

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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
% MICHELLE DREW
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 \$ 90,917,122

F Name and address of principal officer
CLOYD CROW
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 OPPORTUNITIES THAT GENERATE HOPE FOR ALL PEOPLE WHO WANT TO FISH AND WORK

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members (20), 4 Number of independent voting members (4), 5 Total number of individuals employed (1,312), 6 Total number of volunteers, 7a Total unrelated business revenue (4,644), 7b Net unrelated business taxable income.

Table with 4 columns: Description, Prior Year, Current Year, End of Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid, 15 Salaries, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses, 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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.

Signature of officer: MICHELLE DREW CFO
Date: 2019-10-23

Paid Preparer Use Only
Print/Type preparer's name: KPMG LLP
Preparer's signature
Date: 2019-10-22
Check if self-employed
Firm's EIN
Firm's address: 701 West 8th Avenue Suite 600, Anchorage, AK 99501
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 \$ 28,211,307 including grants of \$ ) (Revenue \$ 56,609,008 )  
See Additional Data

**4b** (Code ) (Expenses \$ 648,153 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ 118,244 including grants of \$ 592 ) (Revenue \$ )  
See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 10,163,010 including grants of \$ 3,297,335 ) (Revenue \$ )

**4e Total program service expenses** ▶ 39,140,714

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<b>2a</b>	1,312			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			<b>2b</b>	Yes	
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>			<b>3a</b>	Yes	
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>			<b>3b</b>	Yes	
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>			<b>4a</b>		No
<p><b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>			<b>5a</b>		No
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			<b>5b</b>		No
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>			<b>5c</b>		
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>			<b>6a</b>		No
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>			<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>			<b>7a</b>		
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>			<b>7b</b>		
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>			<b>7c</b>		
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>				
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			<b>7e</b>		
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>			<b>7f</b>		
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>			<b>7g</b>		
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>			<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>			<b>8</b>		
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>			<b>9a</b>		
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>			<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter					
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>				
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter					
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>				
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			<b>13a</b>		
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<b>13b</b>				
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>				
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>			<b>14a</b>		No
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O . . . . .</i></p>			<b>14b</b>		
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>			<b>15</b>		No
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>			<b>16</b>		No

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



Section A. Governing Body and Management

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 (4); 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: a The governing body? (Yes); b 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? a The organization's CEO, Executive Director, or top management official (Yes); b 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

- 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-A 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
MICHELLE DREW 711 H STREET SUITE 200 ANCHORAGE, AK 99501 (907) 644-6552

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

<b>1b Sub-Total</b> . . . . .			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>1d Total (add lines 1b and 1c)</b> . . . . .		4,905,425	0

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 64

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
FUSION MARINE TECHNOLOGY LLC, 4403 24TH AVE W SEATTLE, WA 98199	VESSEL CONSTRUCTION	1,575,020
LEO'S WELDING AND FABRICATION LLC, 4451 26TH AVE W SEATTLE, WA 98199	VESSEL CONSTRUCTION	1,286,620
OCKERMAN AUTOMATION CONSULTING INC, 916 8TH STREET ANACORTES, WA 98221	VESSEL CONSTRUCTION	566,574
JENSON SONS CONSTRUCTION INC, 1061 S ENTERPRISE ST WASILLA, AK 99654	CONSTRUCTION	426,496
OWEN KVINGE, 15631 ASH WAY LYNNWOOD, WA 98087	CRAB VESSEL CREW	378,649

**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 ▶ 22



**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>			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
<b>h Total.</b> Add lines 1a-1f . . . . .		0			

