

Public Inspection Copy

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BRISTOL BAY REGIONAL SEAFOOD DEVELOPMENT ASSOCIATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3705 ARCTIC BLVD #1188 City or town, state or province, country, and ZIP or foreign postal code ANCHORAGE, AK 99503 F Name and address of principal officer: ANDY WINK SAME AS C ABOVE	D Employer identification number 20-2660011 E Telephone number (907) 677-2371 G Gross receipts \$ 3,145,468. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.BBRSDA.COM		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2005
		M State of legal domicile: AK

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO MAXIMIZE THE VALUE OF THE BRISTOL BAY FISHERY FOR THE BENEFIT OF ITS MEMBERS BY FOCUSING ON		
	2	Check this box <input type="checkbox"/> 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	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	6
	6	Total number of volunteers (estimate if necessary)	6	10
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,985,137.	3,117,981.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	84,053.	20,337.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-10,722.	-16,797.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,058,468.	3,121,521.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,436,687.	1,848,594.
	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)	310,010.	381,306.
	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)	534,777.	858,023.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,281,474.	3,087,923.	
19	Revenue less expenses. Subtract line 18 from line 12	776,994.	33,598.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	5,233,125.	5,493,039.
	21	Total liabilities (Part X, line 26)	111,599.	337,915.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,121,526.	5,155,124.

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	<div style="border: 1px solid black; padding: 2px;"> <p style="color: red; font-weight: bold; margin: 0;">COPY</p> <p style="margin: 0;">Signature of officer</p> </div>	Date			
	<div style="border: 1px solid black; padding: 2px;"> <p style="margin: 0;">ANDY WINK, EXECUTIVE DIRECTOR</p> <p style="margin: 0; font-size: small;">Type or print name and title</p> </div>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	AUDREY M. LANCE, CPA	<i>Audrey M. Lance, CPA</i>	10/22/2021	<input type="checkbox"/>	P01381407
	Firm's name ▶ THOMAS, HEAD & GREISEN, PC	Firm's EIN ▶ 92-0043874			
	Firm's address ▶ 1400 WEST BENSON BLVD., 400 ANCHORAGE, AK 99503-3683	Phone no. (907) 272-1571			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO MAXIMIZE THE VALUE OF THE BRISTOL BAY FISHERY FOR THE BENEFIT OF ITS MEMBERS BY FOCUSING ON THE ECONOMIC WELLBEING OF BBRSDA MEMBERS, SUPPORTING A SUSTAINABLE BRISTOL BAY COMMERCIAL FISHERY, AND PROVIDING THE HIGHEST QUALITY WILD SALMON PRODUCTS.

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 [X] 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 [X] 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 \$ 1,172,748. including grants of \$ 791,924.) (Revenue \$) MARKETING: TO CONDUCT MARKETING AND PROMOTION. FROM 1/1/20 TO 12/31/20, BBRSDA SUPPORTED PROJECTS THAT PROMOTED CONSUMER AWARENESS OF BRISTOL BAY SOCKEYE SALMON IN THE MARKETPLACE AND SUPPORTED BRANDED MARKETING EFFORTS. DATA DEMONSTRATING THESE EFFORTS ARE: - THE BOARD FUNDED 11 MARKETING PROJECTS IN 2020 TO THE AMOUNT OF \$1,026,069. THESE PROJECTS SUPPORTED: --CREATIVE, PR, AGENCY CONTRACT (RISING TIDE COMMUNICATIONS) --PRODUCTION OF MARKETING ASSETS --FUNDING FOR RETAIL PROMOTIONS --RETAIL CONSULTANT CONTRACT (MARK JONES) --UW LIFE CYCLE ASSESSMENT --AFDF SYMPHONY OF SEAFOODS

4b (Code:) (Expenses \$ 1,148,307. including grants of \$ 762,497.) (Revenue \$) SUSTAINABILITY: TO HELP ENSURE THE BIOLOGICAL SUSTAINABILITY OF THE BRISTOL BAY SALMON FISHERY, BBRSDA UNDERTOOK THE FOLLOWING SUSTAINABILITY EFFORTS FROM 1/1/20 TO 12/31/20: - BBRSDA MEMBERS AND ITS BOARD CONSIDERS THE PROPOSED PEBBLE MINE AN EXISTENTIAL THREAT TO THE BRISTOL BAY SALMON FISHERY. THE ORGANIZATION FUNDED SEVERAL EFFORTS PERTAINING TO THE PEBBLE MINE FOCUSED ON EXPANDING INFORMATION ABOUT POTENTIAL PROJECT IMPACTS AND SEEKING MAXIMUM ENVIRONMENTAL PROTECTIONS FOR SALMON HABITAT IN BRISTOL BAY, INCLUDING: --ANALYSIS OF SEISMIC HAZARDS IN THE AREA OF THE PROPOSED PEBBLE MINE, --PROMOTION OF A DOCUMENTARY FILM (THE WILD) WHICH EXAMINES WHAT

