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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.

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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

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 $ 107,159,570.

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

Activities & Governance

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	9.
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	85.
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-2,552,504.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-2,605,920.

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	5,000.	8,000.
9	Program service revenue (Part VIII, line 2g)	18,270,268.	18,723,033.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,324,382.	11,837,451.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	213,122.	207,336.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,812,772.	30,775,820.
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,920,523.	14,442,428.
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)	2,501,514.	2,630,548.
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)	3,806,595.	1,321,387.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	21,228,632.	18,394,363.
19	Revenue less expenses. Subtract line 18 from line 12	9,584,140.	12,381,457.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	266,778,490.	277,085,218.
21	Total liabilities (Part X, line 26)	36,902,779.	33,563,507.
22	Net assets or fund balances Subtract line 21 from line 20	229,875,711.	243,521,711.

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Part II Signature Block

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

Sign Here

▶ Staci M. Fieser
Signature of officer — Date 11/9/2016

▶ 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
NICK WHITMORE		11-8-2016		P01488898

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

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

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

JSA
5E1010 1 000
54N033 1832 51625

SCANNED DEC 14 2016

15 6-47

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission.

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 $ 8,653,008 including grants of $ 8,620,400) (Revenue $ _____)

ATTACHMENT 1

4b (Code _____) (Expenses $ 3,132,607 including grants of $ 2,060,083) (Revenue $ 153,867)

ATTACHMENT 2

4c (Code _____) (Expenses $ 2,268,170 including grants of $ 1,480,473) (Revenue $ _____)

ATTACHMENT 3

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

(Expenses $ 3,853,763. including grants of $ 2,281,472) (Revenue $)

4e Total program service expenses ▶ 17,907,548.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A.*	1		X
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V.*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H.*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II.*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III.*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
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		X
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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	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 "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III.*	27	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV.*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M.*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I.*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
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	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response 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	80		
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	85		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring 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?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
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			X
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 line 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 X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ Own website ☒ Another's website ☒ Upon request ☒ 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, address, and telephone number of the person who possesses the organization's books and records ▶
STACI FIESER 411 FIRST AVENUE EAST DILLINGHAM, AK 99576-1464 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (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.	7.00									
CHAIRMAN OF THE BOARD	.20	X						32,168.	2,832.	0.
(2) FRED T. ANGASAN, SR.	1.30									
VICE CHAIRMAN OF THE BOARD	.10	X						12,000.	2,500.	0.
(3) HATTIE ALBECKER	2.00									
SECRETARY OF THE BOARD	.10	X						21,750.	1,750.	0.
(4) ROBERT HEYANO	2.00									
TREASURER OF THE BOARD	.10	X						22,250.	1,750.	0.
(5) LOUIE ALAKAYAK, SR.	1.00									
BOARD MEMBER		X						6,000.	0.	0.
(6) MARGIE ALOYSIUS	.90									
BOARD MEMBER		X						5,500.	0.	0.
(7) RICHARD ALTO	.50									
BOARD MEMBER		X						3,000.	0.	0.
(8) MARK ANGASAN	1.30									
BOARD MEMBER		X						11,500.	0.	0.
(9) BETTY GARDINER-WASSILY	.90									
BOARD MEMBER		X						5,000.	0.	0.
(10) KENNETH JENSEN	.70									
BOARD MEMBER	.10	X						3,750.	1,750.	0.
(11) MARY ANN JOHNSON	1.10									
BOARD MEMBER	.20	X						7,250.	4,750.	0.
(12) GERDA KOSBRUK	1.80									
BOARD MEMBER	.20	X						12,500.	4,000.	0.
(13) VICTOR SEYBERT	1.80									
BOARD MEMBER	.10	X						15,000.	2,500.	0.
(14) FRITZ SHARP	.90									
BOARD MEMBER	.10	X						8,000.	1,500.	0.

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			
(15) JIMMY COOPCHIAK	1.40									
BOARD MEMBER		X						9,500.	0.	0.
(16) ALEXANDER TALLEKPALEK	1.00									
BOARD MEMBER		X						8,500.	0.	0.
(17) PAUL HANSEN, SR.	.70									
BOARD MEMBER	.10	X						6,000.	1,500.	0.
(18) NORMAN VAN VACTOR	40.00									
PRESIDENT/CEO	0.			X				224,251.	0.	30,293.
(19) HELEN SMEATON	40.00									
CHIEF OPERATING OFFICER				X				111,306.	0.	32,496.
(20) STACI FIESER	40.00									
CHIEF FINANCIAL OFFICER				X				111,038.	0.	54,079.
(21) CHRIS NAPOLI	40.00									
CHIEF ADMINISTRATIVE OFFICER				X				93,918.	0.	36,185.
(22) PAUL PEYTON	40.00									
SEAFOOD INVESTMENT OFFICER				X				163,970.	0.	37,334.
1b Sub-total ▶								165,668.	23,332.	0.
c Total from continuation sheets to Part VII, Section A ▶								728,483.	1,500.	190,387.
d Total (add lines 1b and 1c) ▶								894,151.	24,832.	190,387.

