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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Coastal Villages Region Fund

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
711 H Street
Suite 200

City or town, state or province, country, and ZIP or foreign postal code
Anchorage, AK 99501

D Employer identification number
92-0156736

E Telephone number
(907) 278-5151

G Gross receipts $ 49,378,973

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW COASTALVILLAGES ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1992

M State of legal domicile AK

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	921
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-28,156
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-32,056

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	9,600	402,730
9	Program service revenue (Part VIII, line 2g)	18,084,465	15,766,745
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-796,239	-5,023,923
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,057,181	16,231,549
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,355,007	27,377,101
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,927,670	4,355,204
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,460,001	9,924,052
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	18,287,093	14,766,795
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	32,674,764	29,046,051
19	Revenue less expenses Subtract line 18 from line 12	2,680,243	-1,668,950

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	322,478,451	305,929,884
21	Total liabilities (Part X, line 26)	61,688,309	50,134,815
22	Net assets or fund balances Subtract line 21 from line 20	260,790,142	255,795,069

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

****** | 2014-11-17
Signature of officer | Date

Angela Pinsonneault Dir Business Development
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
E MARY THOMAS				P01288194

Firm's name ▶ KPMG LLP | Firm's EIN ▶

Firm's address ▶ 701 West 8th Avenue Suite 600
Anchorage, AK 99501 | Phone no (907) 278-5151

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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 $ 646,755 including grants of $ 0) (Revenue $ 2,791,086)

PROGRAM COST OF OPERATING VESSELS (PROGRAM #1) PROGRAM COSTS ASSOCIATED WITH OPERATION OF FOUR 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) AND WAS COMPLETELY FUNDED WITH THE GROSS PROFIT FROM CRAB SALES

4b (Code) (Expenses $ 7,578,529 including grants of $ 0) (Revenue $ 8,315,616)

INSHORE AND NEARSHORE PROGRAM DESCRIPTION (PROGRAM #2) COASTAL VILLAGES SEAFOODS SUBSIDIZES AND OPERATES SIX HALIBUT PLANTS, ONE SALMON PLANT, A SALMON BUYING STATION AND SEVERAL SUPPORTING TENDERS, TUG BOATS AND BARGES OVER 450 AREA RESIDENTS ARE EMPLOYED EACH SUMMER FISH IS PURCHASED FROM OVER 550 LOCAL FISHERS AMOUNT GIVEN REPRESENTS THE ADDITIONAL COSTS TO OPERATE NOT INCLUDED IN COST OF GOODS SOLD (COGS IS INCLUDED IN LINE 10B PART VIII) THESE ADDITIONAL COSTS WERE FUNDED WITH THE GROSS PROFIT FROM CRAB SALES

4c (Code) (Expenses $ 4,526,953 including grants of $ 3,521,247) (Revenue $ 400,000)

