

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017**

- B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
Coastal Villages Region Fund  
% ANGELA PINSONNEAULT  
Doing business as  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
711 H Street Suite 200  
City or town, state or province, country, and ZIP or foreign postal code  
Anchorage, AK 99501

**D** Employer identification number  
92-0156736

**E** Telephone number  
(907) 278-5151

**G** Gross receipts \$ 28,893,625

**F** Name and address of principal officer  
ANGELA PINSONNEAULT  
711 H STREET SUITE 200  
Anchorage, AK 99501

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

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( 4 ) ◀ (insert no)  4947(a)(1) or  527

**J** Website: ▶ WWW.COASTALVILLAGES.ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1992

**M** State of legal domicile AK

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
PROVIDE THE MEANS FOR DEVELOPMENT OF OUR COMMUNITIES BY CREATING SENSIBLE, TANGIBLE, AND LONG-TERM OPORTUNITIES THAT GENERATE HOPE FOR ALL PEOPLE WHO WANT TO FISH AND WORK

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	20
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	5
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	1,250
<b>6</b> Total number of volunteers (estimate if necessary)	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	152,365
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	-22,117

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	131,000	163,000
<b>9</b> Program service revenue (Part VIII, line 2g)	17,512,081	12,689,658
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,304,500	775,751
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,544,523	11,482,772
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,492,104	25,111,181
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,719,546	2,670,832
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,365,542	11,194,645
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,540,521	11,038,317
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	24,625,609	24,903,794
<b>19</b> Revenue less expenses Subtract line 18 from line 12	8,866,495	207,387

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	304,229,271	303,990,629
<b>21</b> Total liabilities (Part X, line 26)	34,398,459	37,825,670
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	269,830,812	266,164,959

**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**  
Signature of officer: \_\_\_\_\_ Date: 2018-11-13  
ANGELA PINSONNEAULT DIRECTOR  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: ALLEGRA STUART  
Preparer's signature: ALLEGRA STUART  
Date: 2018-11-14  
Check  if self-employed PTIN: P01294334  
Firm's name: ▶ KPMG LLP  
Firm's address: ▶ 701 West 8th Avenue Suite 600  
Anchorage, AK 99501  
Firm's EIN: \_\_\_\_\_  
Phone no: (907) 265-1200

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

COASTAL VILLAGES' MISSION IS TO PROVIDE THE MEANS FOR DEVELOPMENT OF OUR COMMUNITIES BY SENSIBLY CREATING TANGIBLE, LONG-TERM OPPORTUNITIES THAT GENERATE HOPE FOR ALL RESIDENTS WHO WANT TO FISH AND WORK

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 3,985,119 including grants of \$ ) (Revenue \$ 20,541,903 )  
See Additional Data

**4b** (Code ) (Expenses \$ 1,650,441 including grants of \$ ) (Revenue \$ )  
See Additional Data















**4c** (Code ) (Expenses \$ 173,830 including grants of \$ ) (Revenue \$ )  
See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 9,089,534 including grants of \$ 2,670,832 ) (Revenue \$ )

**4e** Total program service expenses ▶ 14,898,924

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .		No
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> 		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> 		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	Yes	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> 	Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 	Yes	
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> 		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	Yes	
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	Yes	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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

Check if Schedule O contains a response or note to any line in this Part VI [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 (20); 1b Enter the number of voting members included in line 1a, above, who are independent (5); 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? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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? (No); 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? (No); 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (No); 14 Did the organization have a written document retention and destruction policy? (Yes); 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 (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 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

Table with 1 column: Question. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records. ANGELA PINSONNEAULT 711 H STREET SUITE 200 ANCHORAGE, AK 99501 (907) 278-5151



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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

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 18

Questions 3, 4, and 5 regarding compensation reporting and related organizations.