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 ▶ 4

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
ATTACHMENT 5		

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

Part VIII Statement of Revenue

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

				(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	8,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		8,000			
Program Service Revenue			Business Code				
	2a	CDQ ROYALTIES	110000	15,326,761			15,326,761
	b	IFQ ROYALTIES	110000	3,396,272.			3,396,272
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total** Add lines 2a-2f		18,723,033			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 6		9,117,604	7,947,736	-2,552,504	3,722,372
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	79,103,597				
	b	Less cost or other basis and sales expenses	76,383,750				
	c	Gain or (loss)	2,719,847				
	d	Net gain or (loss)		2,719,847			2,719,847
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	BBEDC MATCHING FUNDS	110000	48,743	48,743		
	b	ICE SALES FROM BARGES	110000	153,867	153,867		
	c	PSA ADMINISTRATIVE FEES	110000	1,350	1,350		
	d	All other revenue	900099	3,376	306		3,070
	e	**Total.** Add lines 11a-11d		207,336			
	12	**Total revenue.** See instructions		30,775,820	8,152,002	-2,552,504	25,168,322

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 domestic organizations and domestic governments See Part IV, line 21	10,956,556.	10,956,556.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	3,485,872.	3,485,872.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	909,603.	225,838.	683,765.	
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	1,054,012.	725,345.	328,667.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	49,530.	11,466.	38,064.	
9 Other employee benefits	476,449.	232,757.	243,692.	
10 Payroll taxes	140,954.	74,842.	66,112.	
11 Fees for services (non-employees)				
a Management	0.			
b Legal	61,712.	39,388.	22,324.	
c Accounting	139,014.		139,014.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	291,161.	283,335.	7,826.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	260,076.	134,327.	125,749.	
12 Advertising and promotion	31,671.	27,848.	3,823.	
13 Office expenses	94,601.	16,572.	78,029.	
14 Information technology	28,997.		28,997.	
15 Royalties	0.			
16 Occupancy	98,240.	23,164.	75,076.	
17 Travel	426,691.	239,968.	186,723.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	22,316.	9,314.	13,002.	
20 Interest	165,125.	165,125.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	321,771.	253,807.	67,964.	
23 Insurance	100,303.	51,710.	48,593.	
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	113,576.	110,525.	3,051.	
b PROGRAM EXPENSES	832,713.	832,713.		
c UBI TAX BENEFIT	-1,590,295.		-1,590,295.	
d TRAINING AND STAFF DEVELOPME	11,946.		11,946.	
e All other expenses	-88,231.	7,076.	-95,307.	
25 **Total functional expenses** Add lines 1 through 24e	18,394,363.	17,907,548.	486,815.	
26 **Joint costs** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	20,428,262.	2	18,172,301.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	7,760,765.	4	7,662,178.
	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	0.	7	0.
	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges ATCH 7	573,148.	9	240,626.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D — 10a: 5,721,056.			
	b	Less: accumulated depreciation — 10b: 3,709,497.	2,274,107.	10c	2,011,559.
	11	Investments - publicly traded securities ATCH 8	78,210,335.	11	77,542,515.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	111,336,086.	13	124,249,559.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	46,195,787.	15	47,206,480.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	266,778,490.	16	277,085,218.
Liabilities	17	Accounts payable and accrued expenses	395,335.	17	527,301.
	18	Grants payable	16,149,850.	18	14,571,806.
	19	Deferred revenue	100.	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 ATCH 9	19,520,102.	23	18,005,361.
	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	837,392.	25	459,039.
	26	**Total liabilities.** Add lines 17 through 25	36,902,779.	26	33,563,507.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	229,875,711.	27	243,521,711.
	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	229,875,711.	33	243,521,711.
	34	Total liabilities and net assets/fund balances	266,778,490.	34	277,085,218.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,775,820.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,394,363.
3	Revenue less expenses Subtract line 2 from line 1	3	12,381,457.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	229,875,711.
5	Net unrealized gains (losses) on investments	5	-5,928,835.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	7,193,378.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	243,521,711.

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		X
	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	X	
	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue 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 Revenue 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" on 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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

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

The percentages on 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" on line 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" on 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		1,654,009.	358,520.	1,295,489.
c Leasehold improvements				
d Equipment		403,208.	281,658.	121,550.
e Other		3,461,440.	3,069,319.	392,121.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				2,011,559.

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on 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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶		

Part VIII Investments - Program Related.
Complete if the organization answered "Yes" on 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 UNCON AFFILIATES	58,754,284.	COST
(2) INVESTMENT IN IFQS	33,972,520.	COST
(3) INVESTMENT IN FISHING RIGHTS	19,902,115.	COST
(4) INVESTMENT IN CONS AFFILIATES	11,620,640.	FMV
(5)		
(6)		
(7)		
(8)		
(9)		
Total *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶	124,249,559.	