FISHERIES SUPPORT AND DEVELOPMENT (PROGRAM #3) THIS PROGRAM FOCUSES ON THE COMPANY'S FISHERIES-RELATED INVESTMENT IN OUR 20 MEMBER COMMUNITIES AND IS MADE UP OF SEVERAL PROGRAM AREAS COMMUNITY DISCRETIONARY 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 DISCRETIONARY 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 PEOPLE PROPEL - THE NEW "PEOPLE PROPEL" PROGRAM WAS CREATED BY THE CVRF BOARD OF DIRECTORS TO MEET THE DEMAND OF THE RESIDENTS OF OUR 20 MEMBER VILLAGES FOR SAFER, MORE FUEL EFFICIENT AND ENVIRONMENTALLY CLEANER OUTBOARDS AND BOATS THROUGH THE PEOPLE PROPEL PROGRAM LOW-INTEREST LOANS WILL BE AVAILABLE TO PURCHASE BOATS, MOTORS, AND OTHER EQUIPMENT AVAILABLE THROUGH THE PROGRAM AT A SUBSIDIZED COST LOW-INTEREST LOANS WILL ALSO BE AVAILABLE FOR PERMITS MARINE SAFETY - THE GOAL OF THIS PROGRAM IS TO DEVELOP AWARENESS ABOUT PRECAUTIONARY MEASURES AND PRACTICES FOR MARINE TRAVEL AND TO PROVIDE A MEANS OF ACQUIRING IMPORTANT SAFETY EQUIPMENT THROUGH THIS PROGRAM CVRF DISTRIBUTES LIFE JACKETS, PERSONAL LOCATOR BEACONS, AND OTHER COAST GUARD REQUIRED EQUIPMENT TO EACH COMMUNITY CVRF ALSO PROVIDES MARINE SAFETY TRAINING TO IN-REGION EMPLOYEES AND RESIDENTS COLLABORATIVE RESEARCH - CVRF HAS BEEN WORKING WITH THE ALASKA DEPARTMENT OF FISH AND GAME ON SEVERAL DIFFERENT SALMON STUDIES CVRF HAS SUPPLIED FUNDING AND INTERNS TO INVESTIGATE WHERE SALMON GO TO SPAWN, THE CONDITIONS AND CHARACTERISTICS OF NORTHERN PACIFIC SALMON, AND THE BIOLOGICAL CONDITION OF THE RIVERS AND STREAMS IN THE CVRF 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 WOOD PROGRAM - THIS PROJECT IS DESIGNED TO ALLEVIATE SOME OF THE GREAT FINANCIAL AND LOGISTICAL BURDENS OF WINTER HEATING IN THE COMMUNITIES BY SUPPLYING WOOD FROM IN-STATE SOURCES

(Code) (Expenses $ 1,044,913 including grants of $ 0) (Revenue $ 0)

Outreach Program

(Code) (Expenses $ 748,308 including grants of $ 437,774) (Revenue $ 0)

4-Site

(Code) (Expenses $ 230,524 including grants of $ 0) (Revenue $ 0)

CDQ Contract and Quota Management

(Code) (Expenses $ 1,463,701 including grants of $ 396,183) (Revenue $ 0)

Other Program Service expense

4d Other program services (Describe in Schedule O)

(Expenses $ 3,487,446 including grants of $ 833,957) (Revenue $ 0)

4e **Total program service expenses** ▶ 16,239,683

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	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*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	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*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	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*	11c	Yes	
d	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*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I (see instructions)*	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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**	Yes	
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)			
a	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
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
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	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** 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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	763		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	921		
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 (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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
b	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?	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 as charitable contributions? . . .	6a			No
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).**				
a	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			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds 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			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
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	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	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, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**		No
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section 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), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ ANGELA PINSONNEAULT 711 H STREET SUITE 200
ANCHORAGE,AK 99501 (907)278-5151

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								4,294,029	186,609	229,770

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 15

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NSEDC DBA Norton Sound Seafood, 420 L Street 310 ANCHORAGE AK 99501	Quota Holder	2,187,723
Reliance Fisheries, 4319 E LK Sammamish Pkwy SE ISSAQUAH WA 98029	Quota Holder	549,547
Royal Aleutian Seafoods, PO BOX 97018 REDMOND WA 98073	Custom Processing	538,992
Michael White, 2600 2nd Ave Ste 2304 SEATTLE WA 98121	Legal services	468,650
Owen Kvinge, 3201 228th Street SW BRIER WA 98036	Quota Holder/cAPTAIN	410,733

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 25

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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	400,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,730			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		402,730			
Program Service Revenue			Business Code				
	2a	CDQ ROYALTIES	110000	656,442			656,442
	b	IFQ ROYALTIES	110000	15,110,303			15,110,303
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		15,766,745			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		-5,110,935	-6,484,481	2,009	1,371,537
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			

		(i) Real	(ii) Personal				
	6a	Gross rents	2,666,349					
	b	Less rental expenses	801,672					
	c	Rental income or (loss)	1,864,677	0				
	d	Net rental income or (loss) . . . . . ▶			1,864,677		-30,165	1,894,842