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> Equity earnings in BSAI, LLC		110000	3,079,676	3,075,032	4,644
<b>b</b> _____						
<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 . . . . .			3,079,676			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			36,614			36,614	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			4,169,844			4,169,844	
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
		236,678						
		<b>b</b> Less rental expenses						
		<b>c</b> Rental income or (loss)	236,678	0				
	<b>d</b> Net rental income or (loss) . . . . .			236,678			236,678	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			-94,285					
		<b>b</b> Less cost or other basis and sales expenses						
		<b>c</b> Gain or (loss)		-94,285				
	<b>d</b> Net gain or (loss) . . . . .			-94,285			-94,285	
	<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>	83,320,883	29,954,619				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		53,366,264	53,366,264				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11a</b> SALE OF FUEL		110000	109,508	109,508				
<b>b</b> SHIP STORE SALES		110000	32,952	32,952				
<b>c</b> MISCELLANEOUS REVENUE		110000	25,252	25,252				
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			167,712					
<b>12 Total revenue.</b> See Instructions . . . . .			60,962,503	56,609,008	4,644	4,348,851		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	339,045	339,045		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	2,958,882	2,958,882		
<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.	3,756,772	1,092,322	2,664,450	
<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.	7,816,742	4,314,265	3,502,477	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	433,965	181,000	252,965	
<b>9</b> Other employee benefits.	165,667	143,089	22,578	
<b>10</b> Payroll taxes.	687,423	321,131	366,292	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	0			
<b>b</b> Legal.	186,235		186,235	
<b>c</b> Accounting.	166,405		166,405	
<b>d</b> Lobbying.	173,572		173,572	
<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.	37,853	36,608	1,245	
<b>13</b> Office expenses.	780,139	468,406	311,733	
<b>14</b> Information technology.	251,791	77,916	173,875	
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	1,077,313	988,590	88,723	
<b>17</b> Travel.	1,461,981	1,033,808	428,173	
<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.	171,239	157,575	13,664	
<b>20</b> Interest.	145		145	
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	8,654,449	8,555,056	99,393	
<b>23</b> Insurance.	4,353,383	3,919,979	433,404	
<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> Fisheries Support.	1,175,171	1,175,171		
<b>b</b> Freight.	6,505,606	6,485,949	19,657	
<b>c</b> Supplies.	2,276,796	2,225,888	50,908	
<b>d</b> Vessel.	2,922,945	2,919,736	3,209	
<b>e</b> All other expenses.	1,996,516	1,746,298	250,218	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	48,350,035	39,140,714	9,209,321	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 . . . . .	40,746,673	<b>2</b>	51,313,700
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	6,838,372	<b>4</b>	6,867,602
	<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 . . . . .	814,961	<b>7</b>	455,428
	<b>8</b> Inventories for sale or use . . . . .	51,686	<b>8</b>	3,824,724
	<b>9</b> Prepaid expenses and deferred charges . . . . .	312,818	<b>9</b>	3,376,843
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	167,758,263		
	<b>b</b> Less accumulated depreciation	81,816,727		
		29,778,634	<b>10c</b>	85,941,536
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	187,435,688	<b>12</b>	5,728,591
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	37,160,130	<b>13</b>	121,405,131
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
<b>15</b> Other assets See Part IV, line 11 . . . . .	851,667	<b>15</b>	644,526	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	303,990,629	<b>16</b>	279,558,081	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,186,464	<b>17</b>	2,374,511
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	567,536	<b>19</b>	12,959
	<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 . . . . .	0	<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	33,071,670	<b>25</b>	2,733,905
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	37,825,670	<b>26</b>	5,121,375
<b>Net Assets or Fund Balances</b>	<b>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>			
	<b>27</b> Unrestricted net assets	266,164,959	<b>27</b>	274,436,706
	<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>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</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</b> Total net assets or fund balances . . . . .	266,164,959	<b>33</b>	274,436,706	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	303,990,629	<b>34</b>	279,558,081	

**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>	60,962,503
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	48,350,035
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	12,612,468
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	266,164,959
<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>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-4,340,721
<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>	274,436,706

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 92-0156736

**Name:** Coastal Villages Region Fund

Form 990 (2018)

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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 ACROSS THE ENTIRE SERVICE AREA THIS PROGRAM IS BEING PHASED OUT, BUT ACTIVITIES TRANSACTED IN 2018 INCLUDE 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)**