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

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 28



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	163,000		
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . .		163,000		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> EQUITY EARNINGS IN CVH, LLC		110000	10,423,416	10,423,416		
<b>b</b> EQUITY EARNINGS IN BSAI, LLC		110000	2,266,242	2,260,420	5,822		
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue . . . . .							
<b>g Total.</b> Add lines 2a-2f . . . . .			12,689,658				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			36,085			36,085	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			3,308,831			3,308,831	
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
			315,874					
		<b>b</b> Less rental expenses						
		<b>c</b> Rental income or (loss)	315,874	0				
	<b>d</b> Net rental income or (loss) . . . . .			315,874		146,543	169,331	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
				739,666				
		<b>b</b> Less cost or other basis and sales expenses						
		<b>c</b> Gain or (loss)		739,666				
	<b>d</b> Net gain or (loss) . . . . .			739,666			739,666	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>						
		<b>b</b> Less direct expenses . . . . .	<b>b</b>	0				
<b>c</b> Net income or (loss) from fundraising events . . . . .				0				
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>							
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	0					
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	11,800,918	3,782,444				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			8,018,474	8,018,474			
<b>11a</b> Miscellaneous Revenue	Miscellaneous Revenue	Business Code						
	Misc Revenue	110000		-160,407	-160,407			
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .				-160,407				
<b>12 Total revenue.</b> See Instructions . . . . .				25,111,181	20,541,903	152,365	4,253,913	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	291,488	291,488		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	2,379,344	2,379,344		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,166,776	650,033	1,516,743	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	7,629,899	2,954,763	4,675,136	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	353,122	140,855	212,267	
<b>9</b> Other employee benefits	292,309	93,166	199,143	
<b>10</b> Payroll taxes	752,539	320,643	431,896	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	0			
<b>b</b> Legal	214,866	6,192	208,674	
<b>c</b> Accounting	184,585		184,585	
<b>d</b> Lobbying	184,315		184,315	
<b>e</b> Professional fundraising services See Part IV, line 17	0			
<b>f</b> Investment management fees	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
<b>12</b> Advertising and promotion	91,596	88,109	3,487	
<b>13</b> Office expenses	919,353	617,626	301,727	
<b>14</b> Information technology	311,776	108,003	203,773	
<b>15</b> Royalties	0			
<b>16</b> Occupancy	958,067	835,084	122,983	
<b>17</b> Travel	931,967	465,531	466,436	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	71,665	44,465	27,200	
<b>20</b> Interest	19,932		19,932	
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	1,794,984	1,656,142	138,842	
<b>23</b> Insurance	1,662,183	1,081,845	580,338	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Tax & Permit Assistance	373,273	373,273		
<b>b</b> Dues, Permits, & Licenses	237,167	239,981	-2,814	
<b>c</b> Bank & Finance Charges	108,982	16,772	92,210	
<b>d</b> Publications & Subscriptions	34,776	14,707	20,069	
<b>e</b> All other expenses	2,938,830	2,520,902	417,928	
<b>25</b> Total functional expenses. Add lines 1 through 24e	24,903,794	14,898,924	10,004,870	0
<b>26</b> 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	46,877,424	<b>2</b>	40,746,673
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	7,339,354	<b>4</b>	6,838,372
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	1,231,736	<b>7</b>	814,961
	<b>8</b> Inventories for sale or use . . . . .	229,006	<b>8</b>	51,686
	<b>9</b> Prepaid expenses and deferred charges . . . . .	676,421	<b>9</b>	312,818
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	65,362,308		
	<b>b</b> Less accumulated depreciation	35,583,674		
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	194,082,380	<b>12</b>	187,435,688
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	37,160,131	<b>13</b>	37,160,130
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	915,067	<b>15</b>	851,667
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	304,229,271	<b>16</b>	303,990,629	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,483,790	<b>17</b>	4,186,464
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	567,536
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,744,621	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	29,170,048	<b>25</b>	33,071,670
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	34,398,459	<b>26</b>	37,825,670
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	269,830,812	<b>27</b>	266,164,959
	<b>28</b> Temporarily restricted net assets . . . . .	0	<b>28</b>	0
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	269,830,812	<b>33</b>	266,164,959
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	304,229,271	<b>34</b>	303,990,629

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	25,111,181
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	24,903,794
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	207,387
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	269,830,812
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	-3,873,240
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	266,164,959

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes	
<p><b>3a</b> 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?</p>	<b>3a</b>		No
<p><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 92-0156736

**Name:** Coastal Villages Region Fund

Form 990 (2017)

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**Form 990, Part III, Line 4a:**

PROGRAM COST OF OPERATING VESSELS (PROGRAM #1) PROGRAM COSTS ASSOCIATED WITH OPERATION OF ONE POLLOCK CATCHER/PROCESSOR, TWO PACIFIC COD FREEZER-LONGLINERS, AND TWO CRAB FISHING VESSELS THIS PROGRAM PROVIDES EMPLOYMENT AND TRAINING OPPORTUNITIES FOR RESIDENTS, AS WELL AS FUNDING FOR OTHER PROGRAMS THE AMOUNT GIVEN REPRESENTS THE ADDITIONAL COSTS TO OPERATE NOT INCLUDED IN COSTS OF GOODS SOLD (COGS IS INCLUDED IN LINE 10B PART VIII)

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**Form 990, Part III, Line 4b:**

INSHORE AND NEARSHORE PROGRAM (PROGRAM #2) IN PRIOR YEARS CVRF OPERATED SIX HALIBUT PLANTS, ONE SALMON PLANT, A SALMON BUYING STATION AND SUPPORTING TENDERS, TUGS, AND BARGES THESE OPERATIONS WERE SUSPENDED IN 2016 DUE TO HIGH SUBSIDY REQUIREMENTS AND THE DESIRE TO FOCUS ON MORE GEOGRAPHICALLY-EQUITABLE ECONOMIC DEVELOPMENT PROGRAMS ACCROSS THE ENTIRE SERVICE AREA THIS PROGRAM IS BEING PHASED OUT, BUT ACTIVITIES TRANSACTED IN 2017 INCLUDE AND ONGOING DEPRECIATION, INSURANCE, AND MAINTENANCE OF THE FACILITIES

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**Form 990, Part III, Line 4c:**