4c (Code:) (Expenses \$ 263,802. including grants of \$ 88,459.) (Revenue \$) OUTREACH & ORGANIZATION: TO FOSTER INVOLVEMENT WITH OUR MEMBERS, MAINTAIN ORGANIZATIONAL STRUCTURE, IMPROVE FISHERY SAFETY, AND SUPPORT OTHER PROGRAMS; THE BBRSDA UNDERTOOK THE FOLLOWING EFFORTS FROM 1/1/20 TO 12/31/20: - WITH THE ONSET OF THE COVID-19 PANDEMIC, BBRSDA'S OUTREACH EFFORTS WERE EXTENSIVE AND INCLUDED: --ASSEMBLED A COVID-19 FLEET TEAM AND PARTICIPATED IN NUMEROUS MEETINGS WITH STATE AND LOCAL OFFICIALS TO DISCUSS THE WORKABILITY OF SAFETY PROTOCOLS FOR THE 2020 SEASON. --CREATED A COVID-19 HANDBOOK FOR THE FLEET TO HELP KEEP INDUSTRY PARTICIPANTS AND LOCAL RESIDENTS INFORMED ABOUT COVID-19 PROTOCOLS AND PROMOTE SAFETY DURING THE PANDEMIC.

4d Other program services (Describe on Schedule O.) (Expenses \$ 256,225. including grants of \$ 205,714.) (Revenue \$)

4e Total program service expenses 2,841,082.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and controlled entities.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Rows include questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on 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

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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 THE FORAKER GROUP - 907-743-1200 161 KLEVIN STREET, SUITE 101, ANCHORAGE, AK 99508

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... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers... List all of the organization's former directors or trustees...

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Andrew Wink, Fritz Johnson, Michael Jackson, Larry Christensen, Reba Temple, Patrick O'Neill, Tim Cook, Nels Ure, and Mark Niver.

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 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			
1b Subtotal							182,275.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							182,275.	0.	0.	

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 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
RISING TIDE COMMUNICATIONS, 430 W. 7TH AVENUE SUITE 215, ANCHORAGE, AK 99501	STRATEGIC MARKETING SERVICES	676,940.
FAEGRE DRINKER BIDDLE & REATH, LLP, 2200 WELLS FARGO CENTER 90 SOUTH SEVENTH	LEGAL SERVICES	252,333.
BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE P.O. BOX 1464, DILLINGHAM, AK 99576	SALMON ASSESSMENT & PMTF SECOND VESSEL F	244,966.
UNIVERSITY OF WASHINGTON P.O. BOX 352900, SEATTLE, WA 98195	RESEARCH & FORECASTING SERVICES	126,222.
MAMMOTH AGENCY 501 E. PINE STREET #201, SEATTLE, WA 98122	TV CAMPAIGN	120,000.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5		

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,017,981.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	100,000.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f		3,117,981.				
	Program Service Revenue	2 a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		20,337.			20,337.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
c Gain or (loss)	7c						
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a	6,880.					
		23,947.					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory		-17,067.	-17,067.				
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	270.	270.			
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d		270.				
12 Total revenue. See instructions		3,121,521.	-16,797.	0.	20,337.		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,845,014.	1,845,014.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,580.	3,580.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	272,429.	219,002.	53,427.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	81,165.	32,005.	49,160.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	27,712.	19,669.	8,043.	
11 Fees for services (nonemployees):				
a Management				
b Legal	384,296.	345,569.	38,727.	
c Accounting	41,089.		41,089.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	36,030.	18,333.	17,697.	
12 Advertising and promotion	15,232.	15,232.		
13 Office expenses	59,056.	47,207.	11,849.	
14 Information technology	2,461.	216.	2,245.	
15 Royalties				
16 Occupancy	7,699.		7,699.	
17 Travel	15,943.	9,547.	6,396.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42,590.	40,571.	2,019.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,852.		3,852.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a POINT OF SALE / RETAIL	234,145.	234,145.		
b PRINTING AND NEWSLETTER	15,630.	10,992.	4,638.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,087,923.	2,841,082.	246,841.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	5,152,813.	2	5,493,039.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	80,312.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,233,125.	16	5,493,039.	
Liabilities	17 Accounts payable and accrued expenses	40,591.	17	41,300.
	18 Grants payable	71,008.	18	296,615.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	111,599.	26	337,915.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,121,526.	27	5,155,124.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,121,526.	32	5,155,124.
33 Total liabilities and net assets/fund balances	5,233,125.	33	5,493,039.	