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory		250,952				
	b	Less cost or other basis and sales expenses		163,940				
	c	Gain or (loss)		87,012				
	d	Net gain or (loss) . . . . . ▶			87,012			87,012
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a						
	b	Less direct expenses . . . b						
	c	Net income or (loss) from fundraising events . . ▶			0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a						
	b	Less direct expenses . . . b						
	c	Net income or (loss) from gaming activities . . ▶			0			
	10a	Gross sales of inventory, less returns and allowances . a		32,142,962				
	b	Less cost of goods sold . . b		21,036,260				
	c	Net income or (loss) from sales of inventory . . ▶			11,106,702	11,106,702		

	Miscellaneous Revenue	Business Code				
11a	MISC INCOME	110000	333,457	333,457		
b	MANAGEMENT FEE INCOME	561000	1,260,500	1,260,500		
c	ACCESS FEE INCOME	110000	1,666,213	1,666,213		
d	All other revenue					
e	**Total.** Add lines 11a–11d . . . . . ▶		3,260,170			
12	**Total revenue.** See Instructions . . . . . ▶		27,377,101	7,882,391	-28,156	19,120,136

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,850,000	1,850,000		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	2,505,204	2,505,204		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,294,028	1,288,208	3,005,820	
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	4,109,505	1,449,255	2,660,250	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	256,275	69,705	186,570	
9 Other employee benefits	368,685	175,007	193,678	
10 Payroll taxes	895,559	505,384	390,175	
11 Fees for services (non-employees)				
a Management	0			
b Legal	487,135	6,830	480,305	
c Accounting	164,194		164,194	
d Lobbying	130,608		130,608	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	497,112	151,606	345,506	
12 Advertising and promotion	217,413	189,224	28,189	
13 Office expenses	727,060	619,993	107,067	
14 Information technology	654,826	185,526	469,300	
15 Royalties . .	0			
16 Occupancy	1,412,458	876,282	536,176	
17 Travel	1,401,384	587,438	813,946	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	76,210		76,210	
20 Interest	608,436		608,436	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,411,082	1,522,690	888,392	
23 Insurance	1,977,880	497,297	1,480,583	
24 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)				
a CONSTRUCTION EXPENSE	368,960	368,960		
b VESSEL EXPENSES	1,306,148	1,261,840	44,308	
c SUPPLIES	934,370	732,479	201,891	
d REPAIRS & MAINTENANCE	1,036,289	509,124	527,165	
e All other expenses	355,230	887,631	-532,401	
25 **Total functional expenses.** Add lines 1 through 24e	29,046,051	16,239,683	12,806,368	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		21,805,405	2	19,151,490
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		5,946,345	4	3,188,918
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		31,757,526	7	33,059,302
	8	Inventories for sale or use		3,900,394	8	3,683,819
	9	Prepaid expenses and deferred charges		687,023	9	1,304,301
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 35,316,786			
	b	Less accumulated depreciation	10b 19,851,567	16,998,090	10c	15,465,219
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		236,369,027	12	188,200,303
	13	Investments—program-related See Part IV, line 11		0	13	37,160,130
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		5,014,641	15	4,716,402
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		322,478,451	16	305,929,884
Liabilities	17	Accounts payable and accrued expenses		4,915,504	17	2,851,785
	18	Grants payable		0	18	0
	19	Deferred revenue		400,000	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		42,702,240	23	42,540,491
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	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		13,670,565	25	4,742,539
	26	**Total liabilities.** Add lines 17 through 25		61,688,309	26	50,134,815
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		260,780,542	27	255,792,339
	28	Temporarily restricted net assets		9,600	28	2,730
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		260,790,142	33	255,795,069
	34	Total liabilities and net assets/fund balances		322,478,451	34	305,929,884

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,377,101
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,046,051
3	Revenue less expenses Subtract line 2 from line 1	3	-1,668,950
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	260,790,142
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,326,123
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	255,795,069

Part XII Financial Statements and Reporting

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

			Yes	No
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?	2a		No
	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?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	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?	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		

