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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 black lung benefit trust or private foundation)

2009

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

				ing 01-01-2009 and ending 12-31-200	9		
B Che	eck ıf ap	oplicable Please	C Name of organization Coastal Villages Regio			D Employer ic	lentification number
Add	dress cha	ange use IRS label o	5			92-01567 E Telephone r	
Nar	me chan	nge print o type. S	r				
_ Init	al retur	n Specifi	Number and street (or	r P O box if mail is not delivered to street addre	ess) Room/suite	(907) 278	
– Ter	mınated	Instructions.	711 H Street			G Gross receipt	s \$ 43,873,598
– Am	ended r	eturn	City or town, state or			1	
– App	olication	pending	Anchorage, AK 99501				
				ncipal officer	H(a) In th		rn for
		RIC	HARD MONROE	·		ıs a group retu ates?	⊤Yes ∀ No
			H STREET SUITE 200 CHORAGE,AK 99501				
			MORAGE, AR 99301			ll affiliates inclu	·
Ta	x-exem	pt status 🔽 50	1(c) (4) ◀ (insert no) 「	4947(a)(1) or 527		o," attach a lis up exemption n	t (see instructions)
			STALVILLAGES ORG		_ н(с)	ap exemption n	diliber F
			oration Trust Association	on Other ►	L Year of fo	ormation 1992	M State of legal domicile AK
Pa	rt I	Summary					
	1	•	_	sion or most significant activities PMENT OF OUR COMMUNITIES BY C	REATING SEI	NSIBLE TANG	GIBLE, AND LONG-
υ	1			RATE HOPE FOR ALL PEOPLE WHO W			
sovemance s							
Ξ							
<u> </u>							
5	2	Check this box	if the organization	discontinued its operations or disposed	l of more than	25% of its net	assets
ő.	3	Number of voti	ng members of the gove	rning body (Part VI, line 1a)			3 20
SAINIAINAH	4	Number of inde	pendent voting member:	s of the governing body (Part VI, line 1	b)		420
Ē	5	Total number o	femployees (Part V , line	e 2a)			5 336
3	6	Total number o	f volunteers (estimate if	necessary)		(6 0
•	7a	Total gross unr	elated business revenu	e from Part VIII, column (C), line 12		7	7a 178,868
	ь	Net unrelated b	usiness taxable income	from Form 990-T, line 34		7	7b -187,368
					Pric	or Year	Current Year
	8	Contributions	and grants (Part VIII, I	ıne 1h)		560,585	60,500
₽	9	Program servi	ce revenue (Part VIII, I		14,253,499	22,394,742	
Rayen	10		come (Part VIII, colum		16,978,573 1,68		
2	11		e (Part VIII, column (A)		5,257,390	1,489,845	
	12			l (must equal Part VIII, column (A), lin	e -	3,237,330	1,103,013
			_			37,050,047	25,630,810
	13	Crants and su		t IX, column (A), lines 1-3)		703,453	1,075,274
	I	Grants and Sir	nilar amounts paid (Par	,		703,433	
	14		•	IX, column (A), line 4)		0	0
r o	14 15	Benefits paid	to or for members (Part		5 –	0	0
999 9999	15	Benefits paid Salaries, othe	to or for members (Part r compensation, employ	IX, column (A), line 4) ee benefits (Part IX, column (A), lines	5 –	9,553,021	11,448,165
enses		Benefits paid Salaries, othe 10) Professional f	to or for members (Part r compensation, employ undraising fees (Part IX	IX, column (A), line 4) ee benefits (Part IX, column (A), lines !	5 -	0	0
Expenses	15	Benefits paid Salaries, othe 10) Professional f	to or for members (Part r compensation, employ undraising fees (Part IX expenses (Part IX, column (E	IX, column (A), line 4) ee benefits (Part IX, column (A), lines ! , column (A), line 11e)		9,553,021	11,448,165
Expenses	15 16a	Benefits paid Salaries, other 10) Professional for Total fundraising Other expense	to or for members (Part r compensation, employ undraising fees (Part IX expenses (Part IX, column (E es (Part IX, column (A),	IX, column (A), line 4) ee benefits (Part IX, column (A), lines solumn (A), line 11e)		9,553,021 0 37,204,952	11,448,165
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	15 16a b 17 18 19	Benefits paid Salaries, other 10) Professional for Total fundraising Other expense Total expense Revenue less Total assets (Total liabilities	to or for members (Part to or for members (Part tr compensation, employ undraising fees (Part IX) expenses (Part IX, column (A), is Add lines 13-17 (multiple expenses Subtract line Part X, line 16) s (Part X, line 26)	IX, column (A), line 4)	Beginnin	9,553,021 0 37,204,952 47,461,426 -10,411,379 g of Current (ear 98,850,542 30,210,035	0 11,448,165 0 21,233,111 33,756,550 -8,125,740 End of Year 134,873,042 73,900,712
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Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