Form 990 (2020)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,121,521.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,087,923.
3	Revenue less expenses. Subtract line 2 from line 1	3	33,598.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,121,526.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,155,124.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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 on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2020)

Public Inspection Copy

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Table with 2 columns: Name of organization (BRISTOL BAY REGIONAL SEAFOOD DEVELOPMENT ASSOCIATION, INC.) and Employer identification number (20-2660011)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, nondeductible lobbying expenditures, and taxable amount.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART III-A, LINE

AS DISCLOSED ON SCHEDULE B PART I BBRSDA RECEIVED FUNDS FROM THE STATE OF ALASKA. PURSUANT TO REV. PROC. 98-19, FOR THE PURPOSE OF MEETING THE REQUIREMENTS OF IRC SECTION 6033(E)(3) THE AMOUNTS REPORTED ON SCHEDULE B PART 1, LINES 1 AND 2 ARE CONSIDERED (SIMILAR AMOUNTS) AS A RESULT OF MEETING THE 90% TEST SET FORTH IN SECTION 4.03 OF THE REVENUE PROCEDURE.

Part IV Supplemental Information (continued)

BBRSDA CONSIDERS THE FUNDS RECEIVED FROM THE STATE OF ALASKA AS AUTHORIZED, BUT NOT MANDATED BY ALASKA STATUTE 43.76.380(D) AND REPORTED ON SCHEDULE B, TO BE WITHIN THE DEFINITION OF (SIMILAR AMOUNTS) CONTAINED IN SECTION 5.01 OF REV. PROX. 98-19.

ACCORDINGLY QUESTION 1 IN PART III-A HAS BEEN ANSWERED YES.

Multiple horizontal lines for supplemental information.

Public Inspection Copy

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization BRISTOL BAY REGIONAL SEAFOOD DEVELOPMENT ASSOCIATION, INC. Employer identification number 20-2660011

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and expenses, and questions about monitoring and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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 make 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 program
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:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 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 100%
b Permanent endowment %
c Term 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:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i) Unrelated organizations, 3a(ii) Related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, (2) through (9), and Total.

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 FASB 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 3,145,468, adjusted to 3,121,521.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 3,111,870, adjusted to 3,087,923.

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.

PART V, LINE 4:

THE BOARD HAS ESTABLISHED A DESIGNATED FUND FOR THE PURPOSE OF ENSURING THAT THE ASSOCIATION HAS OPTIONS IRRESPECTIVE OF THE OUTCOME OF ANY ONE SEASON. THE BOARD HAS DESIGNATED UP TO 25% OF THE ASSESSMENT REVENUE COLLECTED BY THE STATE OF ALASKA TO BE HELD FOR THE BUDGET RESERVE EACH YEAR.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 23,947.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 23,947.

Part XIII Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

Public Inspection Copy

**SCHEDULE I
(Form 990)**

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.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **BRISTOL BAY REGIONAL SEAFOOD DEVELOPMENT ASSOCIATION, INC.** Employer identification number **20-2660011**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
ALASKA FISHERIES DEVELOPMENT FOUNDATION - P.O. BOX 2223 - WRANGELL, AK 99929	92-0068881	501(C)(3)	20,000.	0.			EXPANSION PROJECT FOR SYMPHONY OF SEAFOODS
AUGUST ISLAND PICTURES 1607 DEXTER AVENUE N, SUITE 2B SEATTLE, WA 98109	20-2660011		100,000.	0.			"THE WILD" AMERICAN ROAD TOUR PROJECT
BRISTOL BAY FISHERMEN'S ASSOCIATION - P.O. BOX 60131 - SEATTLE, WA 98160	94-1618416		12,500.	0.			LEGAL ASSISTANCE
BRISTOL BAY HERITAGE LAND TRUST P.O. BOX 1388 DILLINGHAM, AK 99576	31-1721762	501(C)(3)	55,000.	0.			SUPPORT OF ILLIAMNA SPAWNING HABITAT
BRISTOL BAY RESERVE ASSOCIATION 1900 W NICKERSON STREET, SUITE 320 SEATTLE, WA 98119	20-8486066	501(C)(6)	25,000.	0.			SEISMIC HAZARD ANALYSIS PROJECT
BRISTOL BAY SCIENCE & RESEARCH INSTITUTE - P.O. BOX 1464 - DILLINGHAM, AK 99576	92-0168036	501(C)(3)	244,966.	0.			VARIOUS SALMON RESEARCH AND SUSTAINABILITY PROJECTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 5

