

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

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

**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

**D** Employer identification number: 92-0156736

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

**G** Gross receipts \$ 83,121,536

**F** Name and address of principal officer:  
 Eric Deakin  
 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.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	20
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	5
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	1,357
<b>6</b> Total number of volunteers (estimate if necessary)	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	-5,814
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	-10,314

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	0
<b>9</b> Program service revenue (Part VIII, line 2g)	3,079,676	3,070,417
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-57,671	-191,492
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,940,498	51,550,714
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	60,962,503	54,429,639
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,297,927	3,487,530
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,860,569	13,756,694
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	32,191,539	34,857,054
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	48,350,035	52,101,278
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	12,612,468	2,328,361

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	279,558,081	279,538,013
<b>21</b> Total liabilities (Part X, line 26)	5,121,375	5,917,147
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	274,436,706	273,620,866

**Part II Signature Block**

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

**Sign Here**

\*\*\*\*\*  
 Signature of officer: \_\_\_\_\_ Date: 2020-09-18  
 MICHELLE DREW CFO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: 2020-09-18  
 Check  if self-employed PTIN: P01490170  
 Firm's name ▶ KPMG LLP Firm's EIN ▶ \_\_\_\_\_  
 Firm's address ▶ 701 WEST 8TH AVENUE SUITE 600 Phone no. (907) 265-1200  
 ANCHORAGE, AK 99501

**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 \$ 31,473,174 including grants of \$ ) (Revenue \$ 51,249,815 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 129,982 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code: ) (Expenses \$ 4,094,180 including grants of \$ 19,088 ) (Revenue \$ )  
See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 6,813,584 including grants of \$ 3,468,442 ) (Revenue \$ 535,000 )

**4e Total program service expenses** ▶ 42,510,920

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .		No
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .		No
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . .		No
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	Yes	
<b>11b</b>	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		No
<b>11c</b>	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	Yes	
<b>11d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	Yes	
<b>11f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .		No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .		No
<b>12b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	Yes	

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

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

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

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

		Yes	No	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	86	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c		

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

<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>	<p><b>2a</b> 1,357</p>			
<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>	<p><b>2b</b></p>	<p>Yes</p>		
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>	<p><b>3a</b></p>	<p>Yes</p>		
<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>	<p><b>3b</b></p>	<p>Yes</p>		
<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>	<p><b>4a</b></p>		<p>No</p>	
<p><b>b</b> If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>				
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>	<p><b>5a</b></p>		<p>No</p>	
<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>	<p><b>5b</b></p>		<p>No</p>	
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>	<p><b>5c</b></p>			
<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>	<p><b>6a</b></p>		<p>No</p>	
<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>	<p><b>6b</b></p>			
<p><b>7 Organizations that may receive deductible contributions under section 170(c).</b></p>				
<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>	<p><b>7a</b></p>			
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>	<p><b>7b</b></p>			
<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>	<p><b>7c</b></p>			
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<p><b>7d</b></p>			
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<p><b>7e</b></p>			
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>	<p><b>7f</b></p>			
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>	<p><b>7g</b></p>			
<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>	<p><b>7h</b></p>			
<p><b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>	<p><b>8</b></p>			
<p><b>9 Sponsoring organizations maintaining donor advised funds.</b></p>				
<p><b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>	<p><b>9a</b></p>			
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>	<p><b>9b</b></p>			
<p><b>10 Section 501(c)(7) organizations.</b> Enter:</p>				
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<p><b>10a</b></p>			
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .</p>	<p><b>10b</b></p>			
<p><b>11 Section 501(c)(12) organizations.</b> Enter:</p>				
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<p><b>11a</b></p>			
<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>	<p><b>11b</b></p>			
<p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>				
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<p><b>12b</b></p>			
<p><b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b></p>				
<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>	<p><b>13a</b></p>			
<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>	<p><b>13b</b></p>			
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<p><b>13c</b></p>			
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>	<p><b>14a</b></p>		<p>No</p>	
<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>	<p><b>14b</b></p>			
<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>	<p><b>15</b></p>		<p>No</p>	
<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>	<p><b>16</b></p>		<p>No</p>	