Additional Data

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

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			
James Akerelrea Vice President	5 0 0 0	X						44,406	0	0
Felix Albert Executive Committee	5 0 0 0	X						30,356	5,606	0
John F Andy Executive Committee	5 0 0 0	X						30,406	3,685	0
Joe Avugiak Director	3 0 0 0	X						27,120	8,524	0
Frank Berezkin Director	3 0 0 0	X						25,356	0	0
Walter P Brown Director	3 0 0 0	X						24,306	9,816	0
Skye M Chayalkun Executive Committee	5 0 0 0	X						25,220	0	0
George Chuckwuk Director	3 0 0 0	X						25,020	0	0
Evan S Evan Treasurer	5 0 0 0	X						35,156	0	0
Richard B Jung Director	3 0 0 0	X						31,456	0	0
Helen Kaganak Director	3 0 0 0	X						23,242	0	0
Edward Kiokun Secretary	5 0 0 0	X						23,606	8,930	0
Andrew Kiunya Director	3 0 0 0	X						24,250	0	0
Ralph E Kiunya Director	3 0 0 0	X						14,350	2,108	0
John O Mark Secretary	5 0 0 0	X						40,942	12,938	0
Gabriel Olick Executive Committee	5 0 0 0	X						25,220	5,773	0
Eric Olson Sr Director	3 0 0 0	X						25,356	0	0
Harry J Tulik Director	3 0 0 0	X						12,650	32,123	0
Paul Tulik President	8 0 0 0	X						93,284	0	0
Henry Williams Director	3 0 0 0	X						24,642	0	0
Oscar Active Sr Director	3 0 0 0	X						2,456	0	0
Darren Cleveland Director	3 0 0 0	X						2,470	0	0
Roland Lewis Director	3 0 0 0	X						2,456	0	0
Stephen Maxie Jr Director	3 0 0 0	X						2,442	0	0
Robert Pitka Sr Director	3 0 0 0	X						2,442	97,106	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			
John Samuel Director	3 0 0 0	X						2,470	0	0
Cloyd Crow Executive Director	40 0 0 0			X				705,407	0	19,175
John McCabe Chief Operating Officer	40 0 0 0			X				207,543	0	15,721
Richard Monroe Chief Investments Officer	40 0 0 0			X				193,135	0	4,303
Nicholas Souza CVS General Manager	40 0 0 0				X			195,986	0	16,494
Angela Pinsonneault Dir of Business Development	40 0 0 0				X			209,833	0	14,081
Michael Coleman Bering Sea Ops GM	40 0 0 0				X			231,081	0	15,288
Karen Leman Director of Fiscal Services	40 0 0 0				X			243,360	0	14,993
Kenneth Tippett Senior Port Engineer	40 0 0 0				X			229,119	0	18,313
John Brender Senior Port Engineer	40 0 0 0				X			175,815	0	12,419
Eric Deakin IT Manager	40 0 0 0				X			167,722	0	16,930
Harald Longvanes Fish Master	40 0 0 0					X		252,885	0	15,405
James Egaas Captain	40 0 0 0					X		233,166	0	18,340
Terje Gjerde Factory Manager	40 0 0 0					X		197,050	0	16,455
Thomas Hindermann CVP Chief Engineer	40 0 0 0					X		215,687	0	14,380
John Reines CVP Chief Engineer	40 0 0 0					X		215,160	0	17,473

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Coastal Villages Region Fund

Employer identification number
92-0156736

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	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" to 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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) Revenues included in 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 Revenues included in 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(b) (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	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 in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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' to 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
1a Land		90,000		90,000
b Buildings		3,843,129	1,361,066	2,482,062
c Leasehold improvements		4,646,736	4,513,157	133,579
d Equipment		6,408,472	4,465,294	1,943,178
e Other		20,328,450	9,512,050	10,816,400
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				15,465,219

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) FISHING AFFILIATES	5,043,633	F
(B) INVESTMENTS IN SUBSIDIARIES	183,156,670	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	188,200,303	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INDIVIDUAL FISHING QUOTAS	37,160,130	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	37,160,130	

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
SECURITY DEPOSITS	26,375
ACCRUED PAYROLL	564,090
DUE TO AFFILIATES	4,152,074
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	4,742,539

