PUBLIC INSPECTION COPY

(Rev. January 2020) Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

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

and ending

OMB No. 1545-0047 Open to Public Inspection

B	Check if applicable	BRISTOL BAY REGIONAL SEAFOOD	D Emp	oloyer identifi	cation number
	□Addres □change □Name	DEVELOPMENT ASSOCIATION, INC.	\dashv ,	0 06600	1 1
	_]change □Initial	<u> </u>		0-26600	
	return Final _return/	Number and street (or P.0. box if mail is not delivered to street address) Room/s 3705 ARCTIC BLVD #1188		phone numbe 907) 67	7-2371
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross	receipts \$	3,223,768.
L	☐Amend return ☐Applica	ANCHORAGE, AK 99303		this a group re	
	tion pending	F Name and address of principal officer:AND1 WINT		r subordinates	
_		SAME AS C ABOVE mot status: 501(c)(3) X 501(c) (6) 4947(a)(1) or 4947(a)(1) or 6 6 6 6 6 6 6 6 6			ncluded? Yes No
		mpt status: 501(c)(3) _X 501(c)(6) ◀ (insert no.) 4947(a)(1) or e: ► WWW.BBRSDA.COM			list. (see instructions)
				roup exemptio	n number ► 1 State of legal domicile: AK
		Summary	real of formali	UII. 2005 N	A State of legal domicile. Att
		Briefly describe the organization's mission or most significant activities: TO MAXIM	ITZE TH	E VALUE	ОЕ ТНЕ
Governance]	BRISTOL BAY FISHERY FOR THE BENEFIT OF ITS M	EMBERS	BY FOC	USING ON
/err	1	Check this box if the organization discontinued its operations or disposed of r		I _	
ő	1	Number of voting members of the governing body (Part VI, line 1a)			7
⋖ŏ		Number of independent voting members of the governing body (Part VI, line 1b)			5
ţį		Fotal number of individuals employed in calendar year 2019 (Part V, line 2a)			20
Activities		Fotal number of volunteers (estimate if necessary)			0.
Ā		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 39			0.
	, D 1	vet unrelated business taxable income norm of orm 990-1, line 39		r Year	Current Year
•	8 (Contributions and grants (Part VIII, line 1h)		71,287.	2,985,137.
nue	1	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		62,209.	84,053.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		34,031.	-10,722.
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		67,527.	3,058,468.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,1	06,968.	1,436,687.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2	75,632.	310,010.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	1	Fotal fundraising expenses (Part IX, column (D), line 25)			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		06,732.	
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		89,332.	2,281,474.
	19 F	Revenue less expenses. Subtract line 18 from line 12		78,195.	776,994.
Net Assets or Fund Balances		5 /B /		f Current Year	End of Year 5, 233, 125.
Sse Bala	20	Fotal assets (Part X, line 16)		76,952. 32,420.	111,599.
Vet /	21 7	Fotal liabilities (Part X, line 26)		$\frac{32,420.}{44,532.}$	5,121,526.
P	22 1 art	Net assets or fund balances. Subtract line 21 from line 20	1 1,5	11,552.	3,121,320.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and	to the best of m	v knowledge and belief, it is
	•	and complete. Declaration of preparer (other than officer) is based on all information of which prepare	-		,,
			,		
Sig	n	Signature of officer		Date	
Her		ANDY WINK, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Paid	d į	AUDREY M. LANCE, CPA andrey M. Lance, CPI	9/18/20	oon omploy	
	- +	Firm's name THOMAS, HEAD & GREISEN, PC		Firm's EIN 🕨	92-0043874
Use	Only	Firm's address 1400 WEST BENSON BLVD., 400		_	
		ANCHORAGE, AK 99503-3683		Phone no. (9	07)272-1571
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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?
	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 \$ 772,142. including grants of \$ 544,085.) (Revenue \$) MARKETING: TO CONDUCT MARKETING AND PROMOTION. FROM 1/1/19 TO 12/31/19,
	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:
	- BOARD FUNDED 6 MARKETING PROJECTS IN 2019 AND APPROVED 10 NEW AND
	CONTINUING MARKETING PROJECTS FOR 2020 TOTALING \$1,343,544 (INCLUDING
	PROGRAM SUPPORT EXPENSES). THESE PROJECTS FUNDED EFFORTS TO EXPAND BBSS
	BRAND REACH, PROMOTE BBSS IN THE DOMESTIC RETAIL ENVIRONMENT, AND
	RESEARCH MARKET CONDITIONS.
	- EXECUTED MARKETING PARTNERSHIPS WITH 10 RETAILERS.
	- ORGANIZED AND FACILITATED IN-STORE BBSS PROMOTIONS AT 1,356 RETAIL
	LOCATIONS THROUGH: ONSITE RETAIL TRAINING WITH 17 RETAIL PARTNERS;
4b	(Code:) (Expenses \$ 726,456 • including grants of \$ 587,511 •) (Revenue \$)
710	SUSTAINABILITY: TO HELP ENSURE THE BIOLOGICAL SUSTAINABILITY OF THE
	BRISTOL BAY SALMON FISHERY, BBRSDA UNDERTOOK THE FOLLOWING
	SUSTAINABILITY EFFORTS FROM 1/1/19 TO 12/31/19:
	- 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:
	- SEVERAL TECHNICAL PROJECTS PROVIDING A REVIEW AND ANALYSIS OF THE
	PEBBLE MINE PROJECT DRAFT EIS; ESTIMATE OF DOWNSTREAM CONSEQUENCES OF A
	TAILINGS DAM FAILURE; LEGAL RESEARCH REGARDING APPLICABLE NEPA LAW AND
4c	(Code:) (Expenses \$
	QUALITY: TO IMPROVE QUALITY BY BUILDING THE CAPACITY AND DESIRE IN THE
	FLEET TO CHILL AT THE POINT OF HARVEST AND ADOPT BEST HANDLING
	PRACTICES THE BBRSDA UNDERTOOK THE FOLLOWING EFFORTS FROM 1/1/19 TO
	12/31/19:
	- THE BOARD FUNDED 8 QUALITY PROJECTS IN 2019 WORTH \$424,000. THESE
	PROJECTS SUPPORTED ADDITIONAL ICE PRODUCTION AND IMPROVED ICE DELIVERY, A QUALITY AWARENESS CAMPAIGN, AN ANALYSIS OF THE LEVEL OF CHILLED FISH
	REACHING PROCESSORS IN 2019, AND DISCOUNTED RSW UNITS FOR RESALE.
	- THE BOARD REVIEWED AND APPROVED FUNDING FOR 14 QUALITY PROJECTS AND
	RELATED EXPENSES IN 2020 TOTALING \$466,667, INCLUDING PROJECTS TO
	FURTHER ICE PRODUCTION AND IMPROVE ICE DELIVERY AND INCREASE AWARENESS
	OF BEST HANDLING PRACTICES.
40	Other program services (Describe on Schedule O.) (Expenses \$ 273,416 • including grants of \$ 58,081 •) (Revenue \$)
40	(Expenses \$ 2/3,416 • including grants of \$ 58,081 •) (Revenue \$) Total program service expenses ► 2,069,418 •
70	Form 990 (2019)