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 (20), 1b (5), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (No), 8a (Yes), 8b (Yes), 9 (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 (No), 10b, 11a (No), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (No), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

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.
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 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>1g</b>					
	<b>h Total.</b> Add lines 1a-1f . . . . .			0			
<b>Program Service Revenue</b>	<b>2a</b> Equity earnings in BSAI, LLC	Business Code 110000	3,070,417	3,076,231	-5,814		
	<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. . . . .		3,070,417				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		29,724			29,724	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b> Royalties . . . . .		2,566,238			2,566,238	
	<b>6a</b> Gross rents	(i) Real	275,892				
		(ii) Personal					
		<b>6c</b> Rental income or (loss)	275,892	0			
	<b>d</b> Net rental income or (loss) . . . . .		275,892			275,892	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		18,000			
		<b>7b</b> Less: cost or other basis and sales expenses			239,216		
	<b>c</b> Gain or (loss)				-221,216		
	<b>d</b> Net gain or (loss) . . . . .			-221,216		-221,216	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .			0			
		<b>b</b> Less: direct expenses . . . . .			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 . . . . .			0				
	<b>b</b> Less: direct expenses . . . . .			0			
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		76,992,925					
	<b>b</b> Less: cost of goods sold . . . . .		28,452,681				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		48,540,244	48,540,244			
Miscellaneous Revenue	Business Code						
<b>11a</b> STATE OF ALASKA REFUND	900099	60,246	60,246				
<b>b</b> FSA FORFEITURE RECOVERY	900099	53,334	53,334				
<b>c</b> Ship Store Sales	110000	36,716	36,716				
<b>d</b> All other revenue . . . . .		18,044	18,044				
<b>e Total.</b> Add lines 11a-11d . . . . .		168,340					
<b>12 Total revenue.</b> See instructions . . . . .		54,429,639	51,784,815	-5,814	2,650,638		

**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 . . . . .	431,755	431,755		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	3,055,775	3,055,775		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 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 . . . . .	4,035,549	1,007,656	3,027,893	
<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 . . . . .	8,196,057	4,937,781	3,258,276	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	415,677	192,357	223,320	
<b>9</b> Other employee benefits . . . . .	225,864	139,578	86,286	
<b>10</b> Payroll taxes . . . . .	883,547	490,718	392,829	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	335,787	3,430	332,357	
<b>c</b> Accounting . . . . .	204,850		204,850	
<b>d</b> Lobbying . . . . .	187,479		187,479	
<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 . . . . .	22,041	20,601	1,440	
<b>13</b> Office expenses . . . . .	781,959	393,805	388,154	
<b>14</b> Information technology . . . . .	398,493	113,731	284,762	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	1,255,611	1,176,185	79,426	
<b>17</b> Travel . . . . .	1,536,616	1,070,734	465,882	
<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 . . . . .	148,955	122,447	26,508	
<b>20</b> Interest . . . . .	476		476	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	9,073,481	9,009,185	64,296	
<b>23</b> Insurance . . . . .	4,208,517	3,850,509	358,008	
<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	1,245,584	1,245,584		
<b>b</b> Freight	6,802,320	6,779,023	23,297	
<b>c</b> Supplies	2,934,836	2,918,815	16,021	
<b>d</b> Vessel	3,766,792	3,765,180	1,612	
<b>e</b> All other expenses	1,953,257	1,786,071	167,186	
<b>25</b> Total functional expenses. Add lines 1 through 24e	52,101,278	42,510,920	9,590,358	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 . . . . .	34,256,593	<b>1</b>	37,251,875
	<b>2</b> Savings and temporary cash investments . . . . .	17,057,107	<b>2</b>	17,068,288
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	6,867,602	<b>4</b>	3,481,157
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	455,428	<b>7</b>	277,657
	<b>8</b> Inventories for sale or use . . . . .	3,824,724	<b>8</b>	5,625,006
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,376,843	<b>9</b>	3,190,728
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 157,753,781		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 77,162,664	85,941,536	<b>10c</b> 80,591,117
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	5,728,591	<b>12</b>	10,376,718
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	121,405,131	<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 . . . . .	644,526	<b>15</b>	270,336
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	279,558,081	<b>16</b>	279,538,013	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,374,511	<b>17</b>	2,639,127
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	12,959	<b>19</b>	390,685
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	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	2,733,905	<b>25</b>	2,887,335
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	5,121,375	<b>26</b>	5,917,147
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	274,436,706	<b>27</b>	273,620,866
	<b>28</b> Net assets with donor restrictions . . . . .	0	<b>28</b>	0
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	274,436,706	<b>32</b>	273,620,866	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	279,558,081	<b>33</b>	279,538,013	