3 Enter total number of other organizations listed in the line 1 table ▶ 24

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
COASTWISE PRESS, LLC P.O. BOX 11609 OLYMPIA, WA 98508	02-2460381		17,500.	0.			CAPT'N JACK'S ALMANAC
COD & COUNTRY, LLC P.O. BOX 20 SOUTH FREEPORT, ME 04078	20-2660011		7,678.	0.			BARTON SEAVER MARKETING EVENTS
COPPER RIVER SEAFOODS 1118 E 5TH AVE ANCHORAGE, AK 99501	92-0157589		14,000.	0.			ICE TOTE PROJECT
CROOKED FOOTPRINT PRODUCTIONS 5992 N NODDING AVENUE PALMER, AK 99645	84-1814504		40,000.	0.			MINE LAND DOCUMENTARY PRODUCTION
DIGITAL OBSERVER, INC. 1119 NE 43RD ST. #102 SEATTLE, WA 98105	86-1062584		15,700.	0.			CQR PROJECT
KDLG P.O. BOX 670 DILLINGHAM, AK 99576	99-0031132		40,000.	0.			FISHERIES REPORT PROJECT
KOZAK & ASSOCIATES 1745 SHEA CENTER DRIVE #345 HIGHLANDS RANCH, CO 80129	92-0174617		9,170.	0.			COVID COORDINATOR
MAMMOTH AGENCY 501 E. PINE STREET #201 SEATTLE, WA 98122	47-2489827		120,000.	0.			TV CAMPAIGN - STOP PEBBLE MINE
MRJ AND ASSOCIATES 2313 ORELANS DRIVE TALLAHASSEE, FL 32308	65-0731908		60,000.	0.			RETAIL CHAIN PROMOTIONS

BRISTOL BAY REGIONAL SEAFOOD
DEVELOPMENT ASSOCIATION, INC.

Schedule I (Form 990)

20-2660011

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
NORTHERN ECONOMICS 880 H STREET, SUITE 210 ANCHORAGE, AK 99501	92-0162195		15,000.	0.			PROCESSOR SURVEY PROJECT
NORTHLINE SEAFOODS 4690 SAWMILL CREE ROAD SITKA, AK 99835	81-0687233		100,000.	0.			ICE DELIVERY EXPANSION PROJECT
OCEAN BEAUTY SEAFOODS P.O. BOX 70739 SEATTLE, WA 98127	20-8899430		10,000.	0.			ICE BARGE PROJECTS
RISING TIDE COMMUNICATIONS 430 W. 7TH AVENUE SUITE 21 ANCHORAGE, AK 99501	47-2620897		676,940.	0.			VARIOUS MARKETING PROJECTS
SALMON STATE 1201 CONNECTICUT AVENUE NW, SUITE 3 WASHINGTON, DC 20036	20-5806345		76,500.	0.			CFBB HABITAT PROTECTION OUTREACH AND COMMUNICATION
SEATTLE TARP COMPANY 18449 CASCADE AVE S TUKWILA, WA 98188	91-1077379		9,247.	0.			ICE BAGS FOR REGRIGERATION
THE FOCUS GROUP 727 HOWARD AVE., 4TH FLOOR BILOXI, MS 39532	26-3234353		19,478.	0.			FOOD SERVICE PROJECT
TRIDENT SEAFOODS 5303 SHILSHOLE AVENUE NW SEATTLE, WA 98107	47-0702463		10,000.	0.			ICE BARGE TO IMPROVE QUALITY OF SALMON
UNITED TRIBES OF BRISTOL BAY P.O. BOX 1252 DILLINGHAM, AK 99576	30-0785358		59,100.	0.			PEBBLE OUTREACH AND PERMITTING PROCESS ENGAGEMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
UNIVERSITY OF WASHINGTON P.O. BOX 352900 SEATTLE, WA 98195	91-6001537		67,700.	0.			RESEARCH FOR IMPROVED FORECASTING

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

Table with 6 columns: (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, (f) Description of noncash assistance.