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' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	103,426,731
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	76,049,630		
e	Add lines **2a** through **2d**			2e	76,049,630
3	Subtract line **2e** from line **1**			3	27,377,101
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	27,377,101

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	108,421,804
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	79,375,753		
e	Add lines **2a** through **2d**			2e	79,375,753
3	Subtract line **2e** from line **1**			3	29,046,051
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	29,046,051

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
PART XI, LINE 2D	Equity in Income of CVE -3,326,123 CVE AND CVH, LLC REVENUE (NOT CONSOLIDATED FOR TAX) 55,252,821 Reimbursed Costs 2,120,000 COST OF GOODS SOLD 21,201,260 RENTAL EXPENSES 801,672 TOTAL 76,049,630
Part XII, LINE 2D	CVE AND CVH, LLC EXPENSES (NOT CONSOLIDATED FOR TAX) 55,252,821 Reimbursed Costs 2,120,000 COST OF GOODS SOLD 21,201,260 RENTAL EXPENSES 801,672 Total 79,375,753

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493321117644

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Coastal Villages Region Fund

Employer identification number
92-0156736

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

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 . . . . . ▶ 20

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Scholarships	117	437,774			
(2) Heating Fuel	1163		396,183	Cost	HEATING Fuel
(3) PEOPLE PROPEL SUBSIDIES	242	1,671,247			

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 Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Tuntutuliak Traditional Council PO Box 8086 Tuntutuliak, AK 99680			87,879				Community

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Native Village of Goodnews Bay PO Box 138 Goodnews Bay, AK 995890138			61,712				Community

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Native Village of Tununak PO Box 77 Tununak,AK 996810077			76,605				Community

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Nunakauyak Traditional Council PO Box 37048 Toksook Bay, AK 996370048			114,185				Community

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Kipnuk Traditional Council PO B0x 57 Kipnuk,AK 996140057			124,346				Community

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Chefornak Traditional Council PO BOx 110 Chefornak, AK 995610110			97,205				Community

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Chevak Traditional Council PO Box 140 Chevak,AK 99563			164,293				Community

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Scammon Bay Traditional Council PO Box 110 Scammon Bay, AK 99662			106,530				Community

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Native Village of Quinhagak PO Box 149 Quinhagak,AK 99655			124,207				Community

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Native Village of Mekoryuk PO Box 66 Mekoryuk, AK 99630			56,005				Community

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Native Village of Hooper Bay PO Box 69 Hooper Bay,AK 99604			205,910				Community

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
City of Eek PO Box 09 Eek, AK 99578			74,795				Community

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Native Village of Kongiganak PO Box 5069 Kongiganak,AK 99545			90,802				Community

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Native Village of Kwigillingok PO Box 90 Kwigillingok, AK 99622			81,755				Community

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Native Village of Napakiak PO Box 34069 Napakiak, AK 99634			77,301				Community

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Napaskiak Tribal Council PO Box 6009 Napaskiak, AK 99559			87,322				Community

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Newtok Traditional Council PO Box 5545 Newtok, AK 99559			79,249				Community

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Nightmute Traditional Council PO Box 90022 Nightmute, AK 99690			65,331				Community

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Native Village of Kuiggayagag PO Box 6129 Oscarville,AK 99559			37,632				Community

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Platinum Traditional Council PO Box 08 Platinum,AK 99651			36,936				Community

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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" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Coastal Villages Region Fund

Employer identification number
92-0156736

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	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			
	☑ Compensation committee	☑ Written employment contract		
	☐ 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 respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each 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 or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	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 or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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 provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

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
SEVERANCE PAYMENTS	SCH J, PART I, LINE 4A KAREN LEMAN RECEIVED A SEVERANCE PAYMENT OF $65,000 DURING 2013 RICHARD MONROE RECEIVED A SEVERANCE PAYMENT OF $125,921 DURING 2013