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	Did the organization und the prior Form 990 or 99			rvices during the yea	r which were not listed on	☐ Yes No
	If "Yes," describe these	new services on	Schedule O			
3	Did the organization ceaservices?	se conducting, o	r make sıgnıfıcan	t changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe these	changes on Sch	edule O			
4		01(c)(4) organiz	ations and section	on 4947(a)(1) trusts	e largest program services tare required to report the ar service reported	
4a	(Code) (Expenses \$	5,267,759	ıncludıng grants of \$) (Revenue \$	4,248,484)
	TENDERS, TUG BOATS AND	BARGES OVER 250 A S THE ADDITIONAL O	AREA RESIDENTS ARE COSTS TO OPERATE N	E EMPLOYED EACH SUMME NOT INCLUDED IN COST O	PLANT, A SALMON BUYING STATIC R FISH IS PURCHASED FROM OV F GOODS SOLD (COG IS INCLUDE)	ER 500 LOCAL FISHERMEN
4b	(Code) (Expenses \$	12,715,648	ıncludıng grants of \$) (Revenue \$	-2,846,343)
	RESIDENTS, AS WELL AS FU	NDING FOR OTHER F	PROGRAMS THE AMO	OUNT GIVEN REPRESENTS	GRAM PROVIDES EMPLOYMENT AN THE ADDITIONAL COSTS TO OPER H THE GROSS PROFIT FROM CRA	
4c	(Code) (Expenses \$	2,997,419	ıncludıng grants of \$) (Revenue \$	22,394,742)
	OPERATION OF SIXTEEN FIS SUPPORT CENTERS SUPPOR				OR OFFICES, SMALL RETAIL STOR	RES, AND MECHANIC SHOPS ALL
4d	Other program service	s (Describe in S	chedule O) See a	also Additional Data (or Description	
	(Expenses \$	7,385,360 ı	ncluding grants o	f\$) (Revenue \$	2,601,200)
4e	Total program service o	expenses > \$	28,366,18	6		
						Form 990 (2009)

Part TV	Checklist	of Red	nuired	Schedi	ile
	CHECKHOL	UI NE	aun eu	Scheut	1163

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors? 📆	2	Yes	
3	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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12 A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	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	18		No
19	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	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		No
32	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990	(2009)		Page 5
Part V	Statements Regarding Other IRS Filings and Tax Compliance		
		Yes	No

			Yes	NO
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a	Yes	
ь 4а	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
-1 a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	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?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		Νο
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter	70		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

PATRICIA MURPHY 711 H STREET SUITE 200 ANCHORAGE,AK 99501

(907) 278-5151

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.

Se	ction A. Governing Body and Management						
					Yes	No	
4.	Fuhanaha	a . I	20				
1a	Enter the number of voting members of the governing body	1a	20				
ь	Enter the number of voting members that are independent	1b	20				
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		2	Yes			
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			3		Νo	
4	Did the organization make any significant changes to its organizational documents s filed?	ınce t	he prior Form 990 was	4		Νο	
5	Did the organization become aware during the year of a material diversion of the organization	anızat	on's assets?	5		No	
6	Does the organization have members or stockholders?			6	Yes		
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a	Yes		
b	Are any decisions of the governing body subject to approval by members, stockholde	ers, o	rother persons?	7b	Yes		
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ur	ndertaken during the				
а	The governing body?			8a	Yes		
b	Each committee with authority to act on behalf of the governing body?			8b	Yes		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Sched			9		Νo	
	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal				
Re	venue Code.)			1			
					Yes	No	
	Does the organization have local chapters, branches, or affiliates?	10a		Νo			
b	If "Yes," does the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with those of the or	ganız	ation?	10b			
11	Has the organization provided a copy of this Form 990 to all members of its governir	ng boo	y before filing the form?	11		No	
11A	LA Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes		
	Are officers, directors or trustees, and key employees required to disclose annually to conflicts?	ıntere	sts that could give rise	12b	Yes		
c	Does the organization regularly and consistently monitor and enforce compliance wit describe in Schedule O how this is done	-		12c	Yes		
13	Does the organization have a written whistleblower policy?	•		13		No	
14	Does the organization have a written document retention and destruction policy? .	•		14	Yes	110	
15	Did the process for determining compensation of the following persons include a revi	ew an	d annroval by		105		
	independent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	e delı	• • • • • •	15a	Yes		
	Other officers or key employees of the organization			15a	Yes		
U	If "Yes" to line a or b, describe the process in Schedule O (See instructions)	•		130	162		
	These to line a or b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	rsım •	ılar arrangement with a	16a	Yes		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization						
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?						
Se	ction C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed►AK						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you make these available. Ch						
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governir	na doc	uments, conflict of				
20	interest policy, and financial statements available to the public See Additional Data State the name, physical address, and telephone number of the person who possessor	Table	•	0 0ra-	nization	, j e	
20	State the name, physical address, and telephone number of the person who possessi	CS LITE	. DOOKS WIIN IECUIUS UI LII	u viya	ZatiVi		

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	ffice	r, dırector, trustee							
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Institutional Trustee Individual trustee or director		Officei	Key employee	Highest compensated employee	from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
See add'l data										

Forr	m 990 (2009)				Page 8
1b	Total	2,423,284	0		(
2	Total number of individuals (including but not limited to those listed above) who red \$100,000 in reportable compensation from the organization 13	ceived more than	·		
				Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or hi on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual		yee 3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other organization and related organizations greater than \$150,000? If "Yes," complete Sundividual	•	. 4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelate rendered to the organization? If "Yes," complete Schedule J for such person	_	. 5		No
S	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors the \$100,000 of compensation from the organization	at received more than			
	(A) Name and business address	(B) Description of service	ces	(C Comper	
2600	Office of Michael White D 2nd Avenue Suite 2304 ITILE, WA 98124	legal services			384,996
	Total number of independent contractors (including but not limited to those listed ab	pove) who received more th	an		

Form **990** (2009)