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

PART I, LINE 2:

THE ORGANIZATION MAY PUBLICIZE A GRANT PROJECT AND SOLICIT APPLICATIONS. GRANTEE IDEAS MAY ALSO BE BROUGHT FORWARD BY INDIVIDUAL PROPOSAL OR REQUEST. ALL GRANTS ARE APPROVED BY THE BOARD OF DIRECTORS, (CURRENTLY NO SEPARATE GRANT COMMITTEE). ALL GRANTEES SIGN A GRANT AGREEMENT, WHICH INCLUDES REPORTING REQUIREMENTS.

A GRANT MAY INCLUDE INTERIM AND FINAL REPORTING, OR ONLY FINAL REPORTING.

THE GRANT AGREEMENT DESCRIBES THE EXEMPT PURPOSE AND INCLUDES A LIMITATION

Part IV Supplemental Information

ON THE USE OF FUNDS TO THE PURPOSE. IN ORDER TO FACILITATE MORE TIMELY
REPORTING THE ORGANIZATION MAY HOLD BACK 20% TO 50% OF THE TOTAL GRANT
AMOUNT UNTIL A PROGRESS REPORT IS RECEIVED. IF THE REPORT SHOWS APPROPRIATE
PROGRESS THE REMAINDER OF THE GRANT WILL BE REMITTED.

Multiple horizontal lines for supplemental information.

Public Inspection Copy Compensation Information

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization **BRISTOL BAY REGIONAL SEAFOOD DEVELOPMENT ASSOCIATION, INC.** Employer identification number **20-2660011**

Part I Questions Regarding Compensation

	Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as 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 on line 1a?	2			
<p>3 Indicate which, if any, of the following the 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> 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			
b Any related organization?	5b			
If "Yes" on 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			
b Any related organization?	6b			
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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7			
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			
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9			

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

Schedule J (Form 990) 2020

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 aren't 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	(i)	(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				
(1) ANDREW WINK EXECUTIVE DIRECTOR	(i)	141,575.	24,000.	0.	0.	0.	165,575.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

THE BOARD OF DIRECTORS APPROVES EXECUTIVE DIRECTOR COMPENSATION AGREEMENT.

Public Inspection Copy

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization	BRISTOL BAY REGIONAL SEAFOOD DEVELOPMENT ASSOCIATION, INC.	Employer identification number	20-2660011
--------------------------	--	--------------------------------	------------

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ECONOMIC WELLBEING OF BBRSDA MEMBERS, SUPPORTING A SUSTAINABLE BRISTOL BAY COMMERCIAL FISHERY, AND PROVIDING THE HIGHEST QUALITY WILD SALMON PRODUCTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

- FOODSERVICE CONSULTING (THE FOCUS GROUP)
- BBFA EX-VESSEL PRICE
- BARTON SEAVER CHEF VIDEOS
- FACEBOOK DM ADS
- SOCKEYE STORIES (PRINT ADS)
- EXECUTED MARKETING PARTNERSHIPS WITH 13 CONTRACTED RETAIL PROMOTIONS AND 8 NON-CONTRACTED PROMOTIONS, IN A TOTAL OF 14 STORE CHAINS.
- ORGANIZED AND FACILITATED IN-STORE BBSS PROMOTIONS AT 807 RETAIL LOCATIONS FOR FRESH PROMOTIONS AND 1, 425 STORES FOR REFRESH PROMOTIONS. PROMOTIONS INCLUDED: RETAIL TRAINING WITH X RETAIL PARTNERS; DISTRIBUTION OF BBSS BRANDED ASSETS INCLUDING: RECIPE CARDS, POSTERS, APRONS, CASE CLINGS, ICE SPEARS, INFORMATIONAL CARDS, AND BRANDED APRONS; DEVELOPMENT OF CO-BRANDED PR ASSETS; AND SOCIAL MEDIA SUPPORT.
- ATTENDED 2 TRADE SHOWS: VIRTUAL SENA & VIRTUAL PME
- ATTENDED ASMI'S VIRTUAL ANNUAL ALL-HANDS (INDUSTRY) MEETING
- SPONSORED/PARTICIPATED IN 2 MARKETING EVENTS: SEAFOOD 101 & NORTHWEST FISHERIES ASSOCIATION
- BECAME MEMBERS OF PROFESSIONAL ASSOCIATIONS: FOOD MARKETING INSTITUTION, NATIONAL FISHERIES INSTITUTE, NORTHWEST FISHERIES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Public Inspection Copy

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization BRISTOL BAY REGIONAL SEAFOOD
DEVELOPMENT ASSOCIATION, INC.