FISHERIES SUPPORT AND DEVELOPMENT (PROGRAM #3) THIS PROGRAM FOCUSES ON THE COMPANY'S FISHERIES-RELATED INVESTMENT IN OUR 20 MEMBER COMMUNITIES AND IS MADE UP OF SEVERAL PROGRAM AREAS MARINE SAFETY - THE GOAL OF THIS PROGRAM IS TO DEVELOP AWARENESS ABOUT PRECAUTIONARY MEASURES AND PRACTICES FOR MARINE TRAVEL AND TO PROVIDE A MEANS OF ACQUIRING IMPORTANT SAFETY EQUIPMENT THROUGH THIS PROGRAM CVRF DISTRIBUTES LIFE JACKETS, PERSONAL LOCATOR BEACONS, AND OTHER COAST GUARD REQUIRED EQUIPMENT TO EACH COMMUNITY CVRF ALSO PROVIDES MARINE SAFETY TRAINING TO IN-REGION EMPLOYEES AND RESIDENTS

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**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

(Code	) (Expenses \$	4,758,278	including grants of \$	0	) (Revenue \$	)
OUTREACH PROGRAM						

(Code	) (Expenses \$	1,316,147	including grants of \$	78,437	) (Revenue \$	)
YOUTH PROGRAMS						



**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

(Code ) (Expenses \$	963,523	including grants of \$	962,626	(Revenue \$ )
SOCIAL INVESTMENTS				
(Code ) (Expenses \$	630,020	including grants of \$	434,573	(Revenue \$ )
4-SITE				

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

(Code ) (Expenses \$ 1,195,520 including grants of \$ 1,195,196 ) (Revenue \$ )  
PEOPLE PROPEL

(Code ) (Expenses \$ 226,046 including grants of \$ 0 ) (Revenue \$ )  
CDQ CONTRACT AND QUOTA MANAGEMENT

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Andy John F Board Member	3 00 ..... 0 00	X						23,900	0	0
Berezkin Frank Board Member	3 00 ..... 0 00	X						26,000	0	0
Brown Walter P Executive Committee Member	6 00 ..... 0 00	X						30,150	0	0
Chuckwuk George Board Member	3 00 ..... 0 00	X						26,350	0	0
Cleveland Darren Thomas Board Member	3 00 ..... 0 00	X						27,250	0	0
Evan Evan S Vice President - Outgoing	15 00 ..... 0 00	X						42,500	0	0
Hunter Larson Exec Comm Member- Incoming	6 00 ..... 0 00	X						27,250	0	0
Jung Richard B President	20 00 ..... 0 00	X						132,100	0	0
Kinegak Edward Board Member	3 00 ..... 0 00	X						22,850	0	0
Kusayak Phillip Board Member	3 00 ..... 0 00	X						24,950	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
Lewis Roland James ..... Board Member	3 0 ..... 0 0	X						25,300	0	0
Maxie Stephen James ..... Vice President - Incoming	15 0 ..... 0 0	X						47,400	0	0
Olick Gabriel ..... Treasurer - Incoming	10 0 ..... 0 0	X						33,100	0	0
Olson Sr Eric ..... Board Member	3 0 ..... 0 0	X						24,950	0	0
Phillip Roderick ..... Board Member	3 0 ..... 0 0	X						23,900	0	0
Pitka Robert ..... Board Member	3 0 ..... 0 0	X						1,050	0	0
Samuel John ..... Secretary - Incoming	10 0 ..... 0 0	X						46,150	0	0
Shavings Edward J ..... Board Member	3 0 ..... 0 0	X						8,550	0	0
Tulik Paul ..... Treasurer - Outgoing	10 0 ..... 0 0	X						25,850	0	0
Tuluk Jeremy ..... Exec Comm Member - Incoming	6 0 ..... 0 0	X						25,800	12,617	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Crow Cloyd M ..... Executive Director	40 0 ..... 0 0			X				506,095	0	41,283
Pinsonneault Angela M ..... Director of Business Dev	40 0 ..... 0 0			X				391,327	0	21,966
Coleman Michael J ..... Bering Sea Operations GM	40 0 ..... 0 0			X				338,392	0	24,659
Souza Nicholas E ..... Deputy Director	40 0 ..... 0 0			X				272,995	0	41,283
Deakin Eric J ..... IT Manager	40 0 ..... 0 0				X			212,115	0	44,846
Kvinge Owen I ..... Crab Captain/Shipyard	40 0 ..... 0 0					X		399,001	0	4,338
Longvanes Harald Jostein ..... Fishmaster	40 0 ..... 0 0					X		249,748	0	22,485
Wilson Robert ..... Captain	40 0 ..... 0 0					X		227,470	0	34,208
Egaas James Leonard ..... Captain	40 0 ..... 0 0					X		220,968	0	51,810
Gjerde Terje ..... Factory Manager	40 0 ..... 0 0					X		202,898	0	41,610

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
**Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Name of the organization**  
Coastal Villages Region Fund

**Employer identification number**  
92-0156736

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenue included 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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 in Part XIII . . . . .