**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>	54,429,639
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	52,101,278
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,328,361
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	274,436,706
<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>	-3,144,201
<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>	273,620,866

**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 (2019)

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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 2019 INCLUDE ONGOING DEPRECIATION, INSURANCE, AND MAINTENANCE OF THE FACILITIES.

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

OUTREACH PROGRAMS (PROGRAM #3): OUTREACH FOCUSES ON COMMUNICATION WITH REGION RESIDENTS IN OUR 20 MEMBER COMMUNITIES AND IS MADE UP OF SEVERAL PROGRAM AREAS. 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.

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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 \$	1,878,114	including grants of \$	) (Revenue \$	)
YOUTH PROGRAMS					

(Code: )	(Expenses \$	2,226,035	including grants of \$	1,172,947	) (Revenue \$	535,000	)
SOCIAL INVESTMENTS							



**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 \$	586,537	including grants of \$	424,329 )	(Revenue \$ )
4-SITE					

(Code: )	(Expenses \$	1,872,557	including grants of \$	1,871,166 )	(Revenue \$ )
PEOPLE PROPEL					

**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 \$ 250,341 including grants of \$ ) (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			
Crow Cloyd ..... Executive Director	40.0 ..... 0.0			X				982,137	0	42,700
Pinsonneault Angela ..... Director of Business Dev.	40.0 ..... 0.0						X	481,877	0	21,011
Kvinge Owen ..... Crab/Captain/Shipyard Labor	40.0 ..... 0.0				X			420,592	0	26,079
Coleman Michael ..... Bering Sea Operations GM	40.0 ..... 0.0			X				317,766	0	51,563
Deakin Eric ..... Chief Operations Officer	40.0 ..... 0.0			X				313,199	0	48,863
Longvanes Harald ..... Fishmaster	40.0 ..... 0.0					X		299,599	0	24,196
Egaas James ..... Captain	40.0 ..... 0.0				X			269,299	0	51,563
Souza Nicholas ..... Deputy Director	40.0 ..... 0.0			X				275,971	0	42,693
Henken Michael ..... Chief Engineer	40.0 ..... 0.0					X		282,768	0	29,651
Drew Michelle ..... Chief Financial Officer	40.0 ..... 0.0			X				281,683	0	15,181

