY AND GROUP TRAININGS PROVIDED $196,338 WORTH OF ASSISTANCE (UP FROM OVER $92,000 IN 2012) BBEDC CONTINUED ITS FINANCIAL SUPPORT TO THE UAF-BRISTOL BAY CAMPUS FOR ITS ADULT BASIC EDUCATION/GED COURSE SPONSORSHIP IN THE AMOUNT OF $39,999 (UP FROM $39,438 IN 2012) AS WELL AS PROVIDED A $10,000 CONTRIBUTION TO THEIR NURSING PROGRAM BBEDC'S INTERNSHIP PROGRAMS CONTINUED WITH 10 RESIDENTS BENEFITING FROM THE SEATTLE-BASED INTERNSHIPS (UP FROM 7 IN 2012), 4 RESIDENTS BENEFITING FROM THE IN-REGION INTERSHIPS (UP FROM 3 IN 2012), AND 24 YOUTH BENEFITING FROM YOUTH INTERNSHIPS (UP FROM 22 IN 2012) BBEDC'S EMPLOYMENT OPPORTUNITIES CONTINUED PROVIDING SEASONAL EMPLOYMENT TO 28 RESIDIENTS (UP FROM 24 IN 2012) AND PROVIDING BERING SEA EMPLOYMENT TO 4 RESIDENTS

(Code) (Expenses $ 21,100 including grants of $ 5,859) (Revenue $)

TECHNICAL ASSISTANCE

(Code) (Expenses $ 23,156 including grants of $ 9,869) (Revenue $)

GRANT WRITING ASSISTANCE

(Code) (Expenses $ 647,101 including grants of $ 626,200) (Revenue $)

COMMUNITY LIAISONS

(Code) (Expenses $ 473,010 including grants of $ 444,043) (Revenue $)

PERMIT LOAN PROGRAM

(Code) (Expenses $ 2,221,885 including grants of $ 1,520,145) (Revenue $)

INVESTMENT MANAGEMENT

(Code) (Expenses $ 445,455 including grants of $ 154,715) (Revenue $)

PERMIT BROKERAGE

(Code) (Expenses $ 165,213 including grants of $) (Revenue $)

QUOTA MANAGEMENT

(Code) (Expenses $ 88,494 including grants of $) (Revenue $)

OUTREACH

4d Other program services (Describe in Schedule O)

(Expenses $ 4,085,414 including grants of $ 2,760,831) (Revenue $)

4e **Total program service expenses** ▶ 16,472,976

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	**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		
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*	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, 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	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
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	Yes	
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	
e	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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? *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		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or 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 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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**	Yes	
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**	Yes	
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**	Yes	
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**	Yes	
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**		
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? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	96		
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			
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	67		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
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			
b	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	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	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			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
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			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

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	**1a** 17		
	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	**1b** 12		
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**	Yes	
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**		No
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			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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**		No
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**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		No
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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
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**	Yes	
13	Did the organization have a written whistleblower policy?	**13**		No
14	Did the organization have a written document retention and destruction policy?	**14**		No
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**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," 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**	Yes	

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 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 ☑ Upon request ☑ Other (explain in Schedule O)