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

(a) Description	(b) Book value
(1) ACCRUED INTEREST	239,601.
(2) DUE FROM AFFILIATES	143,122.
(3) GOODWILL	45,759,478.
(4) FED INCOME TAXES RECEIVABLE	980,184.
(5) STATE INCOME TAXES RECEIVABLE	84,095.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	47,206,480.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATE	459,039.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	459,039.

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	24,533,625.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-5,928,835.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-313,360.		
e	Add lines **2a** through **2d**			2e	-6,242,195.
3	Subtract line **2e** from line **1**			3	30,775,820.
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	30,775,820.

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

1	Total expenses and losses per audited financial statements			1	18,394,363.
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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	18,394,363.
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	18,394,363.

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

FORM 990, SCH D, PART XI, LINE 2D

EQUITY IN LOSSES OF CONSOLIDATED AFFILIATES

Part XIII Supplemental Information *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number

92-0142567

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALEKNAGIK TRADITIONAL COUNCIL BOX 115 ALEKNAGIK, AK 99555	94-2857786		550,512				ECONOMIC DEVELOPMENT PROMO OF PROGRAMS
(2) BRISTOL BAY BOROUGH BOX 189 NAKNEK, AK 99633	92-0029832		8,058.				SEASONAL EMPLOYMENT OPPORTUNITIES
(3) BRISTOL BAY TELEPHONE COOPERATIVE BOX 259 KING SALMON, AK 99613	92-0047849		6,238	-			SEASONAL EMPLOYMENT OPPORTUNITIES
(4) CHOGGIUNG LTD BOX 330 DILLINGHAM, AK 99576	92-0045217		14,967				SEASONAL EMPLOYMENT OPPORTUNITIES
(5) CITY OF DILLINGHAM BOX 889 DILLINGHAM, AK 99576	92-0030674		76,872				SEASONAL EMPLOY , GROUP TRAINING
(6) CLARKS POINT VILLAGE COUNCIL BOX 9 CLARKS POINT, AK 99569	92-0073206		544,512				ECONOMIC DEVELOPMENT PROMO OF PROGRAMS
(7) CURYUNG TRIBAL COUNCIL BOX 216 DILLINGHAM, AK 99576	92-0069902		558,597				ECONOMIC DEVELOPMENT PROMO OF PROGRAMS
(8) CITY OF EGEGIK BOX 189 EGEGIK, AK 99579	92-0154668		7,893				SEASONAL EMPLOYMENT OPPORTUNITIES
(9) EGEGIK TRIBAL COUNCIL BOX 29 EGEGIK, AK 99579	92-0063332		544,512				ECONOMIC DEVELOPMENT PROMO OF PROGRAMS
(10) EKWOK VILLAGE COUNCIL BOX 70 EKWOK, AK 99580	94-3057295		597,708				ECONOMIC DEVELOPMENT PROMO OF PROGRAMS
(11) EKUK VILLAGE COUNCIL BOX 530 DILLINGHAM, AK 99576	92-0163114		550,512				ECONOMIC DEVELOPMENT PROMO OF PROGRAMS
(12) KDLG BOX 670 DILLINGHAM, AK 99576	92-0031132		16,427				SEASONAL EMPLOYMENT OPPORTUNITIES

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

JSA
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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" on 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

2015

Open to Public Inspection

Name of the organization

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number

92-0142567

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) KING SALMON GROUND, LLC BOX 214 KING SALMON, AK 99613	90-0421246		13,223				SEASONAL EMPLOYMENT OPPORTUNITIES
(2) KING SALMON TRIBAL COUNCIL BOX 68 KING SALMON, AK 99613	92-0177073		544,512				ECONOMIC DEVELOPMENT PROMO OF PROGRAMS
(3) LEVELOCK VILLAGE COUNCIL BOX 70 LEVELOCK, AK 99625	92-0074206		552,901				ECONOMIC DEVELOPMENT PROMO OF PROGRAMS
(4) CITY OF MANOKOTAK BOX 170 MANOKOTAK, AK 99628	92-0037650		39,528				ECONOMIC DEVELOPMENT OPPS FOR YOUTH
(5) MANOKOTAK VILLAGE COUNCIL BOX 169 MANOKOTAK, AK 99628	92-0124434		519,639				ECONOMIC DEVELOPMENT PROMO OF PROGRAMS
(6) PAULA MONSEN DBA MONSEN TRANSFER BOX 113 NAKNEK, AK 99633	47-1354890		8,744				SEASONAL EMPLOYMENT OPPORTUNITIES
(7) NAKNEK VILLAGE COUNCIL BOX 106 NAKNEK, AK 99633	92-0058661		560,396				ECONOMIC DEVELOPMENT PROMO OF PROGRAMS
(8) CITY OF PILOT POINT BOX 430 PILOT POINT, AK 99649	92-0140460		21,958				SEASONAL EMPLOYMENT OPPORTUNITIES
(9) PILOT POINT TRIBAL COUNCIL BOX 449 PILOT POINT, AK 99649	99-0143318		533,384				ECONOMIC DEVELOPMENT PROMO OF PROGRAMS
(10) PORT HEIDEN VILLAGE COUNCIL BOX 49007 PORT HEIDEN, AK 99549	92-0059922		569,433				ECONOMIC DEVELOPMENT PROMO OF PROGRAMS
(11) PORTAGE CREEK VILLAGE COUNCIL 1327 E 72ND UNIT B ANCHORAGE, AK 99518	92-0070857		498,150				ECONOMIC DEVELOPMENT GRANT WRITING ASSIS
(12) SOUTH NAKNEK VILLAGE COUNCIL 1830 E PARKS HWY, SUITE A-133 PMB 388	92-0065146		550,512				ECONOMIC DEVELOPMENT PROMO OF PROGRAMS