**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			
Gjerde Terje ..... Factory Manager	40.0 ..... 0.0					X		244,085	0	43,922
Roman Frederick ..... Captain Lilli Ann	40.0 ..... 0.0					X		255,304	0	32,692
Catala Damien ..... Relief Captain	40.0 ..... 0.0					X		258,257	0	0
Marquez Robert ..... Director of Vocational Program	40.0 ..... 0.0				X			0	220,208	32,034
Rosenberger Lorena ..... Operations Manager	40.0 ..... 0.0				X			193,670	0	20,649
Strandberg Fariba ..... Controller	40.0 ..... 0.0				X			201,724	0	11,267
Jung Richard ..... President	20.0 ..... 0.0	X		X				127,600	0	0
Maxie Stephen ..... Vice-President	10.0 ..... 0.0	X		X				54,950	0	0
Samuel John ..... Secretary	16.0 ..... 0.0	X		X				47,800	0	0
Olick Gabriel ..... Treasurer	10.0 ..... 0.0	X		X				34,400	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			
Hunter Larson ..... Executive Committee	6.0 ..... 0.0	X						28,750	0	0
Evan Evan ..... Executive Committee	6.0 ..... 0.0	X						28,400	0	0
Beebe Carlie ..... Executive Committee	6.0 ..... 0.0	X						26,350	0	0
Ulroan Alfred ..... Board Member	3.0 ..... 0.0	X						25,300	0	0
Dull Clarence ..... Board Member	3.0 ..... 0.0	X						24,250	0	0
Kinegak Edward ..... Board Member	3.0 ..... 0.0	X						24,250	0	0
Chuckwuk George ..... Board Member	3.0 ..... 0.0	X						23,900	0	0
Ivon Jerry ..... Board Member	3.0 ..... 0.0	X						23,900	0	0
Lewis Roland ..... BOARD MEMBER (END 2019)	3.0 ..... 0.0	X						23,550	0	0
Steven Nicholai ..... Board Member	3.0 ..... 0.0	X						23,550	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			
George Clement ..... Board Member	3.0 ..... 0.0	X						22,850	0	0
Williams Albert ..... Board Member	3.0 ..... 0.0	X						22,850	0	0
Kusayak Phillip ..... BOARD MEMBER (END 2019)	3.0 ..... 0.0	X						22,500	0	0
Cleveland Darren ..... EXECUTIVE COMMITTEE (END 2019)	3.0 ..... 0.0	X						19,350	0	0
Andy John ..... BOARD MEMBER (END 2019)	3.0 ..... 0.0	X						17,000	0	0
Tall-Lake Sandra ..... BOARD MEMBER (END 2019)	3.0 ..... 0.0	X						7,150	0	0
John Xavier ..... Board Member	3.0 ..... 0.0	X						6,500	0	0
Matthew John ..... Board Member	3.0 ..... 0.0	X						6,500	0	0
Kanrilak Alma ..... Board Member	3.0 ..... 0.0	X						2,400	0	0
Kiunya Andrew ..... Board Member	3.0 ..... 0.0	X						2,400	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			
Olson Eric ..... Board Member	3.0 ..... 0.0	X						2,400	0	0

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

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ 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 instructions and the latest information.

**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 . . . . .		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

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

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

Preservation of land for public use (e.g., recreation or education)       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:
- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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 . . . . .		3,924,998	2,534,052	1,390,946
<b>c</b> Leasehold improvements		4,306,721	4,221,128	85,593
<b>d</b> Equipment . . . . .		13,094,235	8,723,421	4,370,814
<b>e</b> Other . . . . .	0	136,337,827	61,684,063	74,653,764
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				80,591,117

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	2,887,335

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 1:			
<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 1:			
<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

2019

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 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...
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.

Table with 8 columns: (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. Rows 1-12.

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

**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	108	424,329			
(2) Heating Fuel	2164		391,538	FMV	Heating Fuel
(3) Elders Program	726		184,262	FMV	PARKAS, MEAT, OIL
(4) Funeral Assistance	250		81,655	FMV	BURIAL SERVICES,FOOD
(5) Tax prep	2862		102,500	FMV	Tax preparation serv
(6) People Propel? Subsidies	775	1,710,263			
(7) People Propel - Home Ownership Subsidy	3	161,228			
(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	21,804				Community Development
City of Chevak PO Box 136 Chevak, AK 995630140	92-0061087	CHEVAK	44,534				Community Development & Youth Leadership 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
Napaskiak Tribal Council PO Box 8009 Napaskiak, AK 995596009	92-0143940	Tribal Council	21,258				COMMUNITY DEVELOPMENT Community Development
City of Hooper Bay PO Box 29 Hooper Bay, AK 99604	92-0047911	HOOPER BAY	52,691				COMMUNITY DEVELOPMENT Community Development