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 995761464 (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 or note to any line in this Part VII . . . . . ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 OF THE BOARD	20 0 2	X		X				54,541	916	5,656
(2) FRED T ANGASAN SR VICE CHAIRMAN OF THE BOARD	1 5 1	X						12,500	1,000	
(3) HATTIE ALBECKER SECRETARY OF THE BOARD	2 0 1	X						22,750	750	
(4) ROBERT HEYANO TREASURER OF THE BOARD	2 1 1	X						19,250	750	
(5) LOUIE ALAKAYAK BOARD MEMBER	2	X						1,000		
(6) MARGIE ALOYSIUS BOARD MEMBER	9	X						8,000		
(7) RICHARD ALTO BOARD MEMBER	8	X						5,000		
(8) MARK ANGASAN BOARD MEMBER	1 0	X						12,000		
(9) IDA APOKEDAK BOARD MEMBER	4	X						2,000		
(10) RAYMOND APOKEDAK BOARD MEMBER	2	X						2,000		
(11) CINDY GABEL BOARD MEMBER	2 1	X						3,000	500	
(12) BETTY GARDINER-WASSILY BOARD MEMBER	9	X						7,500		
(13) KENNETH JENSEN BOARD MEMBER	9 1	X						6,750	1,250	
(14) MARY ANN JOHNSON BOARD MEMBER	9 1	X						7,250	2,250	
(15) GERDA KOSBRUK BOARD MEMBER	1 2 2	X						14,000	3,000	
(16) MOSES KRITZ BOARD MEMBER	2 0 1	X						17,250	750	
(17) PATRICK PATTERSON JR BOARD MEMBER	8 1	X						5,000	2,000	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(18) VICTOR SEYBERT BOARD MEMBER	19 1	X						15,000	1,000	
(19) FRITZ SHARP BOARD MEMBER	9 1	X						8,000	2,000	
(20) EVERETT THOMPSON BOARD MEMBER	1	X						1,500		
(21) MOSES TOYUKAK SR BOARD MEMBER	8	X						10,500		
(22) NORMAN VAN VACTOR PRESIDENT/CEO	40 0			X				194,836		37,777
(23) HELEN SMEATON CHIEF OPERATING OFFICER	40 0 1			X				103,018	515	33,601
(24) STACI FIESER CHIEF FINANCIAL OFFICER	40 0			X				95,905		21,916
(25) CHRIS NAPOLI CHIEF ADMINISTRATIVE OFFICER	40 0			X				87,099		24,158
(26) PAUL PEYTON SEAFOOD INVESTMENT OFFICER	40 0			X				151,691		38,461
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								867,340	16,681	161,569

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 ▶ 3

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

Section B. Independent Contractors

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☑

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	0			
Program Service Revenue		Business Code				
	2a	CDQ ROYALTIES	110000	14,698,868			14,698,868
	b	IFQ ROYALTIES	110000	2,283,916			2,283,916
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		16,982,784			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		8,278,136	-935,930	7,239,791	1,974,275
	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)	0 / 0				
	d	Net rental income or (loss) . . . . . ▶		0			
		(i) Securities / (ii) Other					
	7a	Gross amount from sales of assets other than inventory	57,508,858				
	b	Less cost or other basis and sales expenses	55,754,969				
	c	Gain or (loss)	1,753,889				
	d	Net gain or (loss) . . . . . ▶		1,753,889			1,753,889
	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			
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	BBEDC MATCHING FUNDS	110000	51,812	51,812		
	b	ICE SALES FROM BARGES	110000	57,493	57,493		
	c	MEDIATION SETTLEMENT INCOME	900099	178,581	178,581		
	d	All other revenue		22,033	15,649		6,384
	e	**Total.** Add lines 11a–11d . . . . . ▶		309,919			
	12	**Total revenue.** See Instructions . . . . . ▶		27,324,728	-632,395	7,239,791	20,717,332

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 or note to any line 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	11,273,538	11,273,538		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	2,356,915	2,356,915		
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	884,343	213,036	671,307	
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	889,385	591,283	298,102	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,542	11,614	28,928	
9 Other employee benefits	410,546	185,136	225,410	
10 Payroll taxes	138,452	68,892	69,560	
11 Fees for services (non-employees)				
a Management	0			
b Legal	76,410	60,150	16,260	
c Accounting	124,782		124,782	
d Lobbying	99,641		99,641	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	290,117	282,900	7,217	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	50,890	41,014	9,876	
12 Advertising and promotion	62,129	39,185	22,944	
13 Office expenses	96,001	16,969	79,032	
14 Information technology	27,087		27,087	
15 Royalties . .	0			
16 Occupancy	98,742	18,448	80,294	
17 Travel	396,646	180,640	216,006	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	22,126	6,897	15,229	
20 Interest	19,071	19,071		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	413,617	354,423	59,194	
23 Insurance	92,182	51,881	40,301	
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 DUES AND SUBSCRIPTIONS	50,378	46,797	3,581	0
b PROGRAM EXPENSES	634,779	634,779		0
c UBI TAX EXPENSE	2,414,944		2,414,944	0
d TRAINING & STAFF DEVELOPMENT	34,755		34,755	0
e All other expenses	-43,954	19,408	-63,362	
25 **Total functional expenses.** Add lines 1 through 24e	20,954,064	16,472,976	4,481,088	0
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)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		49,754,278	2	20,148,718
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		5,691,096	4	6,327,390
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		1,400,000	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		396,531	9	167,414
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,671,821			
	b	Less accumulated depreciation	10b 3,151,953	2,883,435	10c	2,519,868
	11	Investments—publicly traded securities		51,952,539	11	76,400,883
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		80,786,350	13	112,619,705
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		30,772,968	15	31,119,280
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		223,637,197	16	249,303,258
Liabilities	17	Accounts payable and accrued expenses		282,032	17	326,568
	18	Grants payable		8,122,842	18	11,351,569
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other 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		0	23	15,019,071
	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		391,124	25	1,251,519
	26	**Total liabilities.** Add lines 17 through 25		8,795,998	26	27,948,727
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		214,841,199	27	221,354,531
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), 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		214,841,199	33	221,354,531
	34	Total liabilities and net assets/fund balances		223,637,197	34	249,303,258