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		90,000		90,000
<b>b</b> Buildings . . . . .		14,878,110	13,164,673	1,713,437
<b>c</b> Leasehold improvements		4,800,115	4,746,816	53,299
<b>d</b> Equipment . . . . .		7,050,309	6,185,074	865,235
<b>e</b> Other . . . . .		38,543,774	11,487,111	27,056,663
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				29,778,634

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) FISHING AFFILIATES	4,760,969	F
(B) INVESTMENT IN SUBSIDIARIES	182,674,719	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	187,435,688	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INDIVIDUAL FISHING QUOTAS	37,160,130	F
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )	37,160,130	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
SECURITY DEPOSITS	29,825
ACCRUED PAYROLL	2,385,348
DUE TO AFFILIATES	30,656,497
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	33,071,670

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation	
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**Part XIII** **Supplemental Information (continued)**

Return Reference	Explanation
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**Schedule I  
(Form 990)**

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

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
Coastal Villages Region Fund

**Employer identification number**  
92-0156736

**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

(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_ 18

3 Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_ 0

**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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Scholarships	144	434,573			EDUCATION ASSISTANCE
(2) Heating Fuel	2162		380,746	FMV	HEATING FUEL
(3) Elders Program	679		222,678	FMV	HEATING OIL
(4) Funeral Assistance	74		59,584	FMV	BURIAL SERVICES
(5) Tax prep	2018		102,500	FMV	TAX PREPARATION SERV
(6) People Propel Subsidies	547	1,179,263			SUBSIDIES
(6)					
(7)					

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

Return Reference	Explanation
Procedures for monitoring the use of grant funds in the United States	Schedule I, Part I, Line 2 RECIPIENTS MUST SIGN AN AGREEMENT THAT THE MONEY WILL ONLY BE USED FOR THE STATED PURPOSE ALL SCHOLARSHIP MONEY IS DIRECTLY PAID TO THE UNIVERSITIES AND NOT THE STUDENT PEOPLE PROPEL SUBSIDIES ARE PAID DIRECTLY TO CVE AND NOT THE INDIVIDUAL

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 92-0156736  
**Name:** Coastal Villages Region Fund

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Chevak Traditional Council PO Box 140 Chevak, AK 995630140	92-0063783	Trad Council	24,361			COMMUNITY DEV'T	COMMUNITY DEVELOPMENT Community Development Community Development & Youth Leadership
Kashunamiut School District 985 KSD Way Chevak, AK 99563	92-0111008	School District	5,960			COMMUNITY DEV'T	COMMUNITY DEVELOPMENT Community Development Youth Leadership

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Native Village of Eek PO Box 89 Eek, AK 995780009	92-0065517	Native Village	15,587			COMMUNITY DEV'T	COMMUNITY DEVELOPMENT Camai Festival Community Development
Napaskiak Tribal Council PO Box 8009 Napaskiak, AK 995596009	92-0143940	Tribal Council	23,991			COMMUNITY DEV'T	COMMUNITY DEVELOPMENT Community Development Community Development

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Native Village of Goodnews Bay PO Box 138 Goodnews Bay, AK 99589	92-0069102	Native Village	5,699			COMMUNITY DEV'T	COMMUNITY DEVELOPMENT Community Development Community Development
Hooper Bay Schools PO Box 249 Hooper Bay Hooper Bay, AK 99604	92-0057691	School District	9,960			COMMUNITY DEV'T	COMMUNITY DEVELOPMENT Community Development Youth Leadership

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Native Village of Hooper Bay PO Box 69 Hooper Bay, AK 99604	92-0063052	Native Village	34,819			COMMUNITY DEV'T	COMMUNITY DEVELOPMENT CleanUp GreenUp Community Development
Kipnuk Traditional Council PO Box 57 Kipnuk, AK 996140057	92-0059660	Trad Council	5,564			COMMUNITY DEV'T	COMMUNITY DEVELOPMENT Community Development Community Development



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Kwigillingok School NYO Team PO Box 109 Kwigillingok, AK 99622	92-0056756	School District	5,054			COMMUNITY DEV'T	COMMUNITY DEVELOPMENT Community Development Youth Leadership
Native Village of Kwigillingok PO Box 49 Kwigillingok, AK 99622	92-0068388	Native Village	23,326			COMMUNITY DEV'T	COMMUNITY DEVELOPMENT Community Development Community Development

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Native Village of Kwinhagak PO Box 149 Quinhagak, AK 99655	92-0068827	Native Village	30,695			COMMUNITY DEV'T	PEOPLE PROPEL SUBSIDIES Community Development Community Development & Youth Leadership
Native Village of Mekoryuk PO Box 66 Mekoryuk, AK 99630	92-0065724	Native Village	28,917			COMMUNITY DEV'T	ELDERS PROGRAM Community Development & Youth Leadership

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Native Village of Napakiak PO Box 2 Napakiak, AK 99634	92-0080966	Native Village	10,031			COMMUNITY DEV'T	FISHING EQUIPMENT Community Development
Native Village of Tununak PO Box 77 Tununak, AK 996810077	92-0063781	Native Village	12,779			COMMUNITY DEV'T	Community Development

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Nunakauyak Traditional Council PO Box 37048 Toksook Bay, AK 996370048	92-0063047	Trad Council	5,465			COMMUNITY DEV'T	Community Development & Youth Leadership
Scammon Bay Traditional Council PO Box 110 Scammon Bay, AK 996620110	92-0066184	Trad Council	17,072			COMMUNITY DEV'T	Community Development

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Lewis Angapak Memorial School PO Box 8087 Tuntutuliak, AK 99680	92-0056756	School District	5,121			COMMUNITY DEV'T	Youth Leadership
Tuntutuliak Traditional Council PO Box 8086 Tuntutuliak, AK 996800086	92-6010078	Trad Council	23,849			COMMUNITY DEV'T	Community Development