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Kipnuk Traditional Council PO Box 57 Kipnuk, AK 996140057	92-0059660	Trad. Council	30,222				COMMUNITY DEVELOPMENT Community Development
Native Village of Kongiganak PO Box 5069 Kongiganak, AK 99545	92-0073274	Native Village	25,962				COMMUNITY DEVELOPMENT Community Development

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Native Village of Kwigillingok PO Box 49 Kwigillingok, AK 99622	92-0068388	Native Village	22,468				COMMUNITY DEVELOPMENT Community Development
Native Village of Kwinhagak PO Box 149 Quinhagak, AK 996550149	92-0068827	Native Village	34,310				COMMUNITY DEVELOPMENT Community Development

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Native Village of Mekoryuk PO Box 66 Mekoryuk, AK 99630	92-0065724	Native Village	12,592				COMMUNITY DEVELOPMENT Community Development
Native Village of Napakiak PO Box 2 Napakiak, AK 99634	92-0080966	Native Village	11,881				COMMUNITY DEVELOPMENT Community Development

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Native Village of Tununak PO Box 77 Tununak, AK 996810077	92-0063781	Native Village	17,234				COMMUNITY DEVELOPMENT Community Development
Newtok Village Council PO Box 5596 Newtok, AK 99559	46-3853202	Trad. Council	11,168				COMMUNITY DEVELOPMENT Community Development

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Native Village of Nightmute PO Box 90021 Newtok, AK 99690	92-0137403	Native Village	16,619				COMMUNITY DEVELOPMENT Community Development
Platinum Traditional Village PO Box 08 Platinum, AK 99651	92-0079313	Trad. Council	9,338				COMMUNITY DEVELOPMENT Community Development

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Nunakauyak Traditional Council PO Box 37048 Toksook Bay, AK 996370048	92-0063047	Trad. Council	31,551				Community Development
City of Scammon Bay PO Box 90 Scammon Bay, AK 996620090	92-0086142	SCAMMON BAY	31,000				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	23,391				Community Development
Alaska School Activities Assoc 4048 Laurel St Anchorage, AK 99508	92-0116510	501(C)(3)	15,000				Basketball sponsorship

**Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.**

Scholarships	108	424,329			
Scholarships	108	424,329			
Heating Fuel	2164		391,538	FMV	Heating Fuel
Elders Program	726		184,262	FMV	PARKAS, MEAT, OIL
Funeral Assistance	250		81,655	FMV	BURIAL SERVICES, FOOD
Tax prep	2862		102,500	FMV	Tax preparation serv



<b>Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.</b>				
People Propel? Subsidies	775	1,710,263		
People Propel? Subsidies	775	1,710,263		
People Propel - Home Ownership Subsidy	3	161,228		

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
Coastal Villages Region Fund

Employer identification number  
92-0156736

**Part I Questions Regarding Compensation**

	Yes	No
<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.		
<input checked="" type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification 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)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		No
<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 on Line 1a?	Yes	
<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.		
<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 checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<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:		
<b>a</b> Receive a severance payment or change-of-control payment?	Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<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:		
<b>a</b> The organization?		No
<b>b</b> Any related organization?		No
If "Yes," on line 5a or 5b, describe in Part III.		
<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:		
<b>a</b> The organization?		No
<b>b</b> Any related organization?		No
If "Yes," on line 6a or 6b, describe in Part III.		
<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.		No
<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.		No
<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)?		