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,324,728
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,954,064
3	Revenue less expenses Subtract line 2 from line 1	3	6,370,664
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	214,841,199
5	Net unrealized gains (losses) on investments	5	1,264,335
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,121,667
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	221,354,531

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ 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 separate basis, consolidated basis, or both ☐ 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 the audit, review, or compilation of its financial statements and selection of an independent accountant?	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?	3a		No
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		

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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. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	(b) (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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		1,654,008	275,819	1,378,189
c Leasehold improvements				
d Equipment		451,973	371,710	80,263
e Other		3,363,441	2,504,424	859,017
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,519,868

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN FISHING RIGHTS	17,002,115	C
(2) INVESTMENT IN IFQS	32,874,941	C
(3) INVESTMENT IN AFFILIATES	62,742,649	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	112,619,705	

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) ACCRUED INTEREST	206,912
(2) DUE FROM AFFILIATES	434,466
(3) GOODWILL	30,477,067
(4) INCOME TAXES RECEIVABLE	835
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	31,119,280

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	166,422
STATE INCOME TAXES	15,458
DUE TO AFFILIATE	1,069,639
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,251,519

2. Liability for uncertain tax positions In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	28,589,063
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,264,335		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	1,264,335
3	Subtract line **2e** from line **1**			3	27,324,728
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 XIII)	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	27,324,728

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	22,075,731
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 XIII)	2d	1,121,667		
e	Add lines **2a** through **2d**			2e	1,121,667
3	Subtract line **2e** from line **1**			3	20,954,064
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	20,954,064

Part XIII Supplemental Information

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

Return Reference	Explanation
Part XIII, Line 2d IFQ Impairment Loss of $1,121,667	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316032134

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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Bristol Bay Economic Development Corporation

Employer identification number
92-0142567

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 30

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" to 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
See Additional Data Table					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I PART I LINE 2	BBEDC HAS MANY PROGRAMS AVAILABLE TO ITS CDQ MEMBER COMMUNITIES 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

Additional Data

Software ID:
Software Version:
EIN: 92-0142567
Name: Bristol Bay Economic Development Corporation

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)** EIN	**(c)** IRC Code 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
ALASKA WEST SUPPLY 3905 BEA AVENUE DILLINGHAM,AK 99576	92-0149719		8,472				SEASONAL EMPLOYMENT OPPORTUNITIES

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)** EIN	**(c)** IRC Code 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
CITY OF ALEKNAGIK BOX 33 ALEKNAGIK,AK 99555	92-0079021		263,754				ECONOMIC DEVELOPMENT

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)** EIN	**(c)** IRC Code 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
ALEKNAGIK TRADITIONAL COUNCIL BOX 115 ALEKNAGIK,AK 99555	94-2857786		282,646				ECONOMIC DEVELOPMENT, PROMO OF PROGRAMS

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)** EIN	**(c)** IRC Code 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
BRISTOL BAY BOROUGH BOX 189 NAKNEK,AK 99633	92-0029832		12,375				SEASONAL EMPLOYMENT OPPORTUNITIES