\$100,000 in compensation from the organization 🗗

Form 99								Page 9
Parte	/ 	Statement o	or kevenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ots	1a	Federated cam	paigns 1a					
<u> </u>	ь	Membership du	es 1b					
ts, aπ	c	Fundraising eve						
<u>=</u>	d	Related organiz Government grants	eations 1d					
ons.	e	_	ons, gifts, grants, and 1f	60,500				
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no						
Cont	h		s 1a-1f	🔸	60,500			
<u> </u>				Business Code				
Program Service Revenue	2a	CDQ ROYALTIES		110,000	15,050,261			15,050,261
<u>22</u>	b	IFQ ROYALTIES		111,000	7,344,481	7,344,481		
ě	ار د							
33	d e	_						
Za E	f	All other progra	am service revenue					
ွိ				L				
	g 3		ome (including dividen		22,394,742			
			ar amounts)	. F	2,951,081	2,464,126	-101,020	587,975
	4		stment of tax-exempt bond	⊢	0			
	5	Royalties	<u></u>	▶	0			
			(ı) Real	(11) Personal				
	6a b	Gross Rents Less rental	424,411 527,670					
	-	expenses Rental income	-103,259					
	С	or (loss)			102.250		77.040	25 444
	d	Net rental inco	me or (loss)		-103,259		-77,848	-25,411
	7a	Gross amount from sales of assets other than inventory	(i) Securities 40,468	(II) O ther -1,305,826				
	Ь	Less cost or other basis and						
	c	sales expenses Gain or (loss)	40,468	-1,305,826				
	d	Net gaın or (los	s)		-1,265,358			-1,265,358
ə	8a	events (not inc	rom fundraising luding					
Other Revenue		\$ of contributions See Part IV , lin	s reported on line 1c) ne 18					
the	ь		penses b					
0	C		(loss) from fundraising	events F	0			
	9a	See Part IV, lin	rom gaming activities ie 19 a					
	b c		penses b (loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo		10.447.250				
	ь	Less cost of a	oods sold b	19,117,258 17,715,118				
	с		(loss) from sales of inve		1,402,141	1,402,141		
		Miscellaneous	s Revenue	Business Code				
	11a	FISHERIES SU	PPO RT	110,000	137,074	137,074		
	Ь	MISC INCOME	<u> </u>	110,000	53,889			53,889
	С							
	d	All other revenu						
	e	Total. Add lines	o 114-110		190,963			
	12	Total revenue.	See Instructions .	▶[25,630,810	11,347,822	-178,868	14,401,356

	990 (2009)				Page 10
Part	Statement of Functional Expenses				
A	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	600,000	600,000		· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	475.274	475.274		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	475,274	475,274		
4	Benefits paid to or for members	0		1	
5	Compensation of current officers, directors, trustees, and key employees	1,794,640	1,399,819	394,821	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	8,599,627	6,914,013	1,685,614	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	268,829	220,440	48,389	
9	Other employee benefits	53,565	26,247	27,318	
10	Payroll taxes	731,504	592,518	138,986	
11	Fees for services (non-employees)				
а	Management	317,320	299,431	17,889	
b	Legal	396,580	230,998	165,582	
С	Accounting	129,994	14,300	115,694	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	1,117,573	975,359	142,214	
12	Advertising and promotion	318,807	266,914	51,893	
13	Office expenses	1,198,820	917,953	280,867	
14	Information technology	260,048	16,999	243,049	
15	Royalties	0			
16	Occupancy	791,842	641,603	150,239	
17	Travel	2,084,364	1,532,922	551,442	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	172,492	133,783	38,709	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,118,239	1,902,501	215,738	
23	Insurance	1,134,295	1,035,023	99,272	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	CONSTRUCTION COSTS	7,542,401	7,441,182	101,219	
b	FUEL	1,509,444	1,471,829	37,615	
c	TAX EXPENSE	680,569		680,569	
d	REPAIRS AND MAINTENANCE	563,845	493,924	69,921	
e	OTHER EXPENSES	896,478	763,154	133,324	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	33,756,550	28,366,186	5,390,364	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		-	-	

Pa	rt X	Balance Sheet					
					(A)		(B)
					Beginning of year	_	End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments	26,362,290	2	39,187,615		
	3	Pledges and grants receivable, net	•			3	
	4	Accounts receivable, net			4,953,692	4	3,472,042
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of		14958(f)(1)) and			
		Schedule L				6	
ets	7	Notes and loans receivable, net			1,315,815	7	33,102,734
ssets	8	Inventories for sale or use			794,102	8	876,594
⋖	9	Prepaid expenses and deferred charges			251,487	9	324,329
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	32,455,999			
	ь	Less accumulated depreciation	10b	11,045,910	21,931,973	10c	21,410,089
	11	Investments—publicly traded securities			2,536,976	11	3,007,500
	12	Investments—other securities See Part IV, line 11			40,615,013	12	33,329,237
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			89,194	15	162,902
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			98,850,542	16	134,873,042
	17	Accounts payable and accrued expenses .			4,096,794	17	1,445,765
	18	Grants payable				18	
	19	Deferred revenue			0	19	28,300
	20	Tax-exempt bond liabilities				20	
68	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ē		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			2,858,732	23	43,086,614
	24	Unsecured notes and loans payable to unrelated third parties		24			
	25	Other liabilities Complete Part X of Schedule D	23,254,509	25	29,340,033		
	26	Total liabilities. Add lines 17 through 25			30,210,035	26	73,900,712
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	let e li	ines 27			_
ě		through 29, and lines 33 and 34.					
an	27	Unrestricted net assets			68,540,507	27	60,949,330
8	28	Temporarily restricted net assets	100,000	28	23,000		
Fund Balance	29	Permanently restricted net assets		29			
∄		Organizations that do not follow SFAS 117, check here 🕨 🦵 ar	d com	ıplete			
5		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Net	33	Total net assets or fund balances			68,640,507	33	60,972,330
	34	Total liabilities and net assets/fund balances	98,850,542	34	134,873,042		