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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	,		
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
ام	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_ v
40	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,"	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
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	Х	

Part IV Checklist of Required Schedules (continued)

	onestalet of required continued/		Vaa	Na
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	Yes X	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		х
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 70	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
·	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		İ
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			İ
	Schodula I Part I	25b		İ
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			İ
	and the state of t	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			İ
	entity (including an employee thereof) 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	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in non-cash contributions <i>in res</i> , complete schedule will bid the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		x
31	contributions? If "Yes," complete Schedule M 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	31		
32	Schodulo N. Part II	32		x
22		32		
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	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		х
25.2	D. 1	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		İ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
55	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	-30		
0,	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?	ٽ'		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	55 556666 6 Gordania a roopondo or rioto to airy into in tino i air v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23		163	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Х	
93200	4 01-20-20			(2019)

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

			Yes	No
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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).			37
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
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0-		Х
	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under costion 170(s)	6b		
7	Organizations that may receive deductible contributions under section 170(c). 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		
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
·	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.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
a	Gross income from other sources (Do not net amounts due or paid to other sources against			
192	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
С	Enter the amount of reserves on hand			
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 on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			7-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	F-	000	(2019)
		Form		ı zıı ıu\

20-2660011 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					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7								
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		Х					
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?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5									
6	Did the organization have members or stockholders?	6	Х						
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	Х						
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		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
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	9		Х					
Sec	tion 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		Х					
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	Х						
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	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14	Х						
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?								
а	The organization's CEO, Executive Director, or top management official	15a	Х	<u> </u>					
b	Other officers or key employees of the organization	15b		Х					
	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							
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
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	/) avail	able					
	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, an	d fina	ncial						
	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								
	161 KLEVIN STREET, SUITE 101, ANCHORAGE, AK 99508								

Form 990 (2019)

DEVELOPMENT ASSOCIATION, INC.

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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ANDREW WINK	50.00	-		,,				140 000	_	0
EXECUTIVE DIRECTOR	2 00			Х				140,000.	0.	0.
(2) FRITZ JOHNSON	2.00	. ,		\ \ \				4 500	0	0
PRESIDENT	2 00	Х		Х				4,500.	0.	0.
(3) MICHAEL JACKSON VICE PRESIDENT	2.00	X		x				6,600.	0.	0.
(4) LARRY CHRISTIENSEN	2.00	^		^				0,000.	0.	<u> </u>
SECRETARY/TREASURER	2.00	X		x				5,250.	0.	0.
(5) REBA TEMPLE	2.00			<u> </u>				3,230.	0.	
DIRECTOR	2.00	x						1,800.	0.	0.
(6) PATRICK O'NEILL	2.00							1,000	•	
DIRECTOR		x						2,700.	0.	0.
(7) NELS URE	2.00							,		
DIRECTOR		Х						2,850.	0.	0.
(8) TIM COOK	2.00									
DIRECTOR		Х						4,854.	0.	0.
(9) MICHAEL FRICCERO	2.00									
DIRECTOR		Х						1,800.	0.	0.
(10) LANGE SOLBERG	2.00									
DIRECTOR		Х						1,500.	0.	0.
(11) ANTHONY WOOD	2.00								_	
DIRECTOR		Х						600.	0.	0.
(12) HANS RODVIK	2.00							000		•
DIRECTOR		Х						900.	0.	0.
		-								
		1								
		1								
			\vdash	\vdash			-			
		1								
		1								
000007 04 00 00	<u> </u>					_		<u> </u>		Form 990 (2010)

Form **990** (2019)

Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per	(do box	Position not check more than one t, unless person is both an cer and a director/trustee)					(D) Reportable compensation	(E) Reportable compensation		(F) Estimata mount	
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated supply so	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS0	C) or	other mpensa from th ganiza nd rela ganizat	ation ne tion ted
											_		
1b S	Subtotal							▶	173,354.		0.		0.
сТ	otal from continuation sheets to Part V	II, Section A						ightharpoons	0.		0.		0.
	otal (add lines 1b and 1c)								173,354.		0.		0.
	otal number of individuals (including but rompensation from the organization	iot iiriited to tr	iose	IISLE	eu ai	DOV	e) wi	10 10	eceived more than \$100	,,000 of reportable	ļ		1
												Yes	No
	oid the organization list any former officer,		-	•		•	-	_	•	•			
	ne 1a? If "Yes," complete Schedule J for s										3		X
	or any individual listed on line 1a, is the sund related organizations greater than \$15	=		-					· · · · · · · · · · · · · · · · · · ·	the organization	4		x
	old any person listed on line 1a receive or									idual for services			
	endered to the organization? If "Yes," com	•				,					5		Х
Section	on B. Independent Contractors												
	Complete this table for your five highest co ne organization. Report compensation for	-								· · · · · · · · · · · · · · · · · · ·	ensation	ı from	
	(A) Name and business	,			<u> </u>				(B) Description of s			(C) ensatio	on
RISI	ING TIDE COMMUNICATION		W		7 T I	H		_	STRATEGIC MA				-
	TUE SUITE 215, ANCHOR	-						- 1	SERVICES		4.5	98,3	42.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 4

701 W 8TH AVE UNIT 700, ANCHORAGE, AK 99501 LEGAL SERVICES

BRISTOL BAY SCIENCE AND RESEARCH INSTITUTE

P.O. BOX 1464, DILLINGHAM, AK 99576

P.O. BOX 1252 , DILLINGHAM, AK 99576

LAW OFFICES OF HOLMES WEDDLE & BARCOTT

UNITED TRIBES OF BRISTOL BAY

Form **990** (2019)

281,095.

164,188.

112,739.

Form 990 (2019)

SALMON ASSESSMENT &

OUTREACH AND

PMTF SECOND VESSEL F

EDUCATIONAL ACTIVITI

						ASSOCIATI	ON, INC.		20-2660	011 Page 9
Pa	π	VIII	_				and the land Devik VIIII			
			Check if Schedule O o	contair	is a response	e or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f		ibutior grants, above	1b	,985,137.	2,985,137.			
Program Service Revenue	2	a b c d e f	All other program service Total. Add lines 2a-2f	revenu	ne	Business Code				
Other Revenue	8	a b c d a b c a b c	Investment income (include other similar amounts)	f tax-e 6a 6b 6c 7a 7b 7c Inne 1c fundra g activ gaming ess ref	(i) Real (i) Real (ii) Securities tts (not of c). See at at sities. See g activities turns	rest, and proceeds (ii) Personal (ii) Other	84,053.			84,053.
Miscellaneous Revenue	11	a b c	and allowances Less: cost of goods sold Net income or (loss) from OTHER INCOME	sales o	of inventory	Business Code 900009	-11,345.			
Ξ			All other revenue Total. Add lines 11a-11d				623.			
	12		Total revenue. See instruction				3,058,468.	-10,722.	0.	84,053.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 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	1,429,487.	1,429,487.		·
•	and domestic governments. See Part IV, line 21	1,423,407.	1,423,407.		
2	Grants and other assistance to domestic	7,200.	7,200.		
•	individuals. See Part IV, line 22	7,200•	7,200.		
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				
4 5	Compensation of current officers, directors,				
3	trustees, and key employees	140,000.	107,917.	32,083.	
6	Compensation not included above to disqualified	110,000	10775176	3270031	
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	146,723.	94,948.	51,775.	
8	Pension plan accruals and contributions (include		2 - , 2 - 0 •	32,7,00	
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	23,287.	16,268.	7,019.	
11	Fees for services (nonemployees):	==,==;	= 0 , = 0 0 0	.,	
	Management				
b	Legal	114,387.	114,387.		
c	Accounting	46,783.	,	46,783.	
d		,		, , ,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
J	column (A) amount, list line 11g expenses on Sch O.)	41,908.	34,071.	7,837.	
12	Advertising and promotion	15,394.	15,394.		
13	Office expenses	15,150.	9,272.	5,878.	
14	Information technology	4,315.	1,015.	3,300.	
15	Royalties				
16	Occupancy	15,368.	9,600.	5,768.	
17	Travel	35,317.	15,671.	19,646.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	136,137.	112,533.	23,604.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			_	
23	Insurance	5,087.		5,087.	
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 0.)				
а	POINT OF SALE / RETAIL	92,400.	92,400.		
b	PRINTING AND NEWSLETTER	12,531.	9,255.	3,276.	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,281,474.	2,069,418.	212,056.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

Form 990 (2019)

Part X | Balance Sheet

Par	rt 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
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	4,304,437.	2	5,152,813.
	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			
				6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	165,300.	8	0.0 210
^	9	Prepaid expenses and deferred charges	7,215.	9	80,312.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
		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	F 000 10F
	16	Total assets. Add lines 1 through 15 (must equal line 33)	11 11	16	5,233,125.
	17	Accounts payable and accrued expenses		17	40,591. 71,008.
	18	Grants payable		18	71,008.
	19	Deferred revenue		19	0.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
pili		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	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			
				25	
	26	of Schedule D Total liabilities. Add lines 17 through 25	132,420.	26	111,599.
\dashv	20	Organizations that follow FASB ASC 958, check here ▶ X	=========	20	
ès		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	4,344,532.	27	5,121,526.
Bal	28	Net assets with donor restrictions		28	, ,
pu		Organizations that do not follow FASB ASC 958, check here			
교		and complete lines 29 through 33.			
Š	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances		32	5,121,526.
~ '		Total liabilities and net assets/fund balances		33	5,233,125.