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)** EIN	**(c)** IRC Code 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
BRISTOL BAY NATIVE ASSOCIATION BOX 310 DILLINGHAM, AK 99576	92-0041473		11,909				COMMUNITY/GROUP TRAININGS

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)** EIN	**(c)** IRC Code 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
CHOGGIUNG LTD BOX 330 DILLINGHAM,AK 99576	92-0045217		15,132				SEASONAL EMPLOYMENT OPPORTUNITIES

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)** EIN	**(c)** IRC Code 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
CITY OF DILLINGHAM BOX 889 DILLINGHAM,AK 99576	92-0030674		300,017				ECONOMIC DEVELOPMENT, SEASONAL EMPLOY

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)** EIN	**(c)** IRC Code 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
CLARKS POINT VILLAGE COUNCIL BOX 90 CLARKS POINT,AK 99569	92-0073206		540,400				ECONOMIC DEVELOPMENT, PROMO OF PROGRAMS

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)** EIN	**(c)** IRC Code 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
CURYUNG TRIBAL COUNCIL BOX 216 DILLINGHAM,AK 99576	92-0069902		297,994				ECONOMIC DEVELOPMENT, SEASONAL EMPLOY

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)** EIN	**(c)** IRC Code 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
CITY OF EGEGIK BOX 189 EGEGIK,AK 99579	92-0154668		16,193				SEASONAL EMPLOYMENT OPPORTUNITIES

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)** EIN	**(c)** IRC Code 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
EDGE SURVEYING & DESIGN LLC 12501 OLD SEWARD HWY SUITE D ANCHORAGE,AK 99515	27-1398598		21,547				SEASONAL EMPLOYMENT OPPORUTNITIES

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)** EIN	**(c)** IRC Code 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
EGEGIK TRIBAL COUNCIL 6348 NIELSON WAY UNIT B ANCHORAGE,AK 99518	92-0063332		550,634				ECONOMIC DEVELOPMENT, PROMO OF PROGRAMS

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)** EIN	**(c)** IRC Code 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
EKWOK VILLAGE COUNCIL BOX 70 EKWOK,AK 99580	94-3057295		580,386				ECONOMIC DEVELOPMENT, SEASONAL EMPLOY

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)** EIN	**(c)** IRC Code 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
EKUK VILLAGE TRIBE BOX 530 DILLINGHAM,AK 99576	92-0163114		544,276				ECONOMIC DEVELOPMENT, SEASONAL EMPLOY

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)** EIN	**(c)** IRC Code 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
KDLG BOX 670 DILLINGHAM,AK 99576	92-0031132		9,666				SEASONAL EMPLOYMENT OPPORTUNITIES

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)** EIN	**(c)** IRC Code 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
KING SALMON GROUND LLC BOX 214 KING SALMON,AK 99613	90-0421246		13,179				SEASONAL EMPLOYMENT OPPORTUNITIES

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)** EIN	**(c)** IRC Code 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
KING SALMON VILLAGE COUNCIL BOX 68 KING SALMON,AK 99613	92-0177073		546,400				ECONOMIC DEVELOPMENT, PROMO OF PROGRAMS

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)** EIN	**(c)** IRC Code 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
LEVELOCK VILLAGE COUNCIL BOX 70 LEVELOCK,AK 99625	92-0074206		521,170				ECONOMIC DEVELOPMENT, PROMO OF PROGRAMS

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)** EIN	**(c)** IRC Code 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
CITY OF MANOKOTAK BOX 170 MANOKOTAK,AK 99628	92-0037650		49,786				PROMO OF PROGRAMS, OPPORT FOR YOUTH

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)** EIN	**(c)** IRC Code 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
MANOKOTAK VILLAGE COUNCIL BOX 169 MANOKOTAK,AK 99628	92-0124434		500,000				ECONOMIC DEVELOPMENT

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)** EIN	**(c)** IRC Code 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
MOTIVE POWER MARINE BOX 1445 DILLINGHAM,AK 99576	45-4840792		11,917				SEASONAL EMPLOYMENT OPPORTUNITIES