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

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

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" on 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

2015

Open to Public Inspection

Name of the organization

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number

92-0142567

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SOUTHWEST ALASKA VOCATIONAL & EDUCATION CEN BOX 615 KING SALMON, AK 99613	92-0174741		257,509				COMMUNITY/GROUP TRAININGS, SEASONAL
(2) CITY OF TOGIAK BOX 190 TOGIAK, AK 99678	92-0047402		11,005				SEASONAL EMPLOYMENT GROUP TRAINING
(3) TRADITIONAL COUNCIL OF TOGIAK BOX 310 TOGIAK, AK 99678	92-0113885		550,512				ECONOMIC DEVELOPMENT PROMO OF PROGRAMS
(4) TWIN HILLS VILLAGE COUNCIL BOX TWA TWIN HILLS, AK 99576	92-0062296		571,812				ECONOMIC DEVELOPMENT PROMO OF PROGRAMS
(5) UGASHIK TRADITIONAL COUNCIL 2525 BLUEBERRY RD STE 205	92-0160597		550,512				ECONOMIC DEVELOPMENT PROMO OF PROGRAMS
(6) BRISTOL BAY SCIENCE & RESEARCH INSTITUTE BOX 1464 DILLINGHAM, AK 99576	92-0168036		778,998				SCIENTIFIC AND EDUCATIONAL PROJECTS
(7) UAF-BRISTOL BAY CAMPUS BOX 1070 DILLINGHAM, AK 99576	92-6000147		96,083				GED/ADULT BASIC ED, TRAININGS, NURSING
(8) CITY OF ALEKNAGIK BOX 33 ALEKNAGIK, AK 99555	92-0079021		5,377.				COMMUNITY/GROUP TRAININGS
(9) OCEAN BEAUTY SEAFOODS, LLC BOX 70739 SEATTLE, WA 98127-1539	20-8899430		29,371				INTERNSHIPS
(10) COASTAL AIR, LLC BOX 137 NAKNEK, AK 99633	36-4772858		17,039				SEASONAL EMPLOYMENT OPPORTUNITIES
(11) COPPER RIVER SEAFOODS, LLC 1118 3 5TH AVE ANCHORAGE, AK 99501	92-0157589		13,014				SEASONAL EMPLOYMENT OPPORTUNITIES
(12) BAY AMUSEMENTS DBA EDDIE'S FIREPLACE INN BOX 348 KING SALMON, AK 99613	92-0125527		7,448				SEASONAL EMPLOYMENT OPPORTUNITIES

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

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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" on 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

2015

Open to Public Inspection

Name of the organization

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number

92-0142567

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PATRICIA EDEL DBA BLUE FLY, LLC BOX 81 KING SALMON, AK 99613	13-5806433		29,098				SEASONAL EMPLOYMENT OPPORTUNITIES
(2) BRISTOL BAY LAND HERITAGE TRUST BOX 1388 DILLINGHAM, AK 99576	31-1721762		10,000				EDUCATION - BB RIVER ACADEMY
(3) US SEAFOODS, LLC 6901 MARGINAL WAY SW SEATTLE, WA 98106	91-2087455		17,220				INTERNSHIPS
(4) WESTWARD SEAFOODS, INC 2101 4TH AVE., SUITE 1700	91-1443701		50,770				INTERNSHIPS
(5) DILLINGHAM CITY SCHOOL DISTRICT BOX 170 DILLINGHAM, AK 99576	92-0031132		7,790				SEASONAL EMPLOYMENT OPPORTUNITIES
(6) SAFE AND FEAR-FREE ENVIRONMENT BOX 94 DILLINGHAM, AK 99576	92-0088380		6,686				SEASONAL EMPLOYMENT OPPORTUNITIES
(7) UNITED TRIBES OF BRISTOL BAY BOX 1252 DILLINGHAM, AK 99576	30-0785358		12,124				SEASONAL EMPLOYMENT OPPORTUNITIES
(8) COMMUNITY FINANCIAL, INC 520 E 32ND AVE ANCHORAGE, AK 99503	61-1527877		40,000				ECONOMIC DEVELOPMENT -
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 33.