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25)

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

2 3

Part XI Reconciliation of Net Assets

20	-2660011 Page 12
1	3,058,468.
2	2,281,474.
3	776,994.
4	4,344,532.
5	
6	
7	
8	

Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 8 Prior period adjustments 0. Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 5,121,526. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Lash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 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 Х Act and OMB Circular A-133? За 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 Form 990 (2019)

932012 01-20-20

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

•	(see separate instructions), then	tioner Consulate Boot III			
	Section 501(c)(4), (5), or (6) organizate of organization BRISTOL	BAY REGIONAL SE	AFOOD	Fmn	loyer identification number
· •aiii	•	MENT ASSOCIATION			20-2660011
Pai	rt I-A Complete if the org	ganization is exempt und	ler section 501(c)	or is a section 527 of	
		, <u>,</u>			J
1	Provide a description of the organiz	vation's direct and indirect politic	cal campaign activities i	in Part IV	
	Political campaign activity expendit				8
	Volunteer hours for political campai				·
Pai	rt I-B Complete if the org	ganization is exempt und	ler section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶ 9	S
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955	· ▶ 9	<u> </u>
3	If the organization incurred a section	n 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.			1 1' 504	() (0)
	rt I-C Complete if the org	<u> </u>		•	· /· /
	Enter the amount directly expended				
	Enter the amount of the filing organ		~		
	exempt function activities				<u> </u>
	Total exempt function expenditures			,	
	line 17b				
	Did the filing organization file Form				
	Enter the names, addresses and er	· · ·		-	
	made payments. For each organiza contributions received that were pr				
	political action committee (PAC). If			•	ate segregated fund of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(C) EIIN	filing organization's	contributions received and
				funds. If none, enter -0	
					delivered to a separate political organization.
					If none, enter -0
		1			

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019 Part II-A Complete if the org						2660011 Page 2 election under
section 501(h)). A Check if the filing organiza expenses, and sha	•	ū		n Part IV each affiliated	group member's nar	ne, address, EIN,
B Check if the filing organiza		, .	•	ovisions apply.		
	ts on Lobbyin	g Expenditure	6		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public o	oinion (grassro	ots lobbvina)			
b Total lobbying expenditures to infli						
c Total lobbying expenditures (add I						
d Other exempt purpose expenditure						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) o	or (b) is:	The lobbying n	ontaxable am	ount is:		
Not over \$500,000	2	20% of the amo	ount on line 1e.			
Over \$500,000 but not over \$1,00	0,000	3100,000 plus	15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	3175,000 plus	10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	3225,000 plus	5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	(31,000,000.				
g Grassroots nontaxable amount (er	nter 25% of line	e 1f)				
h Subtract line 1g from line 1a. If zer	o or less, enter	-0-				
i Subtract line 1f from line 1c. If zero	o or less, enter	-0-				
j If there is an amount other than ze	ero on either line	e 1h or line 1i, o	did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
(Some organizations t	hat made a se	ction 501(h) el	ection do not	Section 501(h) have to complete all nes 2a through 2f.)	of the five columns I	below.
	Lobbying	Expenditures	During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	; (b) 2017	(c) 2018	(d) 2019	(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))						

Schedule C (Form 990 or 990-EZ) 2019

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed descri	ption	(a)		(b)
of the lobbying activity.		Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, sta	ate, or				
local legislation, including any attempt to influence public opinion on a legislative m					
or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c	through 1i)?				
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative boo					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar					
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 50.					
b If "Yes," enter the amount of any tax incurred under section 4912c If "Yes," enter the amount of any tax incurred by organization managers under sec					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this ye					
Part III-A Complete if the organization is exempt under section 5		501(c)(5). or se	ction	
501(c)(6).		` ` ` ` ` ` `	,,		
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				Х	
3 Did the organization agree to carry over lobbying and political campaign activity ex					X
Part III-B Complete if the organization is exempt under section 5					
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2,	are answered "	No" OR	(b) Part	III-A, lin	e 3, is
answered "Yes."			1.		
1 Dues, assessments and similar amounts from members			1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include a	amounts of politica	ı			
expenses for which the section 527(f) tax was paid).			20		
a Current year					
b Carryover from last year c Total					
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section			···		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what					
does the organization agree to carryover to the reasonable estimate of nondeducti					
expenditure next year?			4		
5 Taxable amount of lobbying and political expenditures (see instructions)			5		
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 lis	st); Part II-	A, lines 1 a	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 REC	EIVED FUND	S FROI	M THE	STATE	OF
ALASKA. PURSUANT TO REV. PROC. 98-19, FOR TH	E PURPOSE	OF ME	ETING	THE	
DECLIDEMENTS OF THE GROWTON (022/E)/2\ MILE A	MOIINMA DED	ODMED	ONT C	AII DIII	ם בו
REQUIREMENTS OF IRC SECTION 6033(E)(3) THE A	MOUNTS KEP	OKJED	ON S	CHEDOT	<u>т</u> р
PART 1, LINES 1 AND 2 ARE CONSIDERED (SIMILA	D VMULLYIMG	Δ C 7	DECIT	T.T. OE	
LVI I' HIMES I WIN 7 WE CONSIDERED (SIMILIA	V WHOOMID)	AS A	VESO	DI OF	
MEETING THE 90% TEST SET FORTH IN SECTION 4.	03 OF THE	REVEN	UE PR	OCEDUR	RE.
				990 or 990	

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BRISTOL BAY REGIONAL SEAFOOD DEVELOPMENT ASSOCIATION, INC.