Employer identification number
20-2660011

ASSOCIATION

- ADDED DIGITAL ASSETS TO ONLINE MEDIA LIBRARY
- SUPPORTED A CONSUMER FACING WEBSITE, INCLUDING A SALMON COOKING GUIDE, AS WELL AS A BBSS FACEBOOK AND INSTAGRAM PAGES
- CREATION OF NEW VIDEO AND PHOTOGRAPHY ASSETS HIGHLIGHTING THE FISHERY AND PRODUCT ATTRIBUTES OF BRISTOL BAY SOCKEYE SALMON.
- THE MARKETING COMMITTEE MET 9 TIMES IN SUPPORT OF THE MARKETING PROGRAM.
- FULFILLED 30+ ORDERS FROM DIRECT MARKETERS FOR BB SALMON RECIPE CARDS, STICKERS, STATIC CLINGS, AND ICE PACKS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

COULD BE LOST IF THE MINE IS BUILT,

--PRODUCTION SUPPORT OF A FORTHCOMING DOCUMENTARY FILM INVOLVING THE PEBBLE MINE,

--TV ADS EDUCATING ALASKA RESIDENTS ABOUT THE DANGERS OF THE PROPOSED MINE,

--LEGAL REPRESENTATION A LAWSUIT CHALLENGING THE ENVIRONMENTAL PROTECTION AGENCY'S WITHDRAWAL OF ITS PROPOSED DETERMINATION TO PROVIDE SAFEGUARDS FOR BRISTOL BAY SALMON HABITAT,

--LEGAL RESEARCH AND CONSULTING INVOLVING THE PROPOSED MINE PROJECT,

--STAKEHOLDER OUTREACH AND COMMUNICATION SUPPORT, AND

--FUNDING FOR CONSERVATION EASEMENTS IN THE LAKE ILIAMNA REGION.

- THE BOARD COMMITTED \$150,000 TO THE BRISTOL BAY FISHING COLLABORATIVE, A GROUP THAT ASSISTS THE ALASKA DEPT OF FISH & GAME TO CONDUCT SALMON ASSESSMENT PROJECTS AND OTHER SCIENTIFIC RESEARCH IN BRISTOL BAY. FISHERY MANAGEMENT WAS ALSO SUPPORTED BY PROVIDING \$115,000 FOR EXPANDED OPERATIONS IN THE PORT MOLLER TEST FISHERY. THESE

Public Inspection Copy

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization BRISTOL BAY REGIONAL SEAFOOD
DEVELOPMENT ASSOCIATION, INC.

Employer identification number
20-2660011

PROJECTS RESULTED IN BETTER INFORMATION ABOUT THE SALMON RUN TIMING AND
DESTINATION, AS WELL AS PROVIDING SUPPORT FOR FISHERY MANAGEMENT AND
RESOURCE SUSTAINABILITY.

- THE BOARD ALSO APPROVED FUNDING OF \$59,300 FOR A RESEARCH PROJECT
WHICH APPLIED MACHINE LEARNING AND ARTIFICIAL INTELLIGENCE APPLICATIONS
TO RUN FORECASTING MODELS OF BRISTOL BAY SOCKEYE SALMON.

- BOARD APPROVED FUNDING IN THE AMOUNT OF \$1,536,277 FOR THE
SUSTAINABILITY PROGRAM IN 2020.

- THE SUSTAINABILITY COMMITTEE MET 3 TIMES IN SUPPORT OF THE
SUSTAINABILITY PROGRAM.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

--FINANCIALLY SUPPORTED AN EFFORT TO BRING AN EXTRA ER DOCTOR TO THE
CAMAI CLINIC IN NAKNEK, ALASKA, DURING THE SEASON. ALSO SECURED A
DISCOUNT FOR MEDEVAC INSURANCE FOR MEMBERS.

--DUE TO THE COVID-19 PANDEMIC, WE HELD SEVERAL VIRTUAL MEETINGS FOR
MEMBERS AND HOSTED A VIRTUAL BOOTH AT THE 2020 PACIFIC MARINE EXPO
(WHICH WAS ALSO HELD VIRTUALLY).