**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1B	CVRF OCCASIONALLY CHARTERS FLIGHTS TO VILLAGES TO TRANSPORT BOARD MEMBERS, KEY EMPLOYEES OR OTHER STAFF. THESE EXPENSES ARE NOT REPORTED AS TAXABLE INCOME TO THE INDIVIDUALS TRAVELING, AS THE TRAVEL IS RELATED TO CVRF'S PROGRAMMATIC WORK.
PART I, LINE 4A	SEVERANCE WAS PAID TO THE FOLLOWING FORMER OFFICERS DURING CALENDAR YEAR 2019: ANGELA PINSONNEAULT - \$175,000



Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

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 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 5 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 the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

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

Table with 9 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)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 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
See Additional Data Table					

**Part V Supplemental Information**

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

Return Reference	Explanation

**Additional Data**

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
(1) Charity Maxie	Child of Board Member Stephen	8,000
(2) Sydney Cleveland	Sibling of Board Member Darren	5,300
(3) Alice Hunter	Spouse of Board Member Larson	3,300
(4) Nicholai Steven	Board member	2,679
(5) Darren Cleveland	Board member	6,240
(6) Stephen Maxie	Board member	3,631
(7) Edward Kinogak	Board member	4,946
(8) Albert Williams	Board member	1,806
(9) Bertha George	Spouse of Board Member Clement	2,610
(10) Mary Samuel	Spouse of Board Member John Sa	2,320
(11) Alice Hunter	Spouse of Board Member Larson	4,605
(12) Priscilla Matchian	Sibling of Board Member Alfred	305
(13) Kendra Brown	Sibling of Board Member Darren	1,890
(14) Helen Lupie	Sibling of Board Member Evan E	2,099
(15) Lydia Weston	Sibling of Board Member Albert	3,709
(16) Gary Evan	Sibling of Board Member Evan E	2,271
(17) Theresa Cleveland	Parent of Board Member Darren	178
(18) Timothy Kinogak	Child of Board Member Edward K	1,021
(19) LucyAnne Kusayak	Child of Board Member Phillip	2,651
(20) Ethan Williams	Child of Board Member Albert W	3,357

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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	12,725	Employee compensation		No
(1) Gretchin Williams	Daughter of Board Member	64,167	Employee compensation		No



**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(3) Theresa Kiokun	Daughter of Board Member	55,891	Employee compensation		No
(1) Caryn Dull	Daughter-in-law of Board	55,241	Employee compensation		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(5) Marita Steven	Sister-in-law of Board Me	53,007	Employee compensation		No
(1) Mary Matthew	Wife of Board Member John	44,368	Employee compensation		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(7) Cheryl Smart	Daughter of Board Member	73,705	Employee compensation		No
(1) Megan John	Daughter of Board Member	19,910	Employee compensation		No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**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