Part XI Financial Statements and Reporting

			Yes	No			
L	Accounting method used to prepare the Form 990						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	Were the organization's financial statements audited by an independent accountant?						
c	If "Yes," to 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	2c	Yes				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both						
	☐ Separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No			
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	3b					

Form **990** (2009)

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DLN: 93493316060110

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ernal	Revenue Service	orm 990. F See separate instructions.		Inspect	ion
	me of the organization		Employer identif	icat ion numbe	r
COa	stal Villages Region Fund		92-0156736		
Pa	rt I Organizations Maintaining Donor Ac	dvised Funds or Other Similar Fu		ts. Complet	e if the
	organization answered "Yes" to Form 99				
		(a) Donor advised funds	(b) Funds and	d other accour	nts
•	Total number at end of year				
:	Aggregate contributions to (during year)				
•	Aggregate grants from (during year)				
	Aggregate value at end of year				
i	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		oradvised	☐ Yes	┌ No
1	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		·	☐ Yes	┌ No
Pa I	Conservation Easements. Complete	ıf the organizatıon answered "Yes" to	Form 990, Part	IV, line 7.	
·	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure)	ertified historic str	•	a
	easement on the last day of the tax year	Г	T		
	Tatal number of concernation occuments	-		he End of the	Year
a L	Total number of conservation easements	-	2a		
b	Total acreage restricted by conservation easements		2b		
с	Number of conservation easements on a certified his	` '	2c		
d	Number of conservation easements included in (c) a	L	2d		
}	Number of conservation easements modified, transfe the taxable year ▶	rred, released, extinguished, or terminate	d by the organization	on during	
ļ	Number of states where property subject to conserva	ation easement is located 🛌			
i	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	g the periodic monitoring, inspection, hand	lling of violations, a	nd T Yes	┌ No
,	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the yea	r ►	
,	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year 🕨	\$	
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion	┌ Yes	∏ No
)	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial	•	•	
ar	Organizations Maintaining Collection Complete if the organization answered '		or Other Simila	r Assets.	
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h in furtherance of		,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir			
	(i) Revenues included in Form 990, Part VIII, line 1		► \$		
	(ii) Assets included in Form 990, Part X				
!	If the organization received or held works of art, histo	orical treasures, or other similar assets fo			
	following amounts required to be reported under SFA		, y, p. 0		
а	Revenues included in Form 990, Part VIII, line 1		► \$		

b Assets included in Form 990, Part X

art	•••• Organizations Maintaining Co	illections of Art	:, His	tori	cal Tre	easu	res, or (tne	r Simila	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e foll	owing th	nat ar	e a signific	ant u	se of its co	ollection	า	
а	Public exhibition		d	Γ	Loan o	rexcl	nange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
ŀ	Provide a description of the organization's co	ollections and expla	ın hov	v the	further	the o	rganızatıoı	n's ex	empt purp	ose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than								ıılar	Г	Yes	┌ No
a r	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Fo	rm 990),	
	Part IV, line 9, or reported an ar		•									
а	Is the organization an agent, trustee, custod included on Form 990, Part X?					ions c	or other ass	sets i	not	Γ	Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	ble		г					
_	_						-	_		A mou	Int	
ч С	Beginning balance						}	1c				
d	Additions during the year						}	1d				
e •	Distributions during the year							1e				
f	Ending balance						L	1f				
a	Did the organization include an amount on F		e 217							ı	Yes	No
	If "Yes," explain the arrangement in Part XI\ T V Endowment Funds. Complete		200		d "Voc	" to 1	-orm 000	Dar	+ T\/ .l.n.o.	10		
ĊΙ	t V Endowment Funds. Complete	(a)Current Year		Prior \			o Years Back		Three Years)Four Ye	ears Back
1	Beginning of year balance							1		<u> </u>	<u>*</u>	
,	Contributions											
:	Investment earnings or losses											
t	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
9	End of year balance											
	Provide the estimated percentage of the year	r end balance held a	as									
3	Board designated or quasi-endowment 🕨	%										
ь	Permanent endowment 🕨 %	•										
С	Term endowment ► %											
а	Are there endowment funds not in the posse $% \left(1\right) =\left(1\right) \left($	ssion of the organiz	atıon t	hat a	re held	and a	dmınıstere	d for	the			
	organization by (i) unrelated organizations									3a(i)	Yes	No
	(ii) related organizations			•		•		•		3a(ii)		
Ь	If "Yes" to 3a(II), are the related organization					٠.		٠.		3b		
	Describe in Part XIV the intended uses of th	e organization's end	dowme	nt fu	nds							
a l'	t VI Investments—Land, Building	s, and Equipme	nt. S	ee F	orm 99	0, Pa	rt X, line	10.				
	Description of investment				Cost or o		(b)Cost or o basis (other		(c) Accumi deprecia		(d) Boo	ok value
,	and						90	0,000				90,000
b	Buildings		•				4,27	2,850	6	36,226		3,636,624
С	easehold improvements						3,67	7,270	3,6	77,270		
d I	Equipment				· · ·		5,463	3,018	3,3	13,512		2,149,506
e	Other]		T	18,952	2,861	3,4	18,902	1	5,533,959