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)** EIN	**(c)** IRC Code 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
NAKNEK NATIVE COUNCIL BOX 106 NAKNEK,AK 99633	92-0058661		556,977				ECONOMIC DEVELOPMENT, PROMO OF PROGRAMS

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)** EIN	**(c)** IRC Code 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
CITY OF PILOT POINT BOX 430 PILOT POINT,AK 99649	92-0140460		9,185				SEASONAL EMPLOYMENT OPPORTUNITIES

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)** EIN	**(c)** IRC Code 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
PILOT POINT TRIBAL COUNCIL BOX 449 PILOT POINT,AK 99649	99-0143318		546,400				ECONOMIC DEVELOPMENT, PROMO OF PROGRAMS

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)** EIN	**(c)** IRC Code 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
NATIVE COUNCIL OF PORT HEIDEN BOX 49007 PORT HEIDEN,AK 99549	92-0059922		566,319				ECONOMIC DEVELOPMENT, SEASONAL EMPLOY

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)** EIN	**(c)** IRC Code 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
PORTAGE CREEK VILLAGE COUNCIL 1327 E 72ND UNIT B ANCHORAGE,AK 99518	92-0070857		506,000				ECONOMIC DEVELOPMENT, OPPS FOR YOUTH

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)** EIN	**(c)** IRC Code 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
SAFE AND FEAR-FREE ENVIRONMENT BOX 94 DILLINGHAM,AK 99576	98-0088380		8,338				SEASONAL EMPLOYMENT OPPORTUNITIES

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)** EIN	**(c)** IRC Code 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
NATIVE VILLAGE OF SOUTH NAKNEK 1830 E PARKS HWY SUITE A-133 PMB 3 WASILLA,AK 99654	92-0065146		551,191				ECONOMIC DEVELOPMENT, SEASONAL EMPLOY

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)** EIN	**(c)** IRC Code 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
SOUTHWEST ALASKA VOCATIONAL & EDUCATION CENTER BOX 615 KING SALMON,AK 99613	92-0174741		132,607				COMMUNITY/GROUP TRAININGS

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)** EIN	**(c)** IRC Code 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
CITY OF TOGIAK BOX 190 TOGIAK,AK 99678	92-0047402		142,912				ECONOMIC DEVELOPMENT, SEASONAL EMPLOY

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)** EIN	**(c)** IRC Code 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
TRADITIONAL COUNCIL OF TOGIAK BOX 310 TOGIAK,AK 99678	92-0113885		409,354				ECONOMIC DEVELOPMENT, SEASONAL EMPLOY

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)** EIN	**(c)** IRC Code 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
TWIN HILLS VILLAGE COUNCIL BOX TWA TWIN HILLS,AK 99576	92-0062296		551,926				ECONOMIC DEVELOPMENT, SEASONAL EMPLOY

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)** EIN	**(c)** IRC Code 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
UGASHIK TRADITIONAL COUNCIL 206 E FIREWEED LN SUITE 204 ANCHORAGE,AK 99503	92-0160597		546,400				ECONOMIC DEVELOPMENT, PROMO OF PROGRAMS

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)** EIN	**(c)** IRC Code 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
BRISTOL BAY SCIENCE & RESEARCH INSTITUTE BOX 1464 DILLINGHAM, AK 99576	92-0168036		1,520,145				SCIENTIFIC AND EDUCATIONAL PROJECTS

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)** EIN	**(c)** IRC Code 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
UAF-BRISTOL BAY CAMPUS BOX 1070 DILLINGHAM, AK 99576	92-6000147		49,999				GED/ADULT BASIC ED, NURSING PROGRAM

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)** EIN	**(c)** IRC Code 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
ARCTIC STORM MANAGEMENT GROUP 2727 ALASKAN WAY PIER 69 SEATTLE,AK 98121	91-2155264		21,338				INTERNSHIPS

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)** EIN	**(c)** IRC Code 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
OCEAN BEAUTY SEAFOODS LLC BOX 70739 SEATTLE,AK 981271539	20-8899430		39,244				INTERNSHIPS

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)** EIN	**(c)** IRC Code 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
NORTH STAR INSURANCE SERVICES LLC 4039-21ST AVENUE W SUITE 200 SEATTLE,AK 98199	91-2155797		5,584				INTERNSHIPS