**2019**

**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service  
Name of the organization  
Coastal Villages Region Fund

**Employer identification number**

92-0156736

## 990 Schedule O, Organizational Information

Return Reference	Explanation
OTHER PROGRAM SERVICES	<p>PART III, LINE 4 OUTREACH PROGRAMS CONTINUED (PROGRAM #3): 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 #4): THE COASTAL VILLAGES YOUTH PROGRAMS PROMOTE LEADERSHIP, PERSONAL DEVELOPMENT, AND CITIZENSHIP AMONG THE YOUTH IN THE COMMUNITIES AGES 13 TO 24. THROUGH VARIOUS ACTIVITIES AND ACHIEVEMENTS, THE YOUTH LEARN TO ACCEPT RESPONSIBILITY, GAIN LEADERSHIP SKILLS, THROUGH PARTICIPATION IN COMMUNITY ACTIVITIES. YOUTH AGES 14-19 ALSO HAVE THE OPPORTUNITY TO WORK DURING THE SUMMER VIA CVRF'S YOUTH-TO-WORK PROGRAM. CIUNEQ IS A PROGRAM FOR HIGH ACHIEVING HIGH SCHOOL AGED YOUTH TO CREATE A PATHWAY FOR FUTURE EDUCATION AND CAREER SUCCESS THROUGH EXPOSURE TO THE OPPORTUNITIES AVAILABLE TO THEM. SOCIAL INVESTMENTS (PROGRAM #5): 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 ELDERLY IN CVRF'S MEMBER COMMUNITIES WITH THE HIGH 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. FUNERAL ASSISTANCE - THIS PROGRAM IS DESIGNED TO PROVIDE COMMUNITY</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
OTHER PROGRAM SERVICES	<p>MEMBERS WITH ASSISTANCE IN FUNERAL AND BURIAL COSTS IN THE COMMUNITIES. CONSTRUCTION - THIS PROGRAM IS DESIGNED TO PROVIDE COMMUNITY ASSISTANCE FOR AFFORDABLE HOUSING AND IMPROVEMENT OF CRITICAL INFRASTRUCTURE. THE PROGRAM IS WORKING TO DEVELOP COMMUNITY CAPACITY THROUGH HIRING AND TRAINING QUALIFIED PERSONNEL TO PERFORM CONSTRUCTION ACTIVITIES, TO PROVIDE DOWN-PAYMENT ASSISTANCE, TO PROVIDE CONSULTATION AND COORDINATION WITH HOUSING LENDERS, BIA AND OTHER LOW-INCOME HOUSING PROGRAM PROVIDERS. AFFORDABLE HOUSING UNITS WILL BE SOLD TO QUALIFYING COMMUNITIES MEMBERS WITH HOUSING SALES PROCEEDS ROLLING BACK INTO THE PROGRAM. THE PROGRAM WILL ALSO CONDUCT CONSTRUCTION AND MAINTENANCE OF OTHER CRITICAL INFRASTRUCTURE, SUCH AS BOARDWALKS, COMMUNITY CENTERS, AND OTHER FACILITIES WITHIN THE COMMUNITIES. 4-SITE (PROGRAM #6): 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 #7): PEOPLE PROPEL - THE PEOPLE PROPEL PROGRAM WAS CREATED TO MEET THE DEMAND OF OUR COMMUNITY RESIDENTS 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. IN 2018 PEOPLE PROPEL BEGAN PROVIDING DOWN-PAYMENT ASSISTANCE FOR COMMUNITY HOME CONSTRUCTION AND MAJOR HOME IMPROVEMENTS. UNDER THIS PROGRAM, CVRF PROVIDES A SUBSIDY IN THE AMOUNT OF 30% OF THE ASSET COST, WITH THE RESIDENT RESPONSIBLE FOR THE REMAINING 70%. CDQ CONTRACT &amp; QUOTA MANAGEMENT (PROGRAM #8): CVRF IS INCREASINGLY LEASING ITS CDQ QUOTA TO WHOLLY-OWNED SUBSIDIARIES AND HAS ACQUIRED SIGNIFICANT ADDITIONAL QUOTA (NON-CDQ) IN THE MAJOR BERING SEA FISHERIES. THE QUOTA MANAGEMENT TEAM MONITORS THE HARVEST OF ALL CDQ ALLOCATIONS THROUGHOUT THE YEAR, AND COORDINATES WITH FISHING VESSELS AND/OR HARVESTING PARTNERS TO MAXIMIZE THE HARVEST OF CVRF'S CDQ QUOTA.</p>

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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 CHIEF FINANCIAL OFFICER AND THE CONTROLLER. THE CHIEF FINANCIAL OFFICER WILL APPROVE AND SIGN THE FINAL FORM 990.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY	<p>PART VI, SECTION B, LINE 12C Upon hire, or election, all employees and board members are provided a copy of the conflict of interest policy statement. New board members are provided an on-boarding orientation that clearly highlights the policy. Annually, the board completes a written conflict of interest renewal statement, as well as related party/nepotism statements. Forms submitted are reviewed by the executive staff and board secretary and any conflicts disclosed at that time would be communicated to the board chair for resolution. Periodically, throughout the year, the board members are reminded of conflict of interest via verbal communications during board meetings relative to various agenda items. Given the cultural and geographic makeup of our board and resident population, it is very rare to have financial or other investment conflicts; however it is very common to have related party transactions or family participation in employment, compensation and bonuses. These conflicts are disclosed verbally during the meetings and annually through the related party statements. Generally, the board chairman, with the advice of management and/or legal counsel, as necessary, decides whether or not the conflict is sufficient to preclude the member from discussion, deliberation, or voting. If the conflict is deemed material or self-service the board member is excluded.</p>

**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 ON A PERIODIC BASIS TO ENSURE THAT PAY IS REASONABLE AND IN LINE WITH MARKET CONIDITIONS.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 LAST COMPLETED IN 2019.