Employer identification number 20-2660011

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, line		·
		(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 \boldsymbol{v}	vriting that the assets held in donor adv	vised 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 ac	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpos	se conferring
	impermissible private benefit?		Yes No
Par	1		, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreated)	tion or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	•	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	-	-
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	vation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial state	ments that describes the
Dav	organization's accounting for conservation easements.	Art Historical Transcript	Other Cinciles Assets
Par			Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in ful	rtherance of public service,
	provide the following amounts relating to these items:		. .
	(i) Revenue included on 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 trea		cial gain, provide
	the following amounts required to be reported under FASB A	-	
	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		▶ \$

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

Schedule D (Form 990) 2019

		ENT ASSOC	-			20-26			age 2
Par	t III Organizations Maintaining Co	llections of Ar	t, Historical T	reasures, or Of	her S	imilar Asse	ts(conti	nued)	
3	Using the organization's acquisition, accessio	n, and other record	s, check any of th	e following that mak	e signif	icant use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or ex	change program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's col	ections and explair	n how they further	the organization's e	xempt	purpose in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations o	of art, historical tre	asures, or other sim	ilar ass	ets			
	to be sold to raise funds rather than to be mai	ntained as part of t	he organization's	collection?			Yes		☐ No
Par	t IV Escrow and Custodial Arrang	ements. Comple	ete if the organizat	on answered "Yes"	on Forr	n 990, Part IV,	line 9, o	r	
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for contribution	ons or other assets i	not inclu	uded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a				_				
							Amour	nt	
С	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo						Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has bee	n provided on Part	XIII				
Par	t V Endowment Funds. Complete if	he organization an	swered "Yes" on F	orm 990, Part IV, lir	ie 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) [⊺]	hree years back	(e) Fou	r years	back
1a	Beginning of year balance	2,814,470.	2,596,424	2,466,942	?.	2,185,616.	2	,419	,309.
b	Contributions	746,284.	542,821	384,722	?.	272,861.		465	252.
С	Net investment earnings, gains, and losses	61,574.	45,225	19,760	١.	8,465.		1	,055.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	248,382.	370,000	275,000	١.			700	,000.
f	Administrative expenses								
g	End of year balance	3,373,946.	2,814,470	2,596,424	١.	2,466,942.	2	,185	,616.
2	Provide the estimated percentage of the curre		e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment	100.00	_%						
b	Permanent endowment	%							
С	Term endowment ▶								
	The percentages on lines 2a, 2b, and 2c shou	d equal 100%.							
3a	Are there endowment funds not in the posses	sion of the organiza	ation that are held	and administered for	r the or	ganization			
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations								Х
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	ed on Schedule R	?			3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipme	ent.							
	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11a.	See Form 990, Parl	X, line	10.			
	Description of property	(a) Cost or of	ther (b) Cos	st or other (c	Accum	nulated	(d) Boo	k valu	е
		basis (investn	nent) basis	s (other)	depreci	ation			
1a	Land								
b	Buildings								
	Leasehold improvements								
	Equipment								
	Other								

Schedule D (Form 990) 2019

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

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of		•	
(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)			
(d) (H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)	. ,	<u> </u>	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	>	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	05.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide		_	· —
organization's liability for uncertain tax positions under	FASD ASC 740. CNECK N	iere ii trie text of the foothote nas been pr	OVIDED III PART AIII L