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)** EIN	**(c)** IRC Code 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
SNOW & COMPANY INC 5302 26TH AVENUE NW SEATTLE,AK 98107	26-4750695		11,766				INTERNSHIPS

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
PERMIT LOAN PROGRAM	17	195,918			
PERMIT LOAN TECHNICAL ASSISTANCE	11	20,125			
EMERGENCY TRANSFER GRANTS	38	228,000			
INTEREST RATE ASSISTANCE	35	56,070			
TECHNICAL ASSISTANCE	7	2,129			
TAX ASSISTANCE PROGRAM	1222	154,715			
VESSEL UPGRADES	103	1,175,773			
STUDENT LOAN FORGIVENESS PROGRAM	12	41,254			
COLLEGE DEVELOPMENT FUND	126	130,315			
COMMUNITY/GROUP TRAININGS	13	2,360			
VOCATIONAL/TECHNICAL TRAINING PROGRAM	140	314,642			
CHILLING IMPROVEMENTS PROGRAM - TOTES	15		27,084	BOOK	TOTES FOR ICING FISH
CHILLING IMPROVEMENTS PROGRAM - SLUSH BAGS	7		8,530	BOOK	SLUSH BAGS FOR ICING
CHILLING IMPROVEMENTS PROGRAM - FOAM INSULATION	7		0	BOOK	FOAM INSUL FOR ICING

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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.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 appropiate 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 idemnification 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 in 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
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, but 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in 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 any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No
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 and Title		(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)NORMAN VAN VACTOR PRESIDENT/CEO	(i)	164,019	25,500	5,317		37,777	232,613	
	(ii)							
(2)PAUL PEYTON SEAFOOD INVESTMENT OFFICER	(i)	151,691			4,524	33,937	190,152	
	(ii)							

Part III Supplemental Information

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

Return Reference	Explanation

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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, lines 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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) DILLON CHANEY	GRANDSON OF BOARD MEMBER	462	TRAINING ASSISTANCE	JOB TRAINING
(2) ROBYN CHANEY	DAUGHTER OF BOARD MEMBER	677	EDUCATIONAL ASSISTANCE	EDUCATION
(3) JACLYN CHRISTENSEN	IN-LAW OF BOARD MEMBER	1,558	EDUCATIONAL ASSISTANCE	EDUCATION
(4) JASMINE KRITZ	GRANDDAUGHTER OF BD MEMBER	658	EDUCATIONAL ASSISTANCE	EDUCATION
(5) DARREN NAPOLI	SON OF OFFICER	684	EDUCATIONAL ASSISTANCE	EDUCATION
(6) PATRICK PATTERSON JR	BOARD MEMBER	2,011	TRAINING ASSISTANCE	JOB TRAINING
(7) FERDINAND SHARP	BROTHER OF BOARD MEMBER	336	EDUCATIONAL ASSISTANCE	EDUCATION

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

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 92-0142567
Name: Bristol Bay Economic Development Corporation

Form 990, Schedule L, Part III - Grants or Assistance Benefitting Interested Persons

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of grant or type of assistance
(1) DILLON CHANEY	GRANDSON OF BOARD MEMBER	462
(2) ROBYN CHANEY	DAUGHTER OF BOARD MEMBER	677
(3) JACLYN CHRISTENSEN	IN-LAW OF BOARD MEMBER	1,558
(4) JASMINE KRITZ	GRANDDAUGHTER OF BD MEMBER	658
(5) DARREN NAPOLI	SON OF OFFICER	684
(6) PATRICK PATTERSON JR	BOARD MEMBER	2,011
(7) FERDINAND SHARP	BROTHER OF BOARD MEMBER	336

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Bristol Bay Economic Development Corporation

Employer identification number
92-0142567

Return Reference	Explanation
organization mission	form 990, part I, Line 1 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 FAMILY AND BUSINESS RELATIONSHIPS OF BOARD MEMBERS Form 990 Part VI Line 2 BOARD MEMBERS - H ROBIN SAMUELSEN, JR AND MOSES KRITZ SIT ON THE BOARD OF ANOTHER CORPORATION (BRISTOL BAY NATIVE CORPORATION) CURRENT YEAR BOARD MEMBERS - MARK ANGASAN AND FRED ANGASAN, SR HAVE A FAMILY RELATIONSHIP