21,410,089

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other FISHING AFFILIATES	1 200 060	F
FISHING AFFILIATES	-1,280,869	Г
INDIVIDUAL FISHING QUOTAS	34,610,106	F
	, ,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	33,329,237	
Part VIII Investments—Program Related. See		
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	<u> </u>	
Total (Column (b) should equal Form 990 Part X col (B) line 13)		
	ne 15.	
Part IX Other Assets. See Form 990, Part X, III		(b) Book value
		(b) Book value
Part IX Other Assets. See Form 990, Part X, III		(b) Book value
Part IX Other Assets. See Form 990, Part X, III		(b) Book value
Part IX Other Assets. See Form 990, Part X, III		(b) Book value
Part IX Other Assets. See Form 990, Part X, III		(b) Book value
Part IX Other Assets. See Form 990, Part X, III		(b) Book value
Part IX Other Assets. See Form 990, Part X, III		(b) Book value
Part IX Other Assets. See Form 990, Part X, III		(b) Book value
Part IX Other Assets. See Form 990, Part X, III		(b) Book value
Part IX Other Assets. See Form 990, Part X, III		(b) Book value
Part IX Other Assets. See Form 990, Part X, III		(b) Book value
Part IX Other Assets. See Form 990, Part X, III		(b) Book value
Part IX Other Assets. See Form 990, Part X, III		(b) Book value
Part IX Other Assets. See Form 990, Part X, III		(b) Book value
Part IX Other Assets. See Form 990, Part X, III		(b) Book value
Part IX Other Assets. See Form 990, Part X, III		(b) Book value
Part IX Other Assets. See Form 990, Part X, III		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	otion	
Part IX Other Assets. See Form 990, Part X, III (a) Description Total. (Column (b) should equal Form 990, Part X, col.(B) line in	5.)	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS ACCRUED PAYROLL	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS ACCRUED PAYROLL	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS ACCRUED PAYROLL	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS ACCRUED PAYROLL	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS ACCRUED PAYROLL	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS ACCRUED PAYROLL	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS ACCRUED PAYROLL	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS ACCRUED PAYROLL	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS ACCRUED PAYROLL	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS ACCRUED PAYROLL	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS ACCRUED PAYROLL	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS ACCRUED PAYROLL	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS ACCRUED PAYROLL	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS ACCRUED PAYROLL	5.)	

revenue (Form 990, Part VIII, column (A), line 12)	1	25,630,810
expenses (Form 990, Part IX, column (A), line 25)	2	33,756,550
ss or (deficit) for the year Subtract line 2 from line 1	3	-8,125,740
nrealized gains (losses) on investments	4	457,564
ted services and use of facilities	5	
tment expenses	6	
period adjustments	7	
r (Describe in Part XIV)	8	
adjustments (net) Add lines 4 - 8	9	457,564
ss or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-7,668,176
Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn
l revenue, gains, and other support per audited financial statements	1	44,331,161
unts included on line 1 but not on Form 990, Part VIII, line 12		
unrealized gains on investments		
ated services and use of facilities		
overies of prior year grants		
er (Describe in Part XIV)		
lines 2a through 2d	2e	18,700,351
ract line 2e from line 1	3	25,630,810
unts included on Form 990, Part VIII, line 12, but not on line 1		
stment expenses not included on Form 990, Part VIII, line 7b . 4a		
er (Describe in Part XIV)		
lines 4a and 4b	4c	
Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	25,630,810
Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
l expenses and losses per audited financial	1	51,999,338
unts included on line 1 but not on Form 990, Part IX, line 25		
ated services and use of facilities		
year adjustments		
er losses		
er (Describe in Part XIV)		
lines 2a through 2d	2e	18,242,788
ract line 2e from line 1	3	33,756,550
unts included on Form 990, Part IX, line 25, but not on line 1:		
stment expenses not included on Form 990, Part VIII, line 7b 4a		
er (Describe in Part XIV)		
	4c	
		33,756,550
st er	ment expenses not included on Form 990, Part VIII, line 7b 4a	ment expenses not included on Form 990, Part VIII, line 7b 4a (Describe in Part XIV) 4b

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Other revenue	· · · · · · · · · · · · · · · · · · ·	COST OF GOODS SOLD 17,715,117 RENTAL EXPENSES 527,670
Other expenses	,	COST OF GOODS SOLD 17,715,117 RENTAL EXPENSES 527,670

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization DLN: 93493316060110

OMB No 1545-0047

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

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

Inspection Employer identification number

Coastal Villages Region Fund						92-0156736	
Part I General Information	on Grants and	Assistance					
 Does the organization maintain re the selection criteria used to awai Describe in Part IV the organization 	rd the grants or ass	ıstance?					√Yes
Form 990, Part IV, line Part IV and Schedule I-	21 for any recipie	ent that received m	iore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Addıtıonal Data Table							

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarships	97	475,274		FMV	
See Addıtıonal Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.											
Ident if ier	Return Reference	Explanation									
Procedures for monitoring the use of grant funds in the United States	Schedule I, Part 1, 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									

Software ID:

Software Version:

EIN: 92-0156736

Name: Coastal Villages Region Fund

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) EIN (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tuntutuliak Traditional CouncilPO Box 8086 Tuntutuliak, AK 99680			26,834				Community Development
Native Village of Goodnews BayPO Box 900021 Goodnews Bay, A K 995890138			13,061				Community Devlopment
Native Village of TununakPO Box 77 Tununak, AK 996810077			25,564				Community Development
Nunakauyak Traditional CouncilPO Box 37048 Toksook Bay, AK 996370048			40,015				Community Development
Kipnuk Traditional CouncilPO B0x 57 Kipnuk, AK 996140057			20,220				Community Development
Chefornak Traditional Council PO BOx 110 Chefornak, AK 995610110			15,898				Community Development
Chevak Traditional Council PO Box 140 Chevak, AK 99563			59,115				Community Development
Scammon Bay Traditional CouncilPO Box 110 Scammon Bay, AK 99662			38,776				Community Development
Native Village of Kwinhagak PO Box 149 Quinhagak, AK 99655			46,801				Community Development
Native Village of Mekoryuk PO Box 66 Mekoryuk, AK 99630			14,242				Community Development