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Cloyd Crow Executive Director	(I)	475,000	220,000	10,407	12,250	6,925	724,582	
	(II)	0	0	0	0	0	0	0
John McCabe Chief Operating Officer	(I)	207,543	0	0	10,629	5,092	223,264	
	(II)	0	0	0	0	0	0	0
Richard Monroe Chief Investments Officer	(I)	193,135	0	0	2,577	1,726	197,438	
	(II)	0	0	0	0	0	0	0
Harald Longvanes Fish Master	(I)	252,885	0	0	12,250	3,155	268,290	
	(II)	0	0	0	0	0	0	0
James Egaas Captain	(I)	233,166	0	0	11,819	6,521	251,506	
	(II)	0	0	0	0	0	0	0
Nicholas Souza CVS General Manager	(I)	195,000	986	0	9,799	6,695	212,480	
	(II)	0	0	0	0	0	0	0
Angela Pinsonneault Dir of Business Development	(I)	209,833	0	0	10,492	3,589	223,914	
	(II)	0	0	0	0	0	0	0
Terje Gjerde Factory Manager	(I)	197,050	0	0	9,852	6,603	213,505	
	(II)	0	0	0	0	0	0	0
Thomas Hindermann CVP Chief Engineer	(I)	215,687	0	0	10,784	3,596	230,067	
	(II)	0	0	0	0	0	0	0
John Reines CVP Chief Engineer	(I)	215,160	0	0	10,758	6,715	232,633	
	(II)	0	0	0	0	0	0	0
Michael Coleman Bering Sea Ops GM	(I)	230,467	614	0	11,614	3,674	246,369	
	(II)	0	0	0	0	0	0	0
Karen Leman Director of Fiscal Services	(I)	243,360	0	0	8,833	6,160	258,353	
	(II)	0	0	0	0	0	0	0
Kenneth Tippett Senior Port Engineer	(I)	228,647	472	0	11,482	6,831	247,432	0
	(II)	0	0	0	0	0	0	0
John Brender Senior Port Engineer	(I)	175,815	0	0	6,875	5,544	188,234	0
	(II)	0	0	0	0	0	0	0
Eric Deakin IT Manager	(I)	166,566	1,156	0	10,295	6,635	184,652	0
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Coastal Villages Region Fund

Employer identification number
92-0156736

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? 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 Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) Renee Avugiak	Daughter of Director	2,500	Scholarship	EDUCATION ASSISTANCE
(2) Stephanie Maxie	Daughter of Director	11,500	Scholarship	EDUCATION ASSISTANCE
(3) Michael Albert	Son of Director	5,000	Scholarship	EDUCATION ASSISTANCE
(4) Thomas Albert	Son of Director	2,000	Scholarship	EDUCATION ASSISTANCE
(5) Stephen Maxie Jr	Director	2,828	people propel subsidy	FISHING EQUIPMENT
(6) Gabriel Olick	Director	3,849	people propel subsidy	FISHING EQUIPMENT
(7) Robert Pitka Sr	director	4,100	people propel subsidy	FISHING EQUIPMENT

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

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 Benefitting Interested Persons

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of grant or type of assistance
(1) Renee Avugiak	Daughter of Director	2,500
(2) Stephanie Maxie	Daughter of Director	11,500
(3) Michael Albert	Son of Director	5,000
(4) Thomas Albert	Son of Director	2,000
(5) Stephen Maxie Jr	Director	2,828
(6) Gabriel Olick	Director	3,849
(7) Robert Pitka Sr	director	4,100

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Coastal Villages Region Fund