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 11.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV appraisal other)	(f) Description of non-cash assistance
1	PERMIT LOAN PROGRAM	29.	255,235			
2	PERMIT AND VESSEL LOAN TECHNICAL ASSISTANCE	59	25,529			
3	EMERGENCY TRANSFER GRANTS	33	244,500			
4	INTEREST RATE ASSISTANCE	33	48,400			
5	PERSONAL FINANCE/EDUCATION	51	690			
6	TAX ASSISTANCE PROGRAM	1,125	142,625			
7	VESSEL UPGRADES	132	1,816,299			

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV, appraisal, other)	(f) Description of non-cash assistance
1	STUDENT LOAN FORGIVENESS PROGRAM	10	48,212			
2	COLLEGE DEVELOPMENT FUND	103	182,536			
3	VOCATIONAL/TECHNICAL TRAINING PROGRAM	143	397,271			
4	CHILLING IMPROVEMENTS PROGRAM - TOTES	12		23,038	BOOK	TOTES FOR ICING FISH
5	CHILLING IMPROVEMENTS PROGRAM - SLUSH BAGS	6		11,260	BOOK	SLUSH BAGS FOR ICING
6	CHILLING IMPROVEMENTS PROGRAM - FOAM INSULATION	5		2,196	BOOK	FOAM INSUL FOR ICING
7	SHOREFISH LEASE PROGRAM	2	1,600			

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	VESSEL ACQUISITION PROGRAM	7	79,191			
2	RSW FLEET SUPPORT	8	4,837			
3	RSW PURCHASE PROGRAM	6		202,453	BOOK	RSW SYSTEMS
4						
5						
6						
7						

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

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.

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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number

92-0142567

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
NORMAN VAN VACTOR	(i)	198,751.	25,500.	0.	6,198.	24,095.	254,544.	0.
1 PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
STACI FIESER	(i)	110,538.	500.	0.	8,251.	45,828.	165,117.	0.
2 CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL PEYTON	(i)	163,470.	500.	0.	4,892.	32,442.	201,304.	0.
3 SEAFOOD INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part III Supplemental Information

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

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

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), section 501(c)(4), and 501(c)(29) 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-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
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total . . . . . ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) PATRICK ALOYSIUS, JR	SON OF BOARD MEMBER	1,565	TRAINING ASSISTANCE	JOB TRAINING
(2) TRISTON CHANEY	GRANDSON/NEPHEW OF BOARD ME	776	EDUCATIONAL ASSISTANCE	EDUCATION
(3) JAMES CHRISTENSEN	BROTHER OF BOARD MEMBER	5,000	TRAINING ASSISTANCE	JOB TRAINING
(4) ANISHIA ELBIE	SISTER/AUNT OF BOARD MEMBER	1,422	EDUCATIONAL ASSISTANCE	EDUCATION
(5) DIANE FOLSOM	SISTER-IN-LAW OF OFFICER	1,731	TRAINING ASSISTANCE	JOB TRAINING
(6) BETTY GARDINER-WASSILY	BOARD MEMBER	323	EDUCATIONAL ASSISTANCE	EDUCATION
(7) ANNA HANSEN	GRANDDAUGHTER OF BOARD MEMB	1,164	EDUCATIONAL ASSISTANCE	EDUCATION
(8) ROSE LOERA	SISTER-IN-LAW OF BOARD MEMB	2,362	TRAINING ASSISTANCE	JOB TRAINING
(9) DARREN NAPOLI	SON OF OFFICER	978	EDUCATIONAL ASSISTANCE	EDUCATION
(10) CADEN SMEATON	SON OF OFFICER	776	EDUCATIONAL ASSISTANCE	EDUCATION

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

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), section 501(c)(4), and 501(c)(29) 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-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
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total						▶ $							

Part III Grants or Assistance Benefiting Interested Persons.

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

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)	JOHN TUGATUK, JR	GRANDSON OF BOARD MEMBER	2,806	TRAINING ASSISTANCE	JOB TRAINING
(2)	LYNN VAN VACTOR	SPOUSE OF OFFICER	1,261	TRAINING ASSISTANCE	JOB TRAINING
(3)	DANNY WASSILY	BROTHER-IN-LAW OF BOARD MEM	795	TRAINING ASSISTANCE	JOB TRAINING
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number
92-0142567

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 - CURRENT YEAR BOARD MEMBERS - MARK ANGASAN AND FRED ANGASAN, SR. HAVE A FAMILY RELATIONSHIP.

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.

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.

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number: 92-0142567

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. THE CURRENT 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 PRESDIENT/CEO'S EVALUATION, THE PRESIDENT/CEO IS REQUIRED TO LEAVE THE ROOM SO THAT THE REMAINING BOARD MAY HAVE CONFIDENTIAL DISCUSSIONS. MOTION IS MADE TO COME OUT OF EXECUTIVE SESSION AND THE BOARD'S DECISION OF THE CONTRACT AND COMPENSATION IS PRESENTED AND DOCUMENTED IN THE MINUTES.