**Schedule J**  
(Form 990)

## Compensation Information

OMB No 1545-0047

# 2017

**Open to Public Inspection**

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Coastal Villages Region Fund

Employer identification number  
92-0156736

### Part I Questions Regarding Compensation

	Yes	No		
<p><b>1a</b> 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 (e.g., 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 (e.g., 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 (e.g., maid, chauffeur, chef)			
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	<b>1b</b>			
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>			
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" 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 type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	No		
	<b>4b</b>	No		
	<b>4c</b>	No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	No		
	<b>5b</b>	No		
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	No		
	<b>6b</b>	No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>	No		
<p><b>8</b> 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.</p>	<b>8</b>	No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>			



**Part III** **Supplemental Information**

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

Return Reference	Explanation
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**Schedule L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

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

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization  
Coastal Villages Region Fund

Employer identification number  
92-0156736

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
See Additional Data Table				

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) George Smith	Father-in-law of Board Member	127,200	Employee Compensation		No
(2) Xavier Tulik	Brother of Board Member	57,305	Employee Compensation		No
(3) Cheryl Smart	Daughter of Board Member	51,595	Employee Compensation		No
(4) Jeremy Tuluk	Board Member	12,617	Employee Compensation		No
(5) John Samuel	Board Member	12,000	Employee Compensation		No

**Part V Supplemental Information**

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

Return Reference	Explanation

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 92-0156736  
**Name:** Coastal Villages Region Fund

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
(1) Cyrus Kinagak	Child of Board Member Edward k	2,500
(2) Sonni Shavings	Child of Board Member Edward S	4,000
(3) Amanda Shavings	Child of Board Member Albert W	1,500
(4) Georg Chuckwuk	Board member	2,724
(5) Stephen Maxie	Board member	3,216
(6) Frank Berezkin	Board member	885
(7) Darren Cleveland	Board member	2,405
(8) Larson Hunter	Board member	840
(9) Gabriel Olick	Board member	3,846
(10) Walter Brown	Board member	3,236
(11) Alice Hunter	Spouse of Board Member Larson	4,491
(12) Gary Evan	Sibling of Board Member Evan E	1,184
(13) Darlene Daniel	Sibling of Board Member Roderi	2,508
(14) Julia Tulik	Parent of Board Member Paul Tu	2,280
(15) Theresa Cleveland	Parent of Board Member Darren	1,754
(16) Peter Tuluk	Parent of Board Member Jeremy	705
(17) Glenn Tulik	Child of Board Member Paul Tul	3,060
(18) Lydia Weston	Sibling of Board Member Albert	2,547
(19) Louie Andy	Sibling of Board Member John A	1,829
(20) Jonathan Phillip	Child of Board Member Roderick	776
(21) Pauly Andy	Child of Board Member John And	698
(22) Eddie Chuckwuk	Child of Board Member Georg Ch	2,894

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
Coastal Villages Region Fund**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017****Open to Public  
Inspection**

Employer identification number

92-0156736

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
MEMBERS	PART VI, SECTION A, LINE 6 CVRF HAS 20 MEMBER COMMUNITIES AS IDENTIFIED IN SECTION 305(I)(1)(D)(IV) OF THE MAGNUSON-STEVENSON FISHERY CONSERVATION AND MANAGEMENT ACT

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
GOVERNING BODY	PART VI, SECTION A, LINE 7A THERE IS ONE BOARD MEMBER FROM EACH OF THE 20 COMMUNITIES WHEN COMMUNITIES' ELECTED OFFICIAL'S 6-YEAR TERM IS ENDING, THE COMMUNITIES' CITY OR TRIBAL COUNCIL HOLDS AN ELECTION AT LEAST 10 DAYS PRIOR TO THE ANNUAL MEETING OR AS SOON AS REASONABLY POSSIBLE FOLLOWING AN UNPLANNED BOARD DEPARTURE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY	PART VI, SECTION B, LINE 12C ON AN ANNUAL BASIS, EACH BOARD MEMBER IS REQUIRED TO COMPLETE A NEPOTISM STATEMENT FORM AND A RELATED PARTIES TRANSACTION QUESTIONNAIRE EMPLOYEES ARE REQUIRED TO COMPLETE THESE FORMS UPON HIRE Employee forms are reviewed by HR and Board forms are reviewed by the Executive Coordinator

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PROCESS FOR DETERMINING COMPENSATION OF TOP OFFICIALS	PART VI, SECTION B, LINE 15A AN INDEPENDENT THIRD PARTY PERFORMS A COMPENSATION ANALYSIS OF TOP OFFICIALS, INCLUDING THE EXECUTIVE DIRECTOR, DIRECTOR OF BUSINESS DEVELOPMENT, DEPUTY DIRECTOR, AND BERING SEA OPS GENERAL MANAGER THE EXECUTIVE COMMITTEE OF THE BOARD PERFORMS AN ANNUAL CEO/EXECUTIVE DIRECTOR EVALUATION DELIBERATION OF AND DECISIONS REGARDING TOP OFFICIAL COMPENSATION ARE RECORDED IN THE BOARD MINUTES THE PROCESS WAS LAST COMPLETED IN DECEMBER 2017