Return Reference	Explanation
PROCESS FOR REVIEW OF THE FORM 990	Form 990 Part VI Line 11b PRIOR TO FILING THE RETURN, A DRAFT OF THE FORM 990 TAX RETURN WILL BE SUBMITTED TO THE CHIEF FINANCIAL OFFICER (CFO) BY THE TAX PREPARER THIS DRAFT WILL BE REVIEWED BY THE CFO AND STAFF THE CFO WILL THEN HAVE THE PRESIDENT/CEO 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

Return Reference	Explanation
MONITORING OF CONFLICT OF INTEREST POLICY	Form 990 Part VI Line 12c BOARD MEMBERS ARE REQUIRED TO DECLARE A CONFLICT OF INTEREST ON EACH AND EVERY VOTE THEY TAKE IF ONE EXISTS

Return Reference	Explanation
DETERMINING COMPENSATION FOR PRESIDENT/CEO	Form 990 Part VI Line 15a THE BOARD SETS THE BEGINNING SALARY RANGE FOR THE POSITION OF THE 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 EVALUATE THE PRESIDENT/CEO'S PERFORMANCE OVER THE PAST YEAR AND THE CONTRACT RENEWAL AND COMPENSATION, IF TIME TO RENEW CURRENT YEAR PRESIDENT/CEO CONTRACT IS FOR A 3 YEAR TERM 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

Return Reference	Explanation
DETERMINING COMPENSATION FOR OTHER OFFICERS OR KEY EMPLOYEES	Form 990 Part VI 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, CHIEF FINANCIAL OFFICER AND SEAFOOD INVESTMENT OFFICER

Return Reference	Explanation
AVAILABILITY OF DOCUMENTS	Form 990 Part VI Line 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

Return Reference	Explanation
Part VII, Section A, Column B	Board Member or Officer Average Hours Per Week Related Organizations H Robin Samuelsen, Jr 0 2 hours/week for BBSRI & HSST 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 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 Cindy Gabel 0 1 hours/week for HSST Helen Smeaton 0 1 hours/week for BBSRI Kenneth Jensen 0 1 hours/week for HSST Patrick Patterson, JR 0 1 hours/week for HSST

Return Reference	Explanation
Part XI Reconciliation of Net Assets	Other Changes in net assets or fund balances includes an $1,121,667 impairment loss recorded on the financial statements not included on the tax return

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Bristol Bay Economic Development Corporation

Employer identification number
92-0142567

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) 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 PO BOX 1464 DILLINGHAM, AK 99576 20-4176963	COMM FISHING	AK	57,493	948,541	BBEDC

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) BRISTOL BAY SCIENCE & RESEARCH INSTITUTE PO BOX 1464 DILLINGHAM, AK 99576 92-0168036	SCIENCE/EDUC	AK	501(C)(3)	7	BBEDC	Yes	
(2) HARVEY SAMUELSEN SCHOLARSHIP TRUST PO BOX 1464 DILLINGHAM, AK 99576 30-0065137	SCHOLARSHIPS	AK	501(C)(3)	PF	BBEDC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) ALASKA SEAFOOD INVESTMENT MANAGEMENT CO PO BOX 1464 DILLINGHAM, AK 99576 92-0148997	FISHING MGMT	AK	BBEDC	C Corp	0	0	100 000 %	Yes	

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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 orgranization 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		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	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 complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE	b	500,000	ACTUAL CASH
(2) BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE	q	38,876	ACTUAL CASH

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 sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 92-0142567
Name: Bristol Bay Economic Development Corporation