DETERMINING COMPENSATION FOR OTHER OFFICERS OR KEY EMPLOYEES

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,

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

FORMAL CONTRACTS ARE REQUIRED ANNUALLY FOR THE FOLLOWING POSITIONS: CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER, AND SEAFOOD INVESTMENT OFFICER.

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 PO BOX 1464, DILLINGHAM, AK 99576-1464. IN ADDITION, OUR FORM 990 IS AVAILABLE FOR VIEWING ON THE WEBSITE GUIDESTAR.ORG.

PART VII, SECTION A, COLUMN B

HOURS WORKED FOR RELATED ORGANIZATIONS

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	0.2 HOURS/WEEK FOR BBSRI & HSST
GERDA KOSBRUK	0.2 HOURS/WEEK FOR BBSRI & HSST
PAUL HANSEN, SR.	0.1 HOURS/WEEK FOR HSST
VICTOR SEYBERT	0.1 HOURS/WEEK FOR BBSRI
FRITZ SHARP	0.1 HOURS/WEEK FOR HSST
KENNETH JENSEN	0.1 HOURS/WEEK FOR HSST

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number: 92-0142567

FORM 990, PART XI, LINE 9

INCREASE IN CARRYING VALUE DUE TO CONSOLIDATED AFFILIATES

ATTACHMENT 1

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

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 2015 (SAME AS 2014). ALL CDQ COMMUNITIES REQUESTED AND WERE AWARDED THE FULL GRANT AMOUNT TOTALING $8,500,000. THE INFRASTRUCTURE GRANT FUND (IGF) PROGRAM PROVIDES BBEDC COMMUNITIES WITH A SOURCE OF FUNDS FOR BROAD PUBLIC INFRASTRUCTURE AS WELL AS BUSINESS INFRASTRUCTURE DEVELOPMENT. TRIBAL AND/OR CITY GOVERNMENTS ARE ELIGIBLE TO APPLY FOR UP TO $2,000,000. NO COMMUNITIES WERE AWARDED THE GRANT IN 2015 (DOWN FROM 1 IN 2014). THE ARCTIC TERN PROGRAM PROVIDES FUNDING FOR COMMUNITIES TO SUPPORT EMPLOYMENT AND EDUCATIONAL ACTIVITIES FOR RESIDENT YOUTH UNDER THE AGE OF 17. IN 2015, $72,000 WAS AWARDED (UP FROM $69,245 IN 2014). THE INTEREST RATE ASSISTANCE PROGRAM PROVIDED $48,400 IN INTEREST RATE ASSISTANCE TO 33 RESIDENTS (UP FROM 31 RESIDENTS AND $47,465 IN 2014).

ATTACHMENT 2

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

REGIONAL FISHERIES -

RECOGNIZING THAT THE QUICKEST WAY TO INCREASE THE VALUE OF BRISTOL

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number: 92-0142567

ATTACHMENT 2 (CONT'D)

BAY SALMON WAS THROUGH CHILLING, BBEDC EMBARKED ON AN AMBITIOUS PROGRAM TO PROVIDE ICE TO THE REGION'S FISHERMEN. IN 2015, BBEDC'S VESSEL UPGRADE PROGRAM ASSISTED 132 FISHERMEN WITH VESSEL UPGRADES FOR A TOTAL OF $1,816,299 (UP FROM 91 FISHERMEN AND $1,132,261 IN 2014). BBEDC CONTINUED WITH ITS CHILLING PRODUCTS PROGRAM BY PURCHASING 33 TOTES FOR 12 FISHERMEN (DOWN FROM 63 TOTES FOR 21 FISHERMEN IN 2014), 35 SLUSH BAGS FOR 6 FISHERMEN (DOWN FROM 87 SLUSH BAGS FOR 14 FISHERMEN IN 2014), AND PROVIDING FLEX FOAM INSULATION TO 5 FISHERMEN (DOWN FROM 12 FISHERMEN IN 2014). RSW FLEET SUPPORT OFFERED GRANTS UP TO $1,000 FOR FISHERMEN THAT HAD RSW SYSTEMS ON BOARD THEIR VESSELS. 8 FISHERMEN WERE AWARDED A TOTAL OF $4,837 (UP FROM 4 AND $1,355 IN 2014). A NEW PROGRAM IN 2015, RSW PURCHASE PROGRAM, AWARDED 6 FISHERMEN WITH RSW SYSTEMS. IN ADDITION, TWO ICE BARGES DELIVERED 2,154,020 POUNDS OF ICE (DOWN 8% FROM 2014).