Employer identification number
92-0156736

990 Schedule O, Supplemental Information

Return Reference	Explanation
Members	
GOVERNING BODY	PART VI, SECTION A, LINE 7A 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
MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY	PART VI, SECTION B, LINE 12C ON AN ANNUAL BASIS, EACH BOARD MEMBER IS REQUIRED TO COMPLETE A NEPOTISM STATEMENT FORM AND A RELATED PARTIES TRANSACTION QUESTIONnAIRE EMPLOYEES ARE REQUIRED TO COMPLETE THESE FORMS UPON HIRE
PROCESS FOR DETERMINING COMPENSATION OF TOP OFFICIALS	PART VI, SECTION B, LINE 15A THE EXECUTIVE COMMITTEE OF THE BOARD PERFORMS AN ANNUAL CEO/EXECUTIVE DIRECTOR EVALUATION AFTER MAKING THEIR RECOMMENDATIONS ON SALARY INCREASE AND BONUSES, THE FULL BOARD APPROVES ANNUALLY, EACH DECEMBER THE PROCESS WAS LAST COMPLETED IN DECEMBER 2013
AVAILABILITY OF DOCUMENTS	PART VI, SECTION C, LINE 19 FINANCIAL STATEMENTS ARE PROVIDED THROUGH THE COMPANY'S ANNUAL REPORT GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE PROVIDED TO EACH OF OUR 20 COMMUNITY SUPPORT CENTERS AND PROVIDED TO THE PUBLIC IN THAT COMMUNITY UPON REQUEST
Review of Form 990	Part VI Section B Line 11B THE FORM 990 IS REVIEWED BY THE CONTROLLER, DIRECTOR OF FINANCE AND THE DIRECTOR OF BUSINESS DEVELOPMENT, THE DIRECTOR OF BUSINESS DEVELOPMENT OR EXECUTIVE DIRECTOR WILL SIGN THE 990 DEPENDING ON AVAILABILITY
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 DIRECTOR OF BUSINESS DEVELOPMENT AND OPERATIONS DIRECTOR THIS PROCESS WAS COMPLETED IN FEBRUARY 2013 AND IS COMPLETED EVERY YEAR DURING THE FIRST QUARTER
Other Program Services	Part III, Line 4 OTHER PROGRAMS OUTREACH PROGRAM THE COMMUNITY OUTREACH PROGRAM MAINTAINS OPEN AND CONTINUOUS COMMUNICATION WITH OUR RESIDENTS THROUGH NEWSLETTERS, ANNUAL REPORTS, AN INTERNET WEBSITE, LOCAL RADIO ANNOUNCEMENTS, NEWSPAPER ADS, AND FLYERS 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 COMMUNITITES THROUGHOUT THE REGION TO SHARE INFORMATION ABOUT CVRF AND ITS PROGRAMS AND SERVICES AND TO RECRUIT FOR OUR COMPANY AS PART OF THE OUTREACH PROGRAM, THE COASTAL VILLAGES YOUTH LEADERSHIP PROGRAM PROMOTES 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, AND SERVE AS ROLE MODELS FOR YOUNGER CHILDREN THE YOUTH PARTICIPATE IN COMMUNITY CLEAN-UPS, ENERGY SAVING INITIATIVES, FUNDRAISING, AND VARIOUS ACTIVITIES 4-SITE THE 4-SITE PROGRAM WAS ESTABLISHED IN 1993 IT IS AIMED AT PROVIDING LONG-TERM ECONOMIC AND SOCIAL DEVELOPMENT OF OUR MEMBER COMMUNITIES BY PROVIDING SCHOLARSHIPS, INTERNSHIPS, TRAINING, AND EXPLOYMENT CDQ CONTRACT AND QUOTA MANAGEMENT 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 CVRFS CDQ QUOTA COMMUNITY SERVICE CENTERS - OPERATION OF NINETEEN COMMUNITY SERVICE CENTERS THESE BUILDINGS INCLUDE SPACE FOR OFFICES, INTERNET AND GENERAL COMPUTER ACCESS, AND MECHANIC/WELDING SHOPS ALL SERVICE CENTERS SUPPORT THE LOCAL FISHERIES IN EACH COMMUNITY POLLOCK PROVIDES HEATING 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 CVRFS COMMUNITY PROGRAMS AND SERVICES
FAMILY RELATIONSHIPS	PART VI, SECTION A, LINE 2 PAUL AND HARRY TULIK ARE BOARD MEMBERS FROM NIGHTMUTE AND TOKSOOK BAY RESPECTFULLY THEY ARE COUSINS ANDREW AND RALPH KIUNYA ARE BOARD MEMBERS FROM KWIGILLINGOK AND KONGIGANAK RESPECTFULLY THEY ARE BROTHERS
OTHER CHANGES IN NET ASSETS	PART XI, LINE 9 EQUITY IN INCOME OF CVE REPORTED ON A SEPARATE TAX RETURN ($3,326,123)

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

Open to Public Inspection

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.