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
AVAILABILITY OF DOCUMENTS	PART VI, SECTION C, LINE 19 FINANCIAL STATEMENTS ARE PROVIDED THROUGH THE COMPANY'S ANNUAL REPORT GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE PROVIDED TO EACH OF OUR 20 COMMUNITY SUPPORT CENTERS AND PROVIDED TO THE PUBLIC IN THAT COMMUNITY UPON REQUEST

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
REVIEW OF FORM 990	Part VI, Section B, Line 11B THE FORM 990 IS PREPARED BY KPMG LLP AND REVIEWED BY THE CONTROLLER, FINANCE MANAGER, AND THE DIRECTOR OF BUSINESS DEVELOPMENT THE DIRECTOR OF BUSINESS DEVELOPMENT OR EXECUTIVE DIRECTOR WILL SIGN THE 990 DEPENDING ON AVAILABILITY

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PROCESS FOR DETERMINING COMPENSATION FOR OTHER OFFICERS	PART VI, SECTION B, LINE 15B EXECUTIVE DIRECTOR ANNUALLY, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS COMPLETES A PERFORMANCE EVALUATION FOR THE EXECUTIVE DIRECTOR ADDITIONALLY, AN INDEPENDENT THIRD PARTY PERFORMS A COMPENSATION ANALYSIS FOR THE EXECUTIVE DIRECTOR THE COMPENSATION ANALYSIS, AS WELL AS THE EXECUTIVE DIRECTORS OVERALL PERFORMANCE, IS REVIEWED BY THE EXECUTIVE COMMITTEE DELIBERATION OF AND DECISIONS REGARDING THE EXECUTIVE DIRECTORS PERFORMANCE AND COMPENSATION ARE RECORDED IN THE BOARD MINUTES THIS PROCESS WAS COMPLETED IN DECEMBER 2017 AND IS COMPLETED EVERY YEAR DURING THE LAST QUARTER OTHER EXECUTIVE STAFF ANNUALLY, SELF EVALUATIONS ARE CONDUCTED AND THEN AN EVALUATION IS PREPARED BY THE EMPLOYEES MANAGER AN INDEPENDENT THIRD PARTY PERFORMS A COMPENSATION ANALYSIS FOR THE POSITIONS OF DIRECTOR OF BUSINESS DEVELOPMENT, BERING SEA OPERATIONS GENERAL MANAGER, AND DEPUTY DIRECTOR THE COMPENSATION ANALYSIS IS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEW OF THE COMPENSATION ANALYSIS IS RECORDED IN THE BOARD MINUTES COMPENSATION FOR EXEVUTIVE STAFF IS APPROVED BY THE EMPLOYEES MANAGER THIS PROCESS WAS COMPLETED IN DECEMBER 2017 AND IS COMPLETED EVERY YEAR DURING THE LAST QUARTER