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code )	(Expenses \$	4,494,303	including grants of \$	15,000 )	(Revenue \$ )
OUTREACH PROGRAM					

(Code )	(Expenses \$	1,343,157	including grants of \$	0 )	(Revenue \$ )
YOUTH PROGRAMS					



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

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code	) (Expenses \$	1,957,238	including grants of \$	1,355,665	) (Revenue \$	)
SOCIAL INVESTMENTS						

(Code	) (Expenses \$	646,235	including grants of \$	449,697	) (Revenue \$	)
4-SITE						

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

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code ) (Expenses \$ 1,488,050 including grants of \$ 1,476,973 ) (Revenue \$ )  
PEOPLE PROPEL

(Code ) (Expenses \$ 234,027 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 ..... Board Member	3 0 ..... 0 0	X						20,750	0	0
Beebe Carlie ..... Board Member	3 0 ..... 0 0	X						23,550	0	0
Chuckwuk George ..... Board Member	3 0 ..... 0 0	X						23,550	0	0
Cleveland Darren ..... Executive Committee	6 0 ..... 0 0	X						28,400	0	0
Dull Clarence ..... Board Member	3 0 ..... 0 0	X						24,600	0	0
Evan Evan ..... Executive Committee	16 0 ..... 0 0	X						28,750	0	0
George Clement ..... Board Member	3 0 ..... 0 0	X						18,656	0	0
Hunter Larson ..... Executive Committee - Incoming	6 0 ..... 0 0	X						24,900	0	0
Ivon Jerry ..... Board Member	3 0 ..... 0 0	X						23,200	0	0
Jung Richard ..... President	20 0 ..... 0 0	X						120,050	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	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kinegak Edward ..... Board Member	3 0 ..... 0 0	X						24,250	0	0
Kusayuk Phillip ..... Board Member	3 0 ..... 0 0	X						24,250	0	0
Lewis Roland ..... Board Member	3 0 ..... 0 0	X						21,450	0	0
Maxie Stephen Jr ..... Vice-President	10 0 ..... 0 0	X						52,500	0	0
Olick Gabriel ..... Treasurer	10 0 ..... 0 0	X						33,000	0	0
Samuel John ..... Secretary - Incoming	16 0 ..... 0 0	X						34,750	0	0
Steven Nicholai ..... Board Member	3 0 ..... 0 0	X						23,550	0	0
Tall-Lake Sandra ..... Board Member	3 0 ..... 0 0	X						23,200	0	0
Ulroan Alfred ..... Board Member - Incoming	3 0 ..... 0 0	X						8,453	0	0
Williams Albert ..... Board Member	3 0 ..... 0 0	X						23,900	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			
Coleman Michael J ..... Bering Sea Operations GM	40 0 ..... 0 0			X				260,592	0	50,124
Crow Cloyd M ..... Executive Director	40 0 ..... 0 0			X				901,095	0	46,354
Deakin Eric J ..... Chief Operations Officer	40 0 ..... 0 0			X				263,716	0	48,488
Pinsonneault Angela M ..... Director of Business Dev	40 0 ..... 0 0			X				391,327	0	22,535
Souza Nicholas E ..... Deputy Director	40 0 ..... 0 0			X				275,495	0	42,449
Drew Michelle ..... Finance Manager	40 0 ..... 0 0				X			227,108	0	12,536
Egaas James Leonard ..... Captain	40 0 ..... 0 0				X			245,687	0	50,369
Kvinge Owen I ..... Crab Captain / Shipyard	40 0 ..... 0 0				X			363,184	0	26,079
Mattice James ..... Captain	40 0 ..... 0 0				X			222,859	0	19,732
Longvanes Harald Jostein ..... Fishmaster	40 0 ..... 0 0					X		271,782	0	23,860