932053 10-02-19

Schedule D (Form 990) 2019

	BRISTOL BAY REGIONAL SE				
Schedule [D (Form 990) 2019 DEVELOPMENT ASSOCIATION				2660011 Page 4
Part XI	Reconciliation of Revenue per Audited Financial State	tements With	Revenue per R	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1 Total	revenue, gains, and other support per audited financial statements			1	3,223,768.
	unts included on line 1 but not on Form 990, Part VIII, line 12:				
	unrealized gains (losses) on investments				
b Dona	ated services and use of facilities	2b			
	overies of prior year grants		165 200		
	r (Describe in Part XIII.)	2d	165,300.		165 200
	lines 2a through 2d			2e	165,300.
	ract line 2e from line 1			3	3,058,468.
	unts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	stment expenses not included on Form 990, Part VIII, line 7b				
	er (Describe in Part XIII.)	4b			0
	lines 4a and 4b			4c	0.
	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5 Dot:::	3,058,468.
Part All	Reconciliation of Expenses per Audited Financial Sta		i Expenses per	Retu	m.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				2,446,774.
	expenses and losses per audited financial statements			1	2,440,774.
	unts included on line 1 but not on Form 990, Part IX, line 25:	اما			
	ated services and use of facilities				
	year adjustments				
	r losses		165,300.		
	r (Describe in Part XIII.)		•	0-	165,300.
	lines 2a through 2d			2e 3	2,281,474.
	ract line 2e from line 1			3	2,201,474.
	unts included on Form 990, Part IX, line 25, but not on line 1:	40			
	stment expenses not included on Form 990, Part VIII, line 7b				
	er (Describe in Part XIII.) lines 4a and 4b	"		10	0.
	lines 4a and 4b I expenses. Add lines 3 and 4c. <i>(This must equal Form 990, Part I, line</i> 18			4c	2,281,474.
	Supplemental Information.	<i>)-)</i>		<u> </u>	2,201,171
	e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l· Part IV lines 1h	and 2h: Part V line	1· Part	X line 2: Part XI
	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	,	, ,	т, ган	A, III C Z, I alt Ai,
mics zu an	d 45, and 1 art Air, lines 2d and 45. Also complete this part to provide an	iy additional imon	nation.		
PART V	V, LINE 4:				
	, , =====				
THE BO	DARD HAS ESTABLISHED A DESIGNATED FU	ND FOR TH	E PURPOSE	OF I	ENSURING
THAT :	THE ASSOCIATION HAS OPTIONS IRRESPECT	TIVE OF T	HE OUTCOME	OF	ANY ONE
SEASO	N. THE BOARD HAS DESIGNATED UP TO 25	% OF THE	ASSESSMENT	REV	/ENUE
COLLE	CTED BY THE STATE OF ALASKA TO BE HE	LD FOR TH	E BUDGET R	ESEI	RVE EACH
YEAR.					
PART 2	XI, LINE 2D - OTHER ADJUSTMENTS:				
					4.5
COST	OF RSW INVENTORY UNITS SOLD				165,300.
מתעת	VII IINE OD OMIED ADTIGOVENIO				
LAKI Y	XII, LINE 2D - OTHER ADJUSTMENTS:				

24

Schedule D (Form 990) 2019

165,300.

COST OF RSW INVENTORY UNITS SOLD

SCHEDULE I (Form 990)

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

2019

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

DEVELOPME	ENT ASSOC	IATION, INC.	•				20-2660011
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's pr 	istance?						
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Part	: IV, line 21, for any
recipient that received more than						,	•
(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
BIG CREEK FISHERIES, LLC 3900 RAILYWAY AVENUE EVERETT, WA 98201	91-1142417		37,039.	0.			ICE MACHINE AND ICE TOTES
BRISTOL BAY FISHERMEN'S ASSOCIATION - P.O. BOX 60131 - SEATTLE, WA 98160	94-1618416		12,500.	0.			LEGAL ASSISTANCE
BRISTOL BAY SCIENCE & RESEARCH INSTITUTE - P.O. BOX 1464 - DILLINGHAM, AK 99576	92-0168036	501(C)(3)	281,095.	0.			VARIOUS SALMON RESEARCH AND SUSTAINABILITY PROJECTS
CITY OF PILOT POINT P.O. BOX 430 PILOT POINT, AK 99649	92-0140460		53,106.	0.			ICE MACHINE PROJECT
COASTWISE PRESS, LLC P.O. BOX 11609 OLYMPIA, WA 98508	02-2460381		17,500.	0.			CAPT'N JACK'S ALMANAC
CROOKED FOOTPRINT PRODUCTIONS 5992 N NODDING AVENUE PALMER, AK 99645	84-1814504		9,500.	0.			PROMOTIONAL VIDEOS
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	and government o		he line 1 table				

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

BRISTOL BAY REGIONAL SEAFOOD

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art 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
E&E FOODS							
801 S FIDALGO STREET							
SEATTLE, WA 98108	81-3259090		16,200.	0.			INSULATED TOTES PROJECT
FAEGRE DRINKER	01 3233030		10,200.				INSCENTED TOTED TROOPER
2200 WELLS FARGO CENTER, 90 S							
SEVENTH STREET - MINNEAPOLIS, MN							PEBBLE MINE
55402	41-0244008		20,000.	0.			REPRESENTATION PROJECTS
	41-0244000		20,000.	· ·			REFRESENTATION FROUECIS
ICICLE SEAFOOD							
4019 21ST AVE W							
SEATTLE, WA 98199	92-0032180		10,323.	0.			ICE BAG PROJECT
BEATTHE, WA JOLIJA	32 0032100		10,323.				TCE BAG TROUBET
KDLG							
P.O. BOX 670							
	99-0031132		35,000.	0.			FISHERIES REPORT PROJECT
DILLINGHAM, AK 99576	33-0031132		33,000.	· ·			FISHERIES REPORT PRODECT
MRJ AND ASSOCIATES							
2313 ORELANS DRIVE							
	65-0731908		60,000.	0.			RETAIL CHAIN PROMOTIONS
TALLAHASSEE, FL 32308	05-0731908		80,000.	٠.			RETAIL CHAIN PROMOTIONS
NODBUEDN ECONOMICS							
NORTHERN ECONOMICS							
880 H STREET, SUITE 210	92-0162195		13 000	0.			DDOGEGGOD GUDYEY DDOTEGE
ANCHORAGE, AK 99501	92-0162195		13,000.	<u>.</u>			PROCESSOR SURVEY PROJECT
NODWIEDN DETNOTES GO TNO							
NORTHERN PRINTING CO, INC.							
5701 SILVERADO WAY, SUITE K	00 0034003		6 405				DOINE OF GALE PROTECTE
ANCHORAGE, AK 99518	92-0034823		6,495.	0.			POINT OF SALE PROJECTS
OGEAN DEALINY GEAROODS							
OCEAN BEAUTY SEAFOODS							
P.O. BOX 70739	20 0000430		42.054				TOT DADOT DESTROY
SEATTLE, WA 98127	20-8899430		43,251.	0.			ICE BARGE PROJECTS
DEADL DAY GEAROODS 113							
PEARL BAY SEAFOODS, LLC							
P.O. BOX 1278	00 4000015		1.5 0.5-	_			
HOMER, AK 99603	82-4200945		16,275.	0.			ICE DISTRIBUTION PROJECT