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
OTHER PROGRAM SERVICES	<p>PART III, LINE 4 OUTREACH FOCUSES ON COMMUNICATION WITH REGION RESIDENTS IN OUR 20 MEMBER COMMUNITIES AND IS MADE UP OF SEVERAL PROGRAM AREAS OUTREACH PROGRAMS (PROGRAM #4) OUTREACH PROGRAM - THE COMMUNITY OUTREACH PROGRAM MAINTAINS OPEN AND CONTINUOUS COMMUNICATION WITH OUR RESIDENTS CVRF BOARD MEMBERS AND LOCAL COMMUNITY SERVICE REPRESENTATIVES ALSO SERVE AS AN OPEN DIRECT LINK LOCAL RESIDENTS ARE INVITED TO PARTICIPATE IN MEETINGS INVOLVING CVRF BOARD MEMBERS AND STAFF STAFF MEMBERS TRAVEL FREQUENTLY TO COMMUNITIES THROUGHOUT THE REGION TO SHARE INFORMATION ABOUT CVRF AND ITS PROGRAMS AND SERVICES AND TO RECRUIT FOR OUR COMPANY OUTREACH HAS PRIMARY RESPONSIBILITY FOR NEW PROGRAM DEVELOPMENT, ADMINISTRATION, AND PROGRAM EXECUTION COMMUNITY SERVICE CENTERS (CSC) - CVRF'S CSCs, LOCATED IN EACH OF OUR 20 MEMBER COMMUNITIES, PROVIDE AND ENHANCE ECONOMIC OPPORTUNITIES BY PROVIDING MEETING ROOM RENTAL SPACE, INTERNET ACCESS, AND A PLACE TO OBTAIN DETAILED INFORMATION ABOUT CVRF'S PROGRAMS AND SERVICES APPROXIMATELY 50 COMMUNITY SERVICE REPRESENTATIVES (CSRs) ARE EMPLOYED AT THE CSCs EACH YEAR CONSTRUCTION COSTS FOR COMMUNITY SERVICE CENTERS (CSC) - CVRF BUILT, OWNS, MAINTAINS, AND IMPROVES THE CSCs IN 19 OF OUR 20 COMMUNITIES CDQ ADVOCACY - EDUCATION AND AWARENESS RELATED TO CDQ PROGRAM, COMPANY EFFORTS SURROUNDING RESIDENT CONCERNS AND COMPANY INITIATIVES THIS DEPARTMENT HAS TAKEN PRIMARY CONTROL OVER THE CVRF WEBSITE, FACEBOOK, AND OTHER PUBLIC RELATIONS EFFORTS YOUTH PROGRAMS (PROGRAM #5) THE COASTAL VILLAGES YOUTH PROGRAMS PROMOTE LEADERSHIP, PERSONAL DEVELOPMENT, AND CITIZENSHIP AMONG THE YOUTH IN THE COMMUNITIES AGES 13 TO 24 THROUGH VARIOUS ACTIVITIES AND ACHIEVEMENTS, THE YOUTH LEARN TO ACCEPT RESPONSIBILITY, GAIN LEADERSHIP SKILLS, THROUGH PARTICIPATION IN COMMUNITY ACTIVITIES YOUTH AGES 14-19 ALSO HAVE THE OPPORTUNITY TO WORK DURING THE SUMMER VIA CVRF'S YOUTH-TO-WORK PROGRAM CIUNEQ IS A PROGRAM FOR HIGH ACHIEVING HIGH SCHOOL AGED YOUTH TO CREATE A PATHWAY FOR FUTURE EDUCATION AND CAREER SUCCESS THROUGH EXPOSURE TO THE OPPORTUNITIES AVAILABLE TO THEM SOCIAL INVESTMENTS (PROGRAM #6) SOCIAL INVESTMENTS - IS COMPRISED OF VARIOUS SOCIAL PROGRAMS TO IMPROVE THE WELFARE OF RESIDENTS IN THE SERVICE AREA TAX ASSISTANCE - EACH YEAR, CVRF FUNDS THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM (VITA), WHICH IS PROVIDED BY THE ALASKA SMALL BUSINESS DEVELOPMENT CENTER (ABDC) AND THE UNIVERSITY OF ALASKA ANCHORAGE THROUGH THIS PROGRAM, STUDENTS IN THE ACCOUNTING FIELD AND BUSINESS PROFESSORS ARE SENT TO ALL CVRF COMMUNITIES TO PROVIDE TAX PREPARATION ASSISTANCE AT NO COST TO RESIDENTS POLLOCK PROVIDES(R) HEATING OIL PROGRAM - HEATING OIL IS PROVIDED TO COMMUNITY MEMBERS DURING THE WINTER AND SPRING MONTHS TO OFFSET INCREASINGLY HIGH FUEL COSTS POLLOCK PROVIDES(R) IS A COMPANY TRADEMARK THAT ENCOMPASSES MANY OF CVRF'S COMMUNITY PROGRAMS AND SERVICES ELDER ASSISTANCE PROGRAM - THIS PROGRAM ASSISTS ELDER IN CVRF'S MEMBER COMMUNITIES WITH</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER PROGRAM SERVICES	<p>TH THE HIGH COST OF LIVING BY PROVIDING FUNDING FOR EXPENSES SUCH AS HEATING OIL, ELECTRIC ITY, WATER AND SEWER, GASOLINE, MOTOR OIL, AND GROCERIES DESIGNATED FUND - THIS FUND IS INTENDED TO HELP CVRF GOVERNING BODIES WITH COMMUNITY AND ECONOMIC PROJECTS THAT ARE CONSISTENT WITH THE CDQ PROGRAM AND THAT MIGHT NOT OTHERWISE BE ABLE TO HAPPEN THE DESIGNATED FUND PROGRAM FUNDS ARE ALLOCATED AMONG CVRF'S 20 MEMBER VILLAGES BASED ON THE FOLLOWING FOR MULA 30% OF THE FUNDS ARE PROVIDED AS A BASE AMOUNT EQUALLY DIVIDED AMONG CVRF'S 20 MEMBER VILLAGES, AND 70% OF THE FUNDS ARE ALLOTTED BASED ON EACH CVRF MEMBER VILLAGE'S POPULATION 4-SITE (PROGRAM #7) THE 4-SITE PROGRAM WAS ESTABLISHED IN 1993 IT IS AIMED AT PROVIDING LONG-TERM ECONOMIC AND SOCIAL DEVELOPMENT IN OUR MEMBER COMMUNITIES BY PROVIDING SCHOLARSHIPS, INTERNSHIPS, TRAINING, AND EMPLOYMENT PEOPLE PROPEL (PROGRAM #8) THE PEOPLE PROPEL PROGRAM WAS CREATED BY THE CVRF BOARD OF DIRECTORS TO MEET THE DEMAND OF THE RESIDENTS OF OUR 20 MEMBER VILLAGES FOR SAFER, MORE FUEL EFFICIENT AND ENVIRONMENTALLY CLEANER OUTBOARDS AND BOATS THE PEOPLE PROPEL PROGRAM ALSO ASSISTS CVRF RESIDENTS IN BUYING OTHER EQUIPMENT NECESSARY FOR LIFE IN A SMALL COASTAL COMMUNITY THROUGH THE PEOPLE PROPEL PROGRAM RESIDENTS PURCHASE EQUIPMENT AT A SUBSIDIZED COST CDQ CONTRACT &amp; QUOTA MANAGEMENT (PROGRAM #9) CVRF IS INCREASINGLY LEASING ITS CDQ QUOTA TO WHOLLY-OWNED SUBSIDIARIES AND HAS ACQUIRED SIGNIFICANT ADDITIONAL QUOTA (NON-CDQ) IN THE MAJOR BERING SEA FISHERIES THE QUOTA MANAGEMENT TEAM MONITORS THE HARVEST OF ALL CDQ ALLOCATIONS THROUGHOUT THE YEAR, AND COORDINATES WITH FISHING VESSELS AND/OR HARVESTING PARTNERS TO MAXIMIZE THE HARVEST OF CVRF'S CDQ QUOTA</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
OTHER CHANGES IN NET ASSETS	PART XI, LINE 9 CONTRIBUTED CAPITAL (3,873,240)