**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				
Roman Fredrick ..... Captain	40 0 ..... 0 0					X		230,562	0	31,455	
Gjerde Terje ..... Factory Manager	40 0 ..... 0 0					X		222,859	0	42,820	
Marquez Robert ..... Sales & Services Manager	40 0 ..... 0 0					X		218,863	0	31,967	
Hinderman Thomas ..... Chief Engineer	40 0 ..... 0 0					X		204,587	0	19,048	

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

**Supplemental Financial Statements**  
**▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**▶ Attach to Form 990.**  
**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**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 7/25/06, 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

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

**4** Describe in Part XIII the intended uses of the organization's endowment funds

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

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

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 . . . . .		14,938,560	13,360,860	1,577,700
<b>c</b> Leasehold improvements		4,901,662	4,787,550	114,112
<b>d</b> Equipment . . . . .		12,815,970	8,484,461	4,331,509
<b>e</b> Other . . . . .	390,230	134,621,841	55,183,856	79,828,215
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				85,941,536



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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INDIVIDUAL FISHING QUOTAS	121,405,131	F
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶	121,405,131	

**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	15,478
ACCRUED PAYROLL	2,707,936
CAPITAL LEASE	10,491
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	2,733,905

**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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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

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

OMB No 1545-0047

**2018**

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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 ▶ 15

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	165	449,697			EDUCATION ASSISTANCE
(2) Heating Fuel	2170		384,110	FMV	HEATING FUEL
(3) Elders Program	727		492,688	FMV	HEATING OIL
(4) Funeral Assistance	51		52,912	FMV	BURIAL SERVICES
(5) Tax prep	2711		102,500	FMV	TAX PREPARATION SERV
(6) People Propel Subsidies	735	1,476,973			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
Chefornak Traditional Council PO Box 110 Chefornak, AK 995610110	92-0063399	Trad Council	24,493				Community Development
Chevak Traditional Council PO Box 140 Chevak, AK 995630140	92-0063783	Trad Council	31,572				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	18,802		F		COMMUNITY DEVELOPMENT
Native Village of Hooper Bay PO Box 69 Hooper Bay, AK 99604	92-0063052	Native Village	29,752				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
Kipnuk Traditional Council PO Box 57 Kipnuk, AK 996140057	92-0059660	Trad Council	23,278				COMMUNITY DEVELOPMENT
Native Village of Kongiganak PO Box 5069 Kongiganak, AK 99545	92-0073274	Native Village	31,238				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 Kwigillingok PO Box 49 Kwigillingok, AK 99622	92-0068388	Native Village	7,567				COMMUNITY DEVELOPMENT
Native Village of Kwinhagak PO Box 149 Quinhagak, AK 920068827	92-0068827	Native Village	11,066				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 Mekoryuk PO Box 66 Mekoryuk, AK 99630	92-0065724	Native Village	7,947				COMMUNITY DEVELOPMENT
Native Village of Napakiak PO Box 2 Napakiak, AK 99634	92-0080966	Native Village	16,555				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 Tununak PO Box 77 Tununak, AK 996810077	92-0063781	Native Village	21,326				COMMUNITY DEVELOPMENT
Newtok Traditional Council PO Box 5545 Newtok, AK 995595545	46-3853202	Trad Council	16,557				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
Nunakuyak Traditional Council PO Box 37048 Toksook Bay, AK 996370048	92-0063047	Trad Council	31,392				COMMUNITY DEVELOPMENT
Scammon Bay Traditional Council PO Box 110 Scammon Bay, AK 996620110	92-0066184	Trad Council	27,928				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
Tuntutuliak Traditional Council PO Box 8086 Tuntutuliak, AK 996800086	92-6010078	Trad Council	18,480				COMMUNITY DEVELOPMENT

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

OMB No 1545-0047

2018

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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

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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.