--PROVIDED COMPREHENSIVE INFORMATION FOR MEMBERS ABOUT COVID-19 AID
PROGRAMS VIA OUR WEBSITE AND E-NEWSLETTER.

- EXECUTED AN ELECTION FOR TWO OPEN BOARD SEATS.

- OPENED AN ONLINE STORE TO SELL BRISTOL BAY SOCKEYE SALMON TO MEMBERS
AND OTHERS AT (OR ROUGHLY AT) COST, IN AN EFFORT TO EXPAND THE PRESENCE
OF OUR BRAND.

- SPONSORED THE "BRISTOL BAY FISHERIES REPORT" ON THE LOCAL RADIO
STATION IN DILLINGHAM (KDLG), AS WELL AS PSA'S ANNOUNCING BARGE TRAFFIC
TO ENHANCE FISHERMEN SAFETY.

- HELD A PHOTO CONTEST FOR BRISTOL BAY FISHERMEN TO SUPPORT MARKETING

Public Inspection Copy

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization BRISTOL BAY REGIONAL SEAFOOD
DEVELOPMENT ASSOCIATION, INC.

Employer identification number
20-2660011

EFFORTS AND GATHER MARKETING CONTENT.

- PUBLISHED MARKET INFORMATION TO THE BBRSDA WEBSITE FOR MEMBERS.
- PUBLISHED 10 ELECTRONIC NEWSLETTERS AND DISTRIBUTED TO MEMBERS.
- SURVEYED MEMBERSHIP ABOUT WHAT WERE THE BIGGEST PRIORITIES FOR THE FLEET.
- THE PUBLIC RELATIONS & OUTREACH COMMITTEE MET 7 TIMES IN SUPPORT OF THE PR & OUTREACH PROGRAM.
- BOARD APPROVED FUNDING FOR \$791,241 FOR ORGANIZATION AND ADMINISTRATION IN 2020.

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

QUALITY: TO IMPROVE QUALITY BY BUILDING THE CAPACITY AND DESIRE IN THE FLEET TO CHILL FISH AT THE POINT OF HARVEST AND ADOPT BEST HANDLING PRACTICES THE BBRSDA UNDERTOOK THE FOLLOWING EFFORTS FROM 1/1/20 TO 12/31/20:

- THE BOARD FUNDED 9 QUALITY PROJECTS IN 2020 WORTH \$213,446. THESE PROJECTS SUPPORTED:

- ADDITIONAL ICE PRODUCTION IN TWO DISTRICTS,
 - IMPROVED ICE DELIVERY IN INSULATED BAGS AND TOTES,
 - QUALITY AWARENESS INFORMATION SHARED WITH THE FLEET,
 - FISH QUALITY MONITORING AT THE POINT OF DELIVERY USING A NEW TECHNOLOGY, AND
 - ANALYSIS OF FISH QUALITY, CHILLING PERFORMANCE AND PRODUCT FORMS.
- THE BOARD REVIEWED AND APPROVED FUNDING FOR 14 QUALITY PROJECTS AND RELATED EXPENSES IN 2020 TOTALING \$499,500, INCLUDING PROJECTS TO FURTHER ICE PRODUCTION AND IMPROVE ICE DELIVERY AND INCREASE AWARENESS OF BEST HANDLING PRACTICES.

Public Inspection Copy

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization BRISTOL BAY REGIONAL SEAFOOD
DEVELOPMENT ASSOCIATION, INC.

Employer identification number
20-2660011

- THE QUALITY COMMITTEE MET 5 TIMES IN SUPPORT OF THE QUALITY PROGRAM.
EXPENSES \$ 256,225. INCLUDING GRANTS OF \$ 205,714. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

ALL FISHERMEN IN THE BRISTOL BAY DRIFTNET FISHERY WHO ARE PERMIT HOLDERS
(OTHER THAN THE SETNET FISHERMEN) PAY A SELF-IMPOSED TAX COLLECTED BY THE
STATE OF ALASKA, ARE VOTING MEMBERS OF THE ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 7A:

ALL MEMBERS HAVE THE RIGHT TO VOTE FOR THE GOVERNING BODY AND VOTE AT THE
ANNUAL MEETING.