ATTACHMENT 3

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

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 103 RESIDENTS WITH FUNDS OF $182,536 (UP FROM $164,937 BUT DOWN FROM 114 RESIDENTS IN 2014). IN 2015, BBEDC'S

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number: 92-0142567

ATTACHMENT 3 (CONT'D)

VOCATIONAL/TECHNICAL PROGRAM ASSISTED 143 RESIDENTS WITH FUNDS OF $397,271 (DOWN FROM 153 RESIDENTS BUT UP FROM $370,288 IN 2014). BBEDC'S COMMUNITY AND GROUP TRAININGS PROVIDED $346,259 WORTH OF ASSISTANCE (UP FROM OVER $153,083 IN 2014). BBEDC CONTINUED ITS FINANCIAL SUPPORT TO THE UAF-BRISTOL BAY CAMPUS FOR ITS ADULT BASIC EDUCATION/GED COURSE SPONSORSHIP IN THE AMOUNT OF $39,824 (DOWN FROM $39,987 IN 2014) AS WELL AS PROVIDED A $10,000 CONTRIBUTION TO THEIR NURSING PROGRAM. THE STUDENT LOAN FORGIVENESS PROGRAM PROVIDED 10 RESIDENTS WITH FUNDS TOTALING $48,212 (DOWN FROM $55,413 FOR 14 RESIDENTS IN 2014). BBEDC'S INTERNSHIP PROGRAMS CONTINUED WITH 16 RESIDENTS BENEFITING FROM THE NON-REGION-BASED INTERNSHIPS (UP FROM 13 IN 2014), 11 RESIDENTS BENEFITING FROM THE IN-REGION INTERSHIPS (UP FROM 7 IN 2014), AND 30 YOUTH BENEFITING FROM YOUTH INTERNSHIPS (DOWN FROM 32 IN 2014). BBEDC'S EMPLOYMENT OPPORTUNTIES CONTINUED PROVIDING SEASONAL EMPLOYMENT TO 46 RESIDENTS (UP FROM 33 IN 2014).

ATTACHMENT 4

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
TECHNICAL ASSISTANCE	2,825.	21,266.	
GRANT WRITING ASSISTANCE	5,344.	50,348.	
COMMUNITY LIAISONS	689,936.	710,488.	
PERMIT LOAN PROGRAM	606,054.	658,405.	
INVESTMENT MANAGEMENT	778,998.	1,670,666.	
PERMIT BROKERAGE	143,315.	447,033.	

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number: 92-0142567

ATTACHMENT 4 (CONT'D)

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
QUOTA MANAGEMENT		188,819.	
OUTREACH		51,738.	
CONTRIBUTIONS	55,000.	55,000.	
TOTALS	2,281,472.	3,853,763.	

ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
KPMG LLP 701 W 8TH AVENUE SUITE 600 ANCHORAGE, AK 99501-3467	PROF SERVICES	141,830.
GENE SANDONE 4950 W CLAYTON AVE WASILLA, AK 99654	PROF SERVICES	100,290.

ATTACHMENT 6

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
EQUITY IN EARNINGS OF UNCON AFFILIATE	5,395,232.	7,947,736.	-2,552,504.	
INTEREST AND DIVIDEND INCOME	2,376,474.			2,376,474.
FISHING RIGHTS INVESTMENT INCOME	1,345,898.			1,345,898.
TOTALS	9,117,604.	7,947,736.	-2,552,504.	3,722,372.

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number: 92-0142567

ATTACHMENT 7

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID INSURANCE	28,929.
PREPAID EXPENSES	55,947.
PREPAID RENT	13,538.
PREPAID BROKERAGE TRANSACTIONS	8,820.
SECURITY DEPOSIT	2,400.
PREPAID FEDERAL INCOME TAXES	NONE.
PREPAID STATE INCOME TAXES	101,202.
PREPAID WORKERS COMP INSURANCE	29,790.
TOTALS	240,626.

ATTACHMENT 8

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
SECURITIES & MUTUAL FUNDS	68,157,101.	FMV
GOVERNMENT & AGENCY SECURITIES	9,385,414.	FMV
TOTALS	77,542,515.	

ATTACHMENT 9

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: UBS
INTEREST RATE: 0.9800 %
MATURITY DATE: 10/31/2018
REPAYMENT TERMS: DUE UPON MATURITY.
PURPOSE OF LOAN: LINE OF CREDIT

BEGINNING BALANCE DUE	19,520,102.
ENDING BALANCE DUE	18,005,361.

Name of the organization: BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

Employer identification number: 92-0142567

ATTACHMENT 9 (CONT'D)

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	19,520,102.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	18,005,361.

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.