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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047 2018 Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

Table with 4 main columns: (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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

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

Table with 5 main columns: (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

**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) John Samuel	Board Member	12,000	Employee compensation		No
(2) Gretchin Williams	Daughter of Board Member	52,342	Employee compensation		No
(3) Theresa Kiokun	Daughter of Board Member	63,026	Employee compensation		No
(4) Caryn Dull	Daughter-in-law of Board	42,908	Employee compensation		No
(5) Marita Steven	Sister-in-law of Board Me	46,427	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**

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of grant or type of assistance
(1) Charity Maxie	Child of Board Member Stephen	3,500
(2) John Samuel	Board member	3,014
(3) Sandra Tall-Lake	Board member	2,780
(4) Edward Kinegak	Board member	12,384
(5) Philip Kusayak	Board member	360
(6) Stephen Maxie	Board member	140
(7) Evan Evan	Board member	3,305
(8) Lucy Beebe	Spouse of Board Member Carlie	2,189
(9) Anna Chuckwuck	Spouse of Board Member George	363
(10) Minnie Ivon	Spouse of Board Member Jerry I	179
(11) Peggy Williams	Spouse of Board Member Albert	3,914
(12) Alice Hunter	Spouse of Board Member Larson	825
(13) Elizabeth Jokay	Sibling of Board Member Stephe	210
(14) Kendra Cleveland	Sibling of Board Member Darren	251
(15) Josephine Tall	Sibling of Board Member Sandra	2,779
(16) George Willams Jr	Sibling of Board Member Albert	686
(17) Donald Tall Jr	Sibling of Board Member Sandra	278
(18) Gary Evan	Sibling of Board Member Evan E	3,389
(19) Harrriet Tulim	Sibling of Board Member Alfred	3,791
(20) Olga Mesak	Sibling of Board Member Nichol	3,470
(21) Donald Tall Sr	Parent of Board Member Sandra	678
(22) Jason Andy	Child of Board Member John And	2,724
(23) Laverna Andy	Child of Board Member John And	2,839
(24) Pauly Andy	Child of Board Member John And	2,147

**SCHEDULE O**  
**(Form 990 or 990-EZ)**  
  
Department of the Treasury

**Supplemental Information to Form 990 or 990-EZ**  
Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

Name of the organization  
Coastal Villages Region Fund

**Employer identification number**  
  
92-0156736

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
OTHER PROGRAM SERVICES	<p>PART III, LINE 4 OUTREACH PROGRAMS (PROGRAM #4) OUTREACH FOCUSES ON COMMUNICATION WITH REGION RESIDENTS IN OUR 20 MEMBER COMMUNITIES AND IS MADE UP OF SEVERAL PROGRAM AREAS 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 PARTICIPATING 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 HEATING OIL PROGRAM - HEATING OIL IS PROVIDED TO COMMUNITY MEMBERS DURING THE WINTER AND SPRING MONTHS TO OFFSET INCREASINGLY HIGH FUEL COSTS POLLOCK PROVIDES 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 THE HIGH</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER PROGRAM SERVICES	<p>COST OF LIVING BY PROVIDING FUNDING FOR EXPENSES SUCH AS HEATING OIL, ELECTRICITY, 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 FORMULA 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

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-STEVENS 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

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 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>
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 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 DIRECTOR'S OVERALL PERFORMANCE, IS REVIEWED BY THE EXECUTIVE COMMITTEE. DELIBERATION OF AND DECISIONS REGARDING THE EXECUTIVE DIRECTOR'S PERFORMANCE AND COMPENSATION ARE RECORDED IN THE BOARD MINUTES. THIS PROCESS WAS COMPLETED IN DECEMBER 2018 AND IS COMPLETED EVERY YEAR DURING THE LAST QUARTER.