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Native Village of Hooper Bay PO Box 69 Hooper Bay, AK 99604			74,687				Community Development		
City of EekPO Box 09 Eek, AK 99578			30,371				Community Development		
Native Village of Kongiganak PO Box 5069 Kongiganak, AK 99545			23,643				Community Development		
Native Village of Kwigillingok PO Box 90 Kwigillingok, AK 99622			27,913				Community Development		
Native Village of NapakiakPO Box 34069 Napakiak, AK 99634			18,068				Community Development		
Napaskiak Tribal CouncilPO Box 6009 Napaskiak, AK 99559			39,570				Community Development		
Newtok Traditional Council PO Box 5545 Newtok, AK 99559			18,400				Community Development		
Nightmute Traditional Council PO Box 90022 Nightmute, AK 99690			27,586				Community Development		
Native Village of Kuiggayagag PO Box 6129 Oscarville, AK 99559			16,830				Community Development		
Platinum Traditional Council PO Box 08 Platinum, AK 99651			22,406				Community Development		

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DLN: 93493316060110

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

· · · · · · · · · · · · · · · · · · ·	
Name of the organization Coastal Villages Region Fund	Employer identification number
	92-0156736
Part I Questions Regarding Compensation	

		_		Yes	Νo
1a		•			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information				
	First-class or charter travel Housing allowance or resi	'			
	Travel for companions Payments for business us				
	Tax idemnification and gross-up payments Health or social club dues				
	Discretionary spending account Personal services (e.g., n	naid, chauπeur, cher)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy reimbursement orprovision of all the expenses described above? If "No," complete Pa		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses ii officers, directors, trustees, and the CEO/Executive Director, regarding the items che	·	2		
3	Indicate which, if any, of the following the organization uses to establish the compensa organization's CEO/Executive Director Check all that apply	tion of the			
	☐ Compensation committee ☐ Written employment conti	ract			
	☐ Independent compensation consultant ☐ Compensation survey or	study			
	Form 990 of other organizations Approval by the board or	compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with re or a related organization	spect to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a	Yes	
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		Νο
c	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for e	ach item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay o compensation contingent on the revenues of	r accrue any			
а	The organization?		5a		Νo
Ь	Any related organization?		5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay ocompensation contingent on the net earnings of	r accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provi payments not described in lines 5 and 6? If "Yes," describe in Part III	de any non-fixed	7		Νο
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a conti subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? in Part III		8		Νο
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedur section 53 4958-6(c)?	e described in Regulations	9		.,,

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	Form 990 or Form 990-EZ
CLOYD M CROW	(ı) (ıı)	400,000 0	375,000 0		0		775,000 0	736,500 0
JOHN T MCCABE	(ı) (ıı)	297,000 0	65,500 0		0 0		362,500 0	192,500 0
RICHARD MONROE	(ı) (ıı)	270,000 0	65,500 0	0	0 0		335,500 0	158,594 0
ERIC DEAKIN	(ı) (ıı)	162,917 0	0	0	0 0		162,917 0	o 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
	PART I LINE 4A	WILSON, MICHAEL - SEVERANCE PAYMENT OF \$43,333 33 RECEIVED IN 2009

Schedule J (Form 990) 2009

Supplemental Information to Form 990

► Attach to Form 990.

OMB No 1545-0047

Inspection

SCHEDULE 0

(Form 990)

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Department of the Treasury Internal Revenue Service

Name of the organization Coastal Villages Region Fund

Employer identification number

92-0156736

	1	
ldentifier	Return Reference	Explanation
Members	PART VI, SECTION A, LINE 6	CVRF has 20 member Board of Directors One member from each of the 20 communities identified in section 305(i)(1)(D)(iv) of the Magnuson-Stevens Fishery Conservation and Management Act
GOVERNING BODY	PART VI, SECTION A, LINE 7	7A When communities' elected official's 6-year term is ending, the communities' City Council holds an election at least 10 days prior to the annual meeting 7B. The Board of Directors makes all final decisions except those regarding compensation. Fianl decisions in regards to compensation are made by a subset group called the IAB.
MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY	PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, EACH EMPLOYEE AND BOARD MEMBER IS REQUIRED TO COMPLETE A NEPOTISM STATEMENT FORM AND A RELATED PARTIES TRANSACTION QUESTIONAIRE
PROCESS FOR DETERMINING COMPENSATION TOP OFFICIALS	PART VI, SECTION B, LINE 15A	EXECUTIVE DIRECTORS' OF THE BOARD PERFORM AN ANNUAL CEO/EXECUTIVE DIRECTOR EVALUATION AFTER MAKING THEIR RECOMMENDATIONS ON SALARY INCREASE AND BONUS, THE FULL BOARD APPROVES ANNUALLY, EACH DECEMBER THE PROCESS WAS LAST COMPLETED IN DECEMBER 2009
AVAILABILITY OF DOCUMENTS	PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE PROVIDED THROUGH THE COMPANIES ANNUAL REPORT GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE PROVIDED TO EACH OF OUR 20 COMMUNITY SUPPORT CENTERS AND PROVIDED TO THE PUBLIC IN THAT COMMUNITY UPON REQUEST
Review of Form 990	Part VI Section B Line 11A	THE FORM 990 IS REVIEWED BY THE CONTROLLER AND THE INVESTMENT DIRECTOR, THE INVESTMENT DIRECTOR SIGNS THE 990
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 EXECUTIVE DIRECTOR THE EXECUTIVE DIRECTOR APPROVES THE PAY INCREASES/BONUSES FOR THE POSITION OF INVESTMENTS DIRECTOR AND OPERATIONS DIRECTOR THIS PROCESS WAS COMPLETED IN JANUARY 2009 AND IS COMPLETED EVERY YEAR IN THE MONTH OF JANUARY
Other Program Services	Part III, Line 4	Fisheries Support Centers - Each CSC is primarily intended to be a multi-use building that provides and enhances economic opportunities in the community, particularly for fishermen participating in the commercial fisheries. Each CSC provides a professional space to maintain, repair, service and modify boats, motors, and fishing gear, thereby facilitating the participation of fishing families in the commercial harvests in the region. 4-SITE - The 4-SITE program, established in 1993, is CVRF's largest and most successful program it is aimed at providing long-term economic and social development of our CVRF member communities by providing scholarships, internships, training, and employment Outreach - The Community Outreach program maintains open and continuous communication with our residents through new sletters, annual reports, an internet wiebsite, local radio announcements, new spaper ads, and flyers CVRF board members and local community liaisons 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 recruit for our company and fishing partners. CDQ contract and Quota Managment - CVRF allocates a portion of its quota to harvest partners and negotiates CDQ royalty/license agreements with companies that harvest and process CDQ quota that may include but is not limited to Pollock, Pacific Cod, Flatfish, Sablefish and Crab 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. Other Programs including Pollock Provides and Weir Programs - Pollock Provides is a company trademark that encompasses many of CVRF's community programs and services. (Weir) CVRF has been worki