(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
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)	(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	(g) 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) BSAI Partners LLC P O Box 31091 Seattle, WA 98103 27-1870579	FISHING VesseLS	WA	NA	Related	1,411,722	9,450,817	Yes		2,009	Yes		50 000 %
(2) Coastal Villages Holdings LLC 711 H Street Suite 200 Anchorage, AK 99501 45-3092441	FishING VesseLS	AK	CVP	Related	-1,594,020	176,724,168	Yes		0	Yes		92 827 %

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	(i) No
(1) COASTAL VILLAGES ENTERPRISES INC 711 H STREET STE 200 ANCHORAGE, AK 99501 43-1948720	FISHERIES DEV	AK	CVP	C CORP	6,291,007	13,491,867	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.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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 Villages Enterprises Inc	J	2,243,324	Accrual
(2) Coastal Villages Enterprises Inc	O	365,000	Accrual
(3) Coastal Villages Enterprises Inc	Q	3,420,000	Accrual
(4) Coastal Villages Holdings LLC	O	890,500	Accrual

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) COASTAL VILLAGES CRAB LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 92-0171632	FISHERIES DEV	AK	576,855	24,808,560	CVRF
(1) COASTAL VILLAGES GROUNDFISH LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 92-0176957	FISHERIES DEV	AK	0	0	CVRF
(2) COASTAL VILLAGES POLLOCK LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 92-0170320	FISHERIES DEV	AK	1,247,008	189,560,870	CVRF
(3) COASTAL VILLAGES SEAFOODs LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 92-0171662	FISHERIES DEV	AK	24,273,577	-31,391,640	CVRF
(4) COASTAL ENTERPRISES LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 72-1582380	FISHERIES DEV	AK	2,161,999	5,913,451	CVS
(5) KELLY MAE LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 20-1049244	FISHERIES DEV	AK	585,000	2,691,523	CE
(6) BLARNEY LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 20-5512124	FISHERIES DEV	AK	0	0	CE
(7) LEO LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 20-5779381	FISHERIES DEV	AK	311,501	1,307,934	CE
(8) FV ARCTIC SEA LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 20-8044616	FISHERIES DEV	AK	8,502,793	2,198,739	CVC
(9) FV NORTH SEA LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 20-8044624	FISHERIES DEV	AK	7,433,875	1,769,491	CVC
(10) FV BERING SEA LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 20-8044635	FISHERIES DEV	AK	2,939,955	1,080,092	CVC
(11) ARCTIC SEA HOLDINGS LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 20-8044616	FISHERIES DEV	AK	1,666,636	10,781,784	CVC
(12) 711 H STREET LLC 711 H STREET STE 200 ANCHORAGE, AK 99501 20-3222874	FISHERIES DEV	AK	818,673	2,671,032	CVRF
(13) GOODNEWS BAY SEAFOODS LLC 711 H Street Ste 200 Anchorage, AK 99501 27-0625278	FISHERIES DEV	AK	4,378,774	5,089,827	CVS
(14) CAMAI LLC 711 H Street Ste 200 Anchorage, AK 99501 27-0207193	FISHERIES DEV	AK	485,670	689,533	CE
(15) BLUE DUTCH LLC 711 H Street Ste 200 Anchorage, AK 99501 91-1944034	FISHERIES DEV	AK	0	4,865,832	CVC
(16) WASSILIE B 711 H Street Ste 200 ANCHORAGE, AK 99501 27-3315605	FISHERIES DEV	AK	1,036,750	1,744,607	CVC
(17) Coastal Villages Comm Dev Fund LLC 711 H Street Suite 200 Anchorage, AK 99501 27-1020299	Fisher Loans	AK	445,529	1,301,753	CVRF