BRISTOL BAY REGIONAL SEAFOOD

DEVELOPMENT ASSOCIATION, INC. Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (f) Method of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant cash grant organization or government if applicable non-cash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) RISING TIDE COMMUNICATIONS 430 W. 7TH AVENUE SUITE 21 VARIOUS MARKETING ANCHORAGE, AK 99501 47-2620897 476,141 0 PROJECTS SALMON STATE 1201 CONNECTICUT AVENUE NW. SUITE PEBBLE MINE DRAFT ESI WASHINGTON, DC 20036 20-5806345 8,883 0 TECHNICAL REVIEW THE NATURE CONSERVANCY HYDROLOGICAL MODEL OF POTENTIAL PEBBLE MINE 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 22203 53-0242652 501(C)(3) 93,644 0 TAILING DAM FAILURES TRIDENT SEAFOODS 5303 SHILSHOLE AVENUE NW ICE BARGE TO IMPROVE SEATTLE, WA 98107 47-0702463 10,000 0 DUALITY OF SALMON UNITED TRIBES OF BRISTOL BAY PEBBLE OUTREACH AND P.O. BOX 1252 PERMITTING PROCESS ENGAGEMENT DILLINGHAM, AK 99576 30-0785358 0 164,188,

Schedule I (Form 990) (2019)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 2	2.
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 noncash assistance
UNDING FOR RESEARCH RELATING TO PEBBLE MINE					
PACTS	1	7,200.	0.	FMV	
Part IV Supplemental Information. Provide the information					

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.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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

OMB No. 1545-0047

Inspection

Name of the organization

BRISTOL BAY REGIONAL SEAFOOD DEVELOPMENT ASSOCIATION,

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:

FISHERMEN SUPPORTED COOKING DEMOS; DISTRIBUTION OF BBSS BRANDED ASSETS POSTERS, APRONS, CASE CLINGS, INCLUDING: RECIPE CARDS, ICE SPEARS, INFORMATIONAL CARDS, AND BRANDED APRONS; DEVELOPMENT OF CO-BRANDED PR ASSETS; AND SOCIAL MEDIA SUPPORT.

- ATTENDED 2 TRADE SHOWS: BOSTON SEAFOOD SHOW & PME
- ATTENDED ASMI'S ANNUAL ALL-HANDS (INDUSTRY) MEETING
- SPONSORED/PARTICIPATED IN 2 MARKETING EVENTS: SEAFEAST AND SEAFOOD

101

- ADDED DIGITAL ASSETS TO ONLINE MEDIA LIBRARY
- SUPPORTED A CONSUMER FACING WEBSITE, AS WELL AS A BBSS FACEBOOK AND

INSTAGRAM PAGES

COMMISSIONED SOCKEYE MARKET REPORTS AND PRESENTATIONS AT MEMBER

MEETINGS

- CREATION OF NEW VIDEO AND PHOTOGRAPHY ASSETS HIGHLIGHTING THE FISHERY AND PRODUCT ATTRIBUTES OF BRISTOL BAY SOCKEYE SALMON.
- THE MARKETING COMMITTEE MET 5 TIMES IN SUPPORT OF THE MARKETING

PROGRAM.

FULFILLED 27 ORDERS FROM DIRECT MARKETERS FOR BB SALMON RECIPE CARDS, STICKERS, STATIC CLINGS, AND ICE PACKS.

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

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization BRISTOL BAY REGIONAL SEAFOOD **Employer identification number** DEVELOPMENT ASSOCIATION, INC. 20-2660011 FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: EIS REQUIREMENTS; LEGAL ASSISTANCE IN DRAFTING AND SUBMITTING PUBLIC COMMENT TO THE U.S. ARMY CORPS OF ENGINEERS PERTAINING TO THE DRAFT EIS; AND A LAWSUIT CHALLENGING THE ENVIRONMENTAL PROTECTION AGENCY'S WITHDRAWAL OF ITS PROPOSED DETERMINATION TO PROVIDE SAFEGUARDS FOR BRISTOL BAY SALMON HABITAT. - THE BOARD COMMITTED \$185,000 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 \$100,000 FOR EXPANDED OPERATIONS IN THE PORT MOLLER TEST FISHERY. THESE PROJECTS RESULTED IN BETTER INFORMATION ABOUT THE SALMON RUN TIMING AND DESTINATION, AS WELL AS PROVIDING SUPPORT FOR FISHERY MANAGEMENT AND RESOURCE SUSTAINABILITY. BOARD APPROVED FUNDING IN THE AMOUNT OF \$1,305,465 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: THE QUALITY COMMITTEE MET 5 TIMES IN SUPPORT OF THE QUALITY PROGRAM. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OUTREACH & ORGANIZATION: TO FOSTER INVOLVEMENT WITH OUR MEMBERS, MAINTAIN ORGANIZATIONAL STRUCTURE, IMPROVE FISHERY SAFETY, AND SUPPORT

 \cdot FINANCIALLY SUPPORTED SAFETY CLASSES FOR MEMBERS THROUGH AMSEA

OTHER PROGRAMS; THE BBRSDA UNDERTOOK THE FOLLOWING EFFORTS FROM 1/1/19

TO 12/31/19:

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

Employer identification number 20 – 2660011

(ALASKA MARINE SAFETY EDUCATION ASSOCIATION).