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION Vessel Expenses TOTAL EXPENSES 820354 PROGRAM SERVICES 796888 MANAGEMENT AND GENERAL 23466

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION Meals & Food Expense TOTAL EXPENSES 127297 PROGRAM SERVICES 74321 MANAGEMENT AND GENERAL 52976



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION Supplies TOTAL EXPENSES 904077 PROGRAM SERVICES 859462 MANAGEMENT AND GENERAL 44615

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION Miscellaneous TOTAL EXPENSES 861208 PROGRAM SERVICES 651172 MANAGEMENT AND GENERAL 210036

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION Intercompany TOTAL EXPENSES -273264 PROGRAM SERVICES -273264

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION Bad Debt TOTAL EXPENSES 186100 PROGRAM SERVICES 99265 MANAGEMENT AND GENERAL 86835

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION Impairment TOTAL EXPENSES 313058 PROGRAM SERVICES 313058

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Coastal Villages Region Fund

**Employer identification number**

92-0156736

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

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> BSAI PARTNERS LLC PO BOX 31091 SEATTLE, WA 98103 27-1870579	FISHING VESSELS	WA	NA	Related	2,650,695	6,669,568	Yes		5,822	Yes		50 000 %
<b>(2)</b> COASTAL VILLAGES HOLDINGS LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 45-3092441	FISHING VESSELS	AK	CVP	Related	8,144,949	0	Yes			Yes		100 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<b>(1)</b> COASTAL VILLAGES ENTERPRISES INC 711 H STREET STE 200 ANCHORAGE, AK 99501 43-1948720	FISHERIES DEV	AK	CVP	C Corp	530,778	11,452	100 000 %	Yes	

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	Yes
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COASTAL VILLAGE ENTERPRISES	J	273,264	ACCRUAL



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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** **Supplemental Information**

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 92-0156736  
**Name:** Coastal Villages Region Fund

**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
711 H Street LLC 711 H STREET STE 200 Anchorage, AK 99501 20-3222874	Fisheries Dev	AK	315,874	1,892,169	CVRF
Arctic Sea Holdings LLC 711 H STREET STE 200 Anchorage, AK 99501 20-5813214	Fisheries Dev	AK	1,133,984	16,511,982	CVC
Blue Dutch LLC 711 H STREET STE 200 Anchorage, AK 99501 91-1944034	Fisheries Dev	AK	56,127	5,119,669	CVC
Coastal Alaska Premier Seafoods LLC 711 H STREET STE 200 Anchorage, AK 99501 47-2122136	Fisheries Dev	AK	412,101	-17,899,316	CVRF
Coastal Enterprises LLC 711 H STREET STE 200 Anchorage, AK 99501 72-1582380	Fisheries Dev	AK	0	2,883,511	CVS
Coastal Villages Community Development F 711 H STREET STE 200 Anchorage, AK 99501 27-1020299	Fisher Loans	AK	29,521	156,457	CVRF
Coastal Villages Crab LLC 711 H STREET STE 200 Anchorage, AK 99501 92-0171633	Fisheries Dev	AK	1,085,210	22,304	CAPS
Coastal Villages Groundfish LLC 711 H STREET STE 200 Anchorage, AK 99501 92-0176957	Fisheries Dev	AK	0	0	CAPS
Coastal Villages Pollock LLC 711 H STREET STE 200 Anchorage, AK 99501 92-0170320	Fisheries Dev	AK	2,234,916	9,555,672	CAPS
Coastal Villages Seafoods LLC 711 H STREET STE 200 Anchorage, AK 99501 92-0171662	Fisheries Dev	AK	81,173	689,636	CVRF
FV Arctic Sea LLC 711 H STREET STE 200 Anchorage, AK 99501 20-8044616	Fisheries Dev	AK	908,040	6,001,586	CVC
FV North Sea LLC 711 H STREET STE 200 Anchorage, AK 99501 20-8044624	Fisheries Dev	AK	291,609	2,893,161	CVC
Goodnews Bay Seafoods LLC 711 H STREET STE 200 Anchorage, AK 99501 27-0625278	Fisheries Dev	AK	15,000	-55,765,769	CVS
Kelly Mae LLC 711 H STREET STE 200 Anchorage, AK 99501 20-1049244	Fisheries Dev	AK	0	-860,899	CE
Leo LLC 711 H STREET STE 200 Anchorage, AK 99501 20-5779381	Fisheries Dev	AK	0	-511,000	CE
FV Flicka 711 H STREET STE 200 Anchorage, AK 99501 35-2572089	Fisheries Dev	AK	236,123	5,036,475	CAPS