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

OMB No 1545-0047

2015

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 20-4176963 PO BOX 1464 DILLINGHAM, AK 99576	COMM. FISHING	AK	153,867.	532,107.	BBEDC
(2)					
(3)					
(4)					
(5)					
(6)					

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 92-0168036 PO BOX 1464 DILLINGHAM, AK 99576	SCIENCE/EDUC	AK	501(C)(3)	7	BBEDC	X	
(2) HARVEY SAMUELSEN SCHOLARSHIP TRUST 30-0065137 PO BOX 1464 DILLINGHAM, AK 99576	SCHOLARSHIPS	AK	501(C)(3)	PF	BBEDC	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ALASKAN LEADER FISHERIES, LLC 8874 BENDER RD, STE 201 LYNDON	COMM FISHING	AK	N/A	RELATED	167,322	647,708	X				X	50 0000
(2) ALASKAN LEADER SEAFOODS, LLC 2 8874 BENDER RD, STE 201 LYNDON	FISH MARKETING	AK	N/A	RELATED	192,572	291,609		X			X	50 0000
(3) ALASKAN LEADER VESSEL, LLC 92- 8874 BENDER RD, STE 201 LYNDON	COMM FISHING	AK	N/A	RELATED	729,022	3,479,083	X				X	50 0000
(4) ALEUTIAN LEADER FISHERIES, LLC 8874 BENDER RD, STE 201 LYNDON	COMM FISHING	AK	N/A	RELATED	-68,915	507,378		X			X	50 0000
(5) BERING LEADER FISHERIES, LLC 4 8874 BENDER RD, STE 201 LYNDON	COMM FISHING	AK	N/A	RELATED	503,831	4,189,075	X				X	50 0000
(6) BRISTOL LEADER FISHERIES, LLC 8874 BENDER RD, STE 201 LYNDON	COMM FISHING	AK	N/A	RELATED	961,551	4,962,160	X				X	50 0000
(7) KODIAK LEADER FISHERIES, LLC 2 8874 BENDER RD, STE 201 LYNDON	COMM FISHING	AK	N/A	RELATED	-789.	-726,201		X			X	50 0000

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 92-0148997 PO BOX 1464 DILLINGHAM, AK 99576	FISHING MGMT	AK	BBEDC	C CORP			100.0000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) NORTHERN LEADER FISHERIES, LLC 8874 BENDER RD, STE 201 LYNDON	COMM FISHING	AK	N/A	RELATED	229,173	16,326,418	X				X	50 0000
(2) ATECH SERVICES, LLC 26-2712575 8874 BENDER RD, STE 201 LYNDON	FABRICATION	WA	N/A	UNRELATED	34,338	410,219.		X			X	50 0000
(3) DONA MARTITA, LLC 91-2089115 20308 DAYTON AVE N SEATTLE, WA	COMM FISHING	WA	N/A	RELATED	2,366,893	29,369,014	X				X	50 0000
(4) ALASKAN MARINER, LLC 20-049933 5470 SHILSHOLE AVE NW, STE 410	COMM FISHING	WA	N/A	RELATED	309,948	759,204	X				X	50 0000
(5) ALEUTIAN MARINER, LLC 91-14248 5470 SHILSHOLE AVE NW, STE 410	COMM FISHING	WA	N/A	RELATED	351,542	713,584	X				X	40 0000
(6) ARCTIC MARINER, LLC 91-1530408 5470 SHILSHOLE AVE NW, STE 410	COMM FISHING	WA	N/A	RELATED	358,851	953,510	X				X	50 0000
(7) BRISTOL MARINER, LLC 91-181226 5470 SHILSHOLE AVE NW, STE 410	COMM FISHING	AK	N/A	RELATED	480,987	1,012,138	X				X	45 0000

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)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CASCADE MARINER, LLC 91-209517 5470 SHILSHOLE AVE NW, STE 410	COMM FISHING	WA	N/A	RELATED	275,858	672,113	X				X	50 0000
(2) NORDIC MARINER, LLC 91-1837754 5470 SHILSHOLE AVE NW, STE 410	COMM FISHING	WA	N/A	RELATED	447,744	1,076,060	X				X	45 0000
(3) NORTHERN MARINER, LLC 91-19421 5470 SHILSHOLE AVE NW, STE 410	COMM FISHING	WA	N/A	RELATED	258,912	19,238		X			X	45 0000
(4) WESTERN MARINER, LLC 80-007465 5470 SHILSHOLE AVE NW, STE 410	COMM FISHING	WA	N/A	RELATED	278,363	1,416,836	X				X	50 0000
(5) NEAHKAHNIE, LLC 91-1953160 2727 ALASKAN WAY, PIER 69 SEAT	COMM. FISHING	WA	N/A	RELATED	211,494	273,967	X				X	40 0000
(6) OCEAN BEAUTY SEAFOODS, LLC 20-1100 W EWING ST SEATTLE, WA 98	SEAFOOD PROCESS	AK	N/A	UNRELATED	-1,238,905	34,691,449	X				X	50 0000
(7) WASHINGTON LANDMARK HOLDINGS, 8874 BENDER RD, STE 201 LYNDON	REAL ESTATE	AK	N/A	RELATED	-20,377	2,237,914		X			X	50 0000

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)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE	B	1,034,743.	ACTUAL CASH
(2)	BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE	Q	602,601.	ACTUAL CASH
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related unrelated, excluded from tax under 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) Disproportionate 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	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
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(8)													
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(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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