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ALASKAN LEADER FISHERIES LLC 8874 BENDER RD STE 201 LYNDON, WA 98264 61-1503131	COMM FISHING	AK	NA	RELATED	73,525	233,241	Yes				No	50 000 %
ALASKAN LEADER SEAFOODS LLC 8874 BENDER RD STE 201 LYNDON, WA 98264 20-5851344	FISH MARKETING	AK	NA	RELATED	-53,173	425,258		No			No	50 000 %
ALASKAN LEADER VESSEL LLC 8874 BENDER RD STE 201 LYNDON, WA 98264 92-0142904	COMM FISHING	AK	NA	RELATED	-45,436	3,799,530	Yes				No	50 000 %
ALEUTIAN LEADER FISHERIES LLC 8874 BENDER RD STE 201 LYNDON, WA 98264 26-1607537	COMM FISHING	AK	NA	RELATED	-253,085	520,962	Yes				No	50 000 %
BERING LEADER FISHERIES LLC 8874 BENDER RD STE 201 LYNDON, WA 98264 43-2055793	COMM FISHING	AK	NA	RELATED	-92,704	3,720,176	Yes				No	50 000 %
BRISTOL LEADER FISHERIES LLC 8874 BENDER RD STE 201 LYNDON, WA 98264 91-1780779	COMM FISHING	AK	NA	RLEATED	328,121	4,375,019	Yes				No	50 000 %
KODIAK LEADER FISHERIES LLC 8874 BENDER RD STE 201 LYNDON, WA 98264 27-2387715	COMM FISHING	AK	NA	RELATED	304,760	-722,022		No			No	50 000 %
NORTHERN LEADER FISHERIES LLC 8874 BENDER RD STE 201 LYNDON, WA 98264 45-4219695	COMM FISHING	AK	NA	RELATED	-9,672,217	19,059,711		No			No	50 000 %
ATECH SERVICES LLC 8874 BENDER RD STE 201 LYNDON, WA 98264 26-2712575	FABRICATION	WA	NA	UNRELATED	36,486	194,809		No			No	50 000 %
DONA MARTITA LLC 20308 DAYTON AVE N SEATTLE, WA 98133 91-2089115	COMM FISHING	WA	NA	RELATED	1,093,907	13,169,555	Yes				No	50 000 %
ALASKAN MARINER LLC 5470 SHILSHOLE AVE NW STE 410 SEATTLE, WA 98107 20-0499337	COMM FISHING	WA	NA	RELATED	213,717	809,959	Yes				No	50 000 %
ALEUTIAN MARINER LLC 5470 SHILSHOLE AVE NW STE 410 SEATTLE, WA 98107 91-1424870	COMM FISHING	WA	NA	RELATED	305,526	679,521	Yes				No	40 000 %
ARCTIC MARINER LLC 5470 SHILSHOLE AVE NW STE 410 SEATTLE, WA 98107 91-1530408	COMM FISHING	WA	NA	RELATED	244,038	724,829	Yes				No	50 000 %
BRISTOL MARINER LLC 5470 SHILSHOLE AVE NW STE 410 SEATTLE, WA 98107 91-1812263	COMM FISHING	AK	NA	RELATED	320,242	779,828	Yes				No	45 000 %
CASCADE MARINER LLC 5470 SHILSHOLE AVE NW STE 410 SEATTLE, WA 98107 91-2095173	COMM FISHING	WA	NA	RELATED	291,229	882,412	Yes				No	50 000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NORDIC MARINER LLC 5470 SHILSHOLE AVE NW STE 410 SEATTLE, WA 98107 91-1837754	COMM FISHING	WA	NA	RELATED	238,455	820,210	Yes				No	45 000 %
NORTHERN MARINER LLC 5470 SHILSHOLE AVE NW STE 410 SEATTLE, WA 98107 91-1942159	COMM FISHING	WA	NA	RELATED	228,608	7,601		No			No	45 000 %
WESTERN MARINER LLC 5470 SHILSHOLE AVE NW STE 410 SEATTLE, WA 98107 80-0074651	COMM FISHING	WA	NA	RELATED	235,238	1,381,849	Yes				No	50 000 %
NEAHKAHNIE LLC 2727 ALASKAN WAY PIER 69 SEATTLE, WA 98121 91-1953160	COMM FISHING	WA	NA	RELATED	-12,204	242,813	Yes				No	30 000 %
OCEAN BEAUTY SEAFOODS LLC 1100 W EWING ST SEATTLE, WA 98119 20-8899430	SEAFOOD PROCESS	AK	NA	UNRELATED	7,280,272	41,281,190	Yes				No	50 000 %