**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 ANNUALLY, SELF EVALUATIONS ARE CONDUCTED AND THEN AN EVALUATION IS PREPARED BY THE EMPLOYEE'S 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 EXECUTIVE STAFF IS APPROVED BY THE EMPLOYEE'S MANAGER THIS PROCESS WAS COMPLETED IN DECEMBER 2018 AND IS COMPLETED EVERY YEAR DURING THE LAST QUARTER

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
AVAILABILITY OF DOCUMENTS	PART VI, SECTION C, LINE 19 FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE COMPANY'S ANNUAL REPORT, WHICH IS POSTED ON THE ORGANIZATION'S WEBSITE 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**

<b>Return Reference</b>	<b>Explanation</b>
OTHER CHANGES IN NET ASSETS	PART XI, LINE 9 COASTAL VILLAGES ENTERPRISES, INC 2018 BOOK INCOME (3,620,455) BOOK IMPAIRMENT LOSS (720,266) TOTAL OTHER CHANGES IN NET ASSETS (4,340,721)

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**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.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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	3,173,976	6,488,816	Yes		4,644	Yes		50 000 %

**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	157,244	183,317	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 . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		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 INC	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)

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) 711 H Street LLC 711 H STREET STE 200 Anchorage, AK 99501 20-3222874	Fisheries Dev	AK	236,678	64,647	CVRF
(1) Arctic Sea Holdings LLC 711 H STREET STE 200 Anchorage, AK 99501 20-5813214	Fisheries Dev	AK	817,516	17,310,029	CVC
(2) Blue Dutch LLC 711 H STREET STE 200 Anchorage, AK 99501 91-1944034	Fisheries Dev	AK	0	5,118,295	CVC
(3) Coastal Alaska Premier Seafoods LLC 711 H STREET STE 200 Anchorage, AK 99501 47-2122136	Fisheries Dev	AK	115,801	-22,173,426	CVRF
(4) Coastal Enterprises LLC 711 H STREET STE 200 Anchorage, AK 99501 72-1582380	Fisheries Dev	AK	-28,901	2,674,162	CVS
(5) Coastal Villages Community Development F 711 H STREET STE 200 Anchorage, AK 99501 27-1020299	Fisher Loans	AK	31,784	-374,839	CVRF
(6) Coastal Villages Crab LLC 711 H STREET STE 200 Anchorage, AK 99501 92-0171633	Fisheries Dev	AK	2,413,114	1,082,948	CAPS
(7) Coastal Villages Pollock LLC 711 H STREET STE 200 Anchorage, AK 99501 92-0170320	Fisheries Dev	AK	3,083,676	12,411,395	CAPS
(8) Coastal Villages Seafoods LLC 711 H STREET STE 200 Anchorage, AK 99501 92-0171662	Fisheries Dev	AK	0	228,930	CVRF
(9) FV Arctic Sea LLC 711 H STREET STE 200 Anchorage, AK 99501 20-8044616	Fisheries Dev	AK	4,491,847	6,223,350	CVC
(10) FV North Sea LLC 711 H STREET STE 200 Anchorage, AK 99501 20-8044624	Fisheries Dev	AK	2,993,885	2,404,435	CVC
(11) Goodnews Bay Seafoods LLC 711 H STREET STE 200 Anchorage, AK 99501 27-0625278	Fisheries Dev	AK	109,508	-56,117,668	CVS
(12) Kelly Mae LLC 711 H STREET STE 200 Anchorage, AK 99501 20-1049244	Fisheries Dev	AK	0	1,481,193	CE
(13) Leo LLC 711 H STREET STE 200 Anchorage, AK 99501 20-5779381	Fisheries Dev	AK	-15,000	-530,912	CE
(14) CP Northern Hawk 711 H STREET STE 200 Anchorage, AK 99501 20-5779381	Fisheries Dev	AK	26,498,296	154,979,976	CVP
(15) Coastal Villages Longline 711 H STREET STE 200 Anchorage, AK 99501 92-0171631	Fisheries Dev	AK	994,270	47,297,322	CVP
(16) FV Deep Pacific 711 H STREET STE 200 Anchorage, AK 99501 27-2506668	Fisheries Dev	AK	55,104	1,251,700	CVL
(17) FV Lilli Ann 711 H STREET STE 200 Anchorage, AK 99501 27-2506594	Fisheries Dev	AK	5,071,833	7,870,278	CVL
(18) FV Flicka 711 H STREET STE 200 Anchorage, AK 99501 35-2572089	Fisheries Dev	AK	2,974,691	510,263	CAPS