**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 ALL EXECUTIVE STAFF, INCLUDING ALL OFFICERS, ON A PERIODIC BASIS TO ENSURE THAT PAY IS REASONABLE AND IN LINE WITH MARKET CONDITIONS. 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 LAST COMPLETED IN 2019.

**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. 2019 BOOK INCOME (3,144,201) TOTAL OTHER CHANGES IN NET ASSETS (3,144,201)

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**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	3,057,943	5,893,330	Yes		-5,814	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	341,483	94,682	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	250,492	Accrual



**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
711 H Street LLC 711 H STREET STE 200 Anchorage, AK 99501 20-3222874	Fisheries Dev	AK	275,892	29,760	CVRF
Arctic Sea Holdings LLC 711 H STREET STE 200 Anchorage, AK 99501 20-5813214	Fisheries Dev	AK	367,430	17,668,116	CVC
Blue Dutch LLC 711 H STREET STE 200 Anchorage, AK 99501 91-1944034	Fisheries Dev	AK		5,117,493	CVC
Coastal Alaska Premier Seafoods LLC 711 H STREET STE 200 Anchorage, AK 99501 47-2122136	Fisheries Dev	AK	-230,466	-26,421,410	CVRF
Coastal Enterprises LLC 711 H STREET STE 200 Anchorage, AK 99501 72-1582380	Fisheries Dev	AK			CVS
Coastal Villages Community Development F 711 H STREET STE 200 Anchorage, AK 99501 27-1020299	Fisher. Loans	AK	19,669	92,412	CVRF
Coastal Villages Crab LLC 711 H STREET STE 200 Anchorage, AK 99501 92-0171633	Fisheries Dev	AK	1,662,963	2,725,087	CAPS
Coastal Villages Pollock LLC 711 H STREET STE 200 Anchorage, AK 99501 92-0170320	Fisheries Dev	AK	3,070,417	15,373,196	CAPS
Coastal Villages Seafoods LLC 711 H STREET STE 200 Anchorage, AK 99501 92-0171662	Fisheries Dev	AK	60,245	-54,934,067	CVRF
FV Arctic Sea LLC 711 H STREET STE 200 Anchorage, AK 99501 20-8044616	Fisheries Dev	AK	184,944	5,243,404	CVC
FV North Sea LLC 711 H STREET STE 200 Anchorage, AK 99501 20-8044624	Fisheries Dev	AK	864,868	2,864,745	CVC
Goodnews Bay Seafoods LLC 711 H STREET STE 200 Anchorage, AK 99501 27-0625278	Fisheries Dev	AK	5,500		CVS
Kelly Mae LLC 711 H STREET STE 200 Anchorage, AK 99501 20-1049244	Fisheries Dev	AK	-16,250		CE
Leo LLC 711 H STREET STE 200 Anchorage, AK 99501 20-5779381	Fisheries Dev	AK			CE
CP Northern Hawk 711 H STREET STE 200 Anchorage, AK 99501 20-5779381	Fisheries Dev	AK	23,670,539	160,453,155	CVP
Coastal Villages Longline 711 H STREET STE 200 Anchorage, AK 99501 92-0171631	Fisheries Dev	AK	2,344,664	50,153,201	CVP
FV Deep Pacific 711 H STREET STE 200 Anchorage, AK 99501 27-2506668	Fisheries Dev	AK	10,018	1,220,054	CVL
FV Lilli Ann 711 H STREET STE 200 Anchorage, AK 99501 27-2506594	Fisheries Dev	AK	1,927,667	6,323,229	CVL
FV Flicka 711 H STREET STE 200 Anchorage, AK 99501 35-2572089	Fisheries Dev	AK	1,618,075	-1,279,487	CAPS