FORM 990, PART VI, SECTION B, LINE 11B:

STAFF AND TREASURER REVIEW THE DRAFT FORM 990 AND RECOMMEND ANY REVISIONS.
CPA FIRM PRESENTS TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND APPROVAL
PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR ARE REQUIRED TO SUBMIT
ANNUAL FORMS DISCLOSING ANY POSSIBLE CONFLICT OF INTEREST. THEY ARE ALSO
REQUIRED TO DISCLOSE AT ANY TIME DURING THE YEAR WHEN A POSSIBLE CONFLICT
OF INTEREST DEVELOPS DUE TO THE ASSOCIATION ENTERING INTO, OR CONSIDERING,
NEW BUSINESS RELATIONSHIPS. MEMBERS OF THE BBRSDA BOARD ARE NOT PREVENTED
FROM PARTICIPATING IN PROGRAMS OFFERED TO BRISTOL BAY FISHERMAN BECAUSE
THEY ARE ON THE BOARD, VOTED TO ESTABLISH THE PROGRAM, OR OTHERWISE
PARTICIPATE IN PROGRAM ADMINISTRATION, SO LONG AS THEY ADHERE TO NORMAL
PROGRAM REQUIREMENTS MADE APPLICABLE TO ALL PARTICIPANTS. FURTHER, IF A
BOARD MEMBER PARTICIPATES IN SUCH A PROGRAM AFTER IT WAS ADVERTISED AND

Public Inspection Copy

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization BRISTOL BAY REGIONAL SEAFOOD
DEVELOPMENT ASSOCIATION, INC.

Employer identification number
20-2660011

MADE AVAILABLE TO ALL BRISTOL BAY FISHERMAN, THEN BOARD STATUS IS NOT RELEVANT TO PROGRAM PARTICIPATION AND A CONFLICT OF INTEREST NEED NOT BE DECLARED IN FURTHER DELIBERATIONS CONCERNING PROGRAM ADMINISTRATION.

FORM 990, PART VI, SECTION B, LINE 15A:

BOARD DISCUSSES THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE COMPENSATION DELIBERATION AND DECISION IS DOCUMENTED IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

BBRSDA POSTS ON ITS WEBSITE (OPEN TO THE PUBLIC) ITS ARTICLES OF INCORPORATION, ENABLING STATUTE, BYLAWS, BOARD MINUTES, APPROVED AUDITS, AND SUMMARY BUDGETS. IT CURRENTLY VIEWS ITS POLICIES AND PROCEDURES AS ITS OPERATIONAL POLICIES SO DOESN'T POST THOSE TO PUBLIC VIEW, THOUGH MEMBERS ARE PROVIDED THEM UPON REQUEST.

PART VIII LINE 1E:

IN MAY 2006 BRISTOL BAY DRIFTNET PERMIT HOLDERS VOTED PURSUANT TO ALASKA STATUTE 43.76.370 TO APPROVE A 1% SEAFOOD DEVELOPMENT TAX ON THE EX-VESSEL PRICE OF SEAFOOD SOLD, THE "ASSESSMENT", ON THEIR HARVESTS TO SUPPORT BBRSDA. THE TAX IS PAID THROUGH THE STATE OF ALASKA AND APPROPRIATED ANNUALLY AT THE DISCRETION OF THE ALASKA STATE LEGISLATURE TO BBRSDA AS A GRANT.

THE PASS THROUGH LOCAL OPTION TAX REVENUES APPROPRIATED FROM THE GENERAL FUND BY THE LEGISLATURE (SALMON DEVELOPMENT TAX) IS CONSIDERED FINANCIAL ASSISTANCE FOR PURPOSES OF PRESENTATION IN THE SCHEDULE OF STATE FINANCIAL ASSISTANCE AS REQUIRED BY THE STATE OF ALASKA AUDIT GUIDE AND COMPLIANCE SUPPLEMENT FOR STATE SINGLE AUDITS.

Public Inspection Copy

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization	BRISTOL BAY REGIONAL SEAFOOD DEVELOPMENT ASSOCIATION, INC.	Employer identification number	20-2660011
--------------------------	---	--------------------------------	------------

IN PREPARING THIS RETURN, BBRSDA HAS CLASSIFIED THE ASSESSMENT AS A
GOVERNMENTAL GRANT REPORTABLE ON LINE 1E AND NOT PROGRAM SERVICE
REVENUE REPORTABLE ON LINE 2, PURSUANT TO EXAMPLES 1 AND 2 ON PAGE 39
OF THE INSTRUCTIONS FOR THE 2020 FORM 990.