- FINANCIALLY SUPPORTED AN EFFORT TO BRING AN EXTRA ER DOCTOR TO THE CAMAI CLINIC IN NAKNEK, ALASKA, DURING THE SEASON.
- 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 7 "TOWNHALL MEETINGS" WITH MEMBERS TO SOLICIT FEEDBACK, SHARE CRITICAL INFORMATION, AND IMPROVE PROGRAMS.
- EXHIBITED AT THE PACIFIC MARINE EXPO IN SEATTLE, WA AND THE BRISTOL BAY FISH EXPO IN NAKNEK, AK.
- HELD 2 MEETINGS FOR BBRSDA MEMBERS.
- EXECUTED AN ELECTION FOR THREE OPEN BOARD SEATS.
- BOARD APPROVED FUNDING FOR \$678,741 FOR ORGANIZATION AND ADMINISTRATION IN 2020.
- THE PUBLIC RELATIONS & OUTREACH COMMITTEE MET 3 TIMES IN SUPPORT OF THE PR & OUTREACH PROGRAM.

EXPENSES \$ 273,416. INCLUDING GRANTS OF \$ 58,081. 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:

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

Employer identification number 20-2660011

STAFF REVIEWS THE DRAFT FORM 990 AND PRESENTS TO THE TREASURER AND FINANCE

COMMITTEE FOR REVIEW. AFTERWARDS, IT IS PRESENTED TO THE FULL BOARD OF

DIRECTORS FOR REVIEW PRIOR TO FILING.

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

THE BOARD OF DIRECTORS AND THE EXECUTUVE 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 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

Name of the organization BRISTOL BAY REGIONAL SEAFOOD DEVELOPMENT ASSOCIATION, INC.	Employer identification number 20-2660011
ARE PROVIDED THEM UPON REQUEST.	
PART VIII LINE 1E:	
IN MAY 2006 BRISTOL BAY DRIFNET PERMIT HOLDERS VOTED PURS	UANT TO ALASKA
STATUTE 43.76.370 TO APPROVE A 1% SEAFOOD DEVELOPMENT TAX	ON THE
EX-VESSEL PRICE OF SEAFOOD SOLD, THE "ASSESSMENT", ON THE	IR HARVESTS TO
SUPPORT BBRSDA. THE TAX IS PAID THROUGH THE STATE OF ALAS	KA AND
APPROPRIATED ANNUALLY AT THE DISCRETION OF THE ALASKA STA	TE LEGISLATURE
TO BBRSDA AS A GRANT.	
THE PASS THROUGH LOCAL OPTION TAX REVENUES APPROPRIATED F	ROM 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 AL	ASKA AUDIT
GUIDE AND COMPLIANCE SUPPLEMENT FOR STATE SINGLE AUDITS.	
IN PREPARING THIS RETURN, BBRSDA HAS CLASSIFIED THE ASSES	SMENT 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 40
OF THE INSTRUCTIONS FOR THE 2019 FORM 990.	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of the	nis form, visit www.irs.gov/e-file-providers/e-file-for-chari	ities-and-r	non-profits.				
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				
All corpo	rations required to file an income tax return other than Forest Form 7004 to request an extension of time to file income	orm 990-T	(including 1120-C filers), partnership	s, REMIC	s, and trus	ets	
mast asc	7 om 7004 to request an extension of time to like incom	ic tax retu					
Type or	· •				axpayer identification number (TIN)		
print	BRISTOL BAY REGIONAL SEAFOOD DEVELOPMENT ASSOCIATION, INC.				20-2660011		
File by the							
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 3705 ARCTIC BLVD #1188						
instructions	ANCHORAGE, AK 99503						
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1	
Application Return Application					Return		
Is For	Is For Code Is For					Code	
	Form 990 or Form 990-EZ 01 Form 990-T (corporation)					07	
Form 990-BL 02 Form 1041-A					08		
	Form 4720 (individual) 03 Form 4720 (other than individual)					09	
	Form 990-PF 04 Form 5227					10	
	Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870					11	
Telepi	THE FORAKER GRO cooks are in the care of ► 161 KLEVIN STRI connens No. ► 907-743-1200 organization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ►	s in the Ur	Fax No. ▶	f this is fo	r the whole	e group, check this	
1 I request an automatic 6-month extension of time until NOVEMBER 16, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 2019 or ▶ tax year beginning , and ending . 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return							
<u>an</u>	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.				\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						0.	
	imated tax payments made. Include any prior year overp			3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa ng EFTPS (Electronic Federal Tax Payment System). See	•		3с	s	0.	
	If you are going to make an electronic funds withdrawal			•	<u> </u>		
	For Privacy Act and Panerwork Reduction Act Notice	see instr	uctions		Form	8868 (Rev. 1-2020)	

_HA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)