ldentifier	Return Reference	Explanation
FAMILY RELATIONSHIPS	PART VI, LINE 2	Paul and Harry Tulik are board members from Nightmute and Toksook Bay respectfully They are cousins

Sale of Assets Part VIII, Line 7 a The gross amount from sales of assets other than inventory includes losses from a vessel sale and crab quotas For Paperwork Reduction Act Notice, see the Instructions for Form 990 Cat No 51056K Schedule O (Form 990) 2009

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Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Related Organizations and Unrelated Partnerships

Internal Revenue Service Name of the organization

Part I

Employer identification number

92-0156736

Coastal Villages Region Fund

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

(a)
Name, address, and EIN of disregarded entity

Primary activity

(c) Legal domicile (state or foreign country)

Total income

(e) End-of-year assets

(f) Direct controlling entity

See Additional Data Table

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)

Exempt Code section

Public charity status (if section 501(c)(3))

Direct controlling entity

(a)

(c)

Legal

(b)

(j)

General or

Yes

No

(h)

Yes

(g)

Disproprtionate

No

(i)

Code V-UBI

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV,	line 3
	because it had one or more related organizations treated as a partnership during the tax year.)	

(e)

(d) Direct controlling **(f)** Share of total income Predominant income Name, address, and EIN of Primary activity allocations? amount in box 20 of managing domicile Share of end-of-year (related, unrelated, related organization (state or entity assets Schedule K-1 partner? excluded from tax (Form 1065) foreign under sections 512country) 514)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete of 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
ASC OFFSHORE HOLDINGS CORP 711 H STREET STE 200 ANCHORAGE, AK99501 43-1948720	FISHERIES DEV	AK	CVP	C CORP	-1,003,147	-2,317,160	100 000 %

(4)

(5)

(6)

CHE	udle K (Form 990) 2009		Pa	ge .
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b	Gift, grant, or capital contribution to other organization(s)	1b		Ž
c	Gift, grant, or capital contribution from other organization(s)	1c		Ž
d	Loans or loan guarantees to or for other organization(s)	1d		Ż
e	Loans or loan guarantees by other organization(s)	1e		N
f	Sale of assets to other organization(s)	1 f		N
g	Purchase of assets from other organization(s)	1g		Ż
h	Exchange of assets	1h		Z
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		N
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		N
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		N
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		Ž
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		N
n	Sharing of paid employees	1n		N
0	Reimbursement paid to other organization for expenses	10		N
P	Reimbursement paid by other organization for expenses	1 p		N
q	Other transfer of cash or property to other organization(s)	1q		N
r	O ther transfer of cash or property from other organization(s)	1r		N
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 other organization (b) Transaction type(a-r)		(c) t involve	ed
1) 2)				
• `				
3)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproprtionate allocations?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?
			Yes No		Yes No		Yes No
American Seafoods LP							
2025 1st Avenue Ste 900Seattle, WA98121 13-4097212	FISHERIES DEV	WA	No	-12,249,87	8 No -10	01,020	No

Software ID: Software Version:

EIN: 92-0156736

Name: Coastal Villages Region Fund

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

Form 990, Schedule R, Part 1 - Identification of Dis	regarded Entitles	(c)			
(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	Legal Domicile (State or Foreign Country)	(d) Total income (\$)	(e) End-of-year assets (\$)	(f) Direct Controlling Entity
COASTAL VILLAGES CRAB LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 92-0171632	FISHERIES DEV	АК	-499,589	49,160,801	NA
COASTAL VILLAGES GROUNDFISH LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 92-0176957	FISHERIES DEV	AK	11,881	964,602	NA
COASTAL VILLAGES LONGLINE LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 92-0171631	FISHERIES DEV	AK	4,292,856	7,214,149	NA
COASTAL VILLAGES POLLOCK LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 92-0170320	FISHERIES DEV	AK	27,655	12,439,332	NA
COASTAL VILLAGES SEAFOOD LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 92-0171662	FISHERIES DEV	AK	-15,303,158	-37,577,307	NA
COASTAL ENTERPRISES LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 72-1582380	FISHERIES DEV	AK	-2,467,142	-5,368,877	CVS
KELLY MAE LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 20-1049244	FISHERIES DEV	AK	-701,911	-956,663	CE
BLARNEY LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 20-5512124	FISHERIES DEV	AK	-1,095,585	-2,609,002	CE
LEO LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 20-5779381	FISHERIES DEV	AK	-345,710	-1,154,189	CE
ARCTIC SEA LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 20-8044616	FISHERIES DEV	AK	1,646,206	5,113,571	SEA BOATS
NORTH SEA LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 20-8044624	FISHERIES DEV	AK	1,419,301	3,952,263	SEA BOATS
BERING SEA LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 20-8044635	FISHERIES DEV	АК	1,088,805	2,950,622	SEA BOATS
ARCTIC SEA HOLDINGS LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 20-8044616	FISHERIES DEV	АК	782,308	9,075,508	SEA BOATS
711 H STREET LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 20-3222874	FISHERIES DEV	AK	-270,611	3,220,143	NA
GOODNEWS BAY SEAFOODS LLC 711 H Street Ste 200 Anchorage, AK 99501 27-0625278	FISHERIES DEV	AK	-2,068,688	38,432,903	NA
CAMAI LLC 711 H Street Ste 200 Anchorage, AK 99501 27-0207193	FISHERIES DEV	AK	272,726	258,384	NA
BLUE DUTCH LLC 711 H Street Ste 200 Anchorage, AK 99501 91-1944034	FISHERIES DEV	AK	65,521	65,945	NA

Additional Data

Software ID: Software Version:

EIN: 92-0156736

Name: Coastal Villages Region Fund

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

(Code) (Expenses \$	2,467,614	including grants of \$) (Revenue \$	137,074)
Fısherıes Support (Centers				
(Code) (Expenses \$	2,137,995	ıncludıng grants of \$) (Revenue \$)
4-SITE					
(Code) (Expenses \$	1,424,215	ıncludıng grants of \$) (Revenue \$)
Outreach					
(Code) (Expenses \$	453,926	including grants of \$) (Revenue \$)
CDQ Contract and	Quota Management				
(Code) (Expenses \$	901,610	including grants of \$) (Revenue \$)

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

4d. Other program	n services			
(Code) (Expenses \$	including grants of \$) (Revenue \$	2,464,126)
Equity in Income o	of Affiliates			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
FELIX ALBERT DIRECTOR	2 5	Х						10,525	0	0
JOHN FANDY DIRECTOR	2 5	X						10,400	0	0
WASSILLIE BAVILLA EXECUTIVE COMMITTEE	5 0	Х						13,750	0	0
ANDREW BOYSCOUT DIRECTOR	2 5	Х						8,100	0	0
EVAN S EVAN TREASURER	5 0	Х						17,200	0	0
OSCAR EVON PRESIDENT	20 0	X						79,541	0	0
EDGAR P HOELSCHER DIRECTOR	5 0	Х						12,236	0	0
RICHARD B JUNG DIRECTOR	2 5	Χ						13,200	0	0
HELEN KAGANAK DIRECTOR	2 5	X					9,700		0	0
JAMES D LEWIS DIRECTOR	2 5	Χ						10,875	0	0
GABRIEL OLICK EXECUTIVE COMMITTEE	5 0	Χ			15,500		0	0		
DANIEL OLRUN SR EXECUTIVE COMMITTEE	5 0	X						14,125	0	0
TIMOTHY N SAMSON PRESIDENT	20 0	Χ						19,825	0	0
WALTER TIRCHICK DIRECTOR	2 5	Χ						9,500	0	0
HARRY J TULIK DIRECTOR	2 5	Χ						9,700	0	0
PAUL TULIK SECRETARY	2 5	Χ						15,500	0	0
SANKY ULAK DIRECTOR	2 5	X						1,200	0	0
HENRY S WILLIAMS DIRECTOR	2 5	Χ						11,100	0	0
JOE AVUGIAK DIRECTOR	2 5	Х						900	0	0
WALTER BROWN DIRECTOR	2 5	Х						11,100	0	0
ANDREW KIUNYA DIRECTOR	2 5	Х						1,618	0	0
JAMES AKERELREA DIRECTOR	2 5	X						2,950	0	0
HOWARD AMOS DIRECTOR	2 5	X						900	0	0
SKYE CHAYALKUN DIRECTOR	2 5	X						900	0	0
FRANK BEREZKIN DIRECTOR	2 5	Х						10,050	0	0

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

(A) Name and Title	(B) Average hours	1	(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
CLOYD M CROW EXECUTIVE DIRECTOR	50 0			Х		·	•	775,000	0	0
JOHN T MCCABE OPERATIONS DIRECTOR	40 0	40 0		x			362,500	0	0	
RICHARD MONROE INVESTMENTS DIRECTOR	40 0	40 0		X			335,500	0	0	
MICHAEL J WILSON Project Director	40 0	0 0		X				127,880	0	0
MICHAEL L BIRD Senior Project Manager	40 0	ı		X			117,092	0	0	
ERIC DEAKIN IT MANAGER	40 0			X			162,917	0	0	
SHELLIE JOHNS CONTROLLER	40 0			X			120,000	0	0	
PATRICIA MURPHY EXECUTIVE ADMINISTRATOR	40 0	x		X 112,00		112,000	0	0		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CONSTRUCTION COSTS	7,542,401	7,441,182	101,219	
FUEL	1,509,444	1,471,829	37,615	
TAX EXPENSE	680,569		680,569	
REPAIRS AND MAINTENANCE	563,845	493,924	69,921	
OTHER EXPENSES	896,478	763,154	133,324	