

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2019 or other tax year beginning **10/01/19**, and ending **09/30/20**

Go to www.irs.gov/Form990T for instructions and the latest information.

2019

Open to Public Inspection for 501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Check box if address changed

B Exempt under section
 501(c)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

Name of organization (Check box if name changed and see instructions)
MORRIS THOMPSON CULTURAL AND VISITORS CENTER
Number, street, and room or suite no. If a P O box, see instructions
101 DUNKEL STREET #210
City or town, state or province, country, and ZIP or foreign postal code
FAIRBANKS AK 99701

D Employer identification number
(Employees' trust, see instructions)
20-1113317

E Unrelated business activity code
(See instructions)

C Book value of all assets at end of year

17,650,184

F Group exemption number (See instructions)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses Describe the only (or first) unrelated trade or business here
If only one, complete

Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

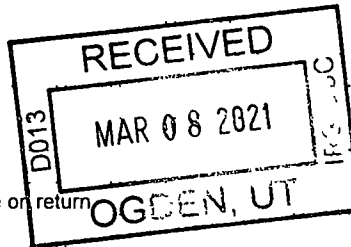
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation Yes No

J The books are in care of **Sara Harriger** Telephone number **907-459-3701**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
1c	Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from partnership and S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions, attach schedule)			
13	Total. Combine lines 3 through 12	0		0

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	0
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29	
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	



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Part III Total Unrelated Business Taxable Income

Table with 2 columns: Description and Amount. Rows include: 32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 32; 33 Amounts paid for disallowed fringes 33; 34 Charitable contributions (see instructions for limitation rules) 34; 35 Total unrelated business taxable income before pre-2018 NOLs and specific deductions Subtract line 34 from the sum of lines 32 and 33 35; 36 Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 36; 37 Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35 37 0; 38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 38 1,000; 39 Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 39 0

Part IV Tax Computation

Table with 2 columns: Description and Amount. Rows include: 40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 40; 41 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from [] Tax rate schedule or [] Schedule D (Form 1041) 41; 42 Proxy tax. See instructions 42; 43 Alternative minimum tax (trusts only) 43; 44 Tax on Noncompliant Facility Income. See instructions 44; 45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 45 0

Part V Tax and Payments

Table with 2 columns: Description and Amount. Rows include: 46a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a; 46b Other credits (see instructions) 46b; 46c General business credit Attach Form 3800 (see instructions) 46c; 46d Credit for prior year minimum tax (attach Form 8801 or 8827) 46d; 46e Total credits. Add lines 46a through 46d 46e; 47 Subtract line 46e from line 45 47; 48 Other taxes. Check if from [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866 [] Other (att sch) 48; 49 Total tax. Add lines 47 and 48 (see instructions) 49 0; 50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3 50; 51a Payments. A 2018 overpayment credited to 2019 51a; 51b 2019 estimated tax payments 51b; 51c Tax deposited with Form 8868 51c; 51d Foreign organizations Tax paid or withheld at source (see instructions) 51d; 51e Backup withholding (see instructions) 51e; 51f Credit for small employer health insurance premiums (attach Form 8941) 51f; 51g Other credits, adjustments, and payments [] Form 2439 [] Form 4136 [] Other Total 51g; 52 Total payments. Add lines 51a through 51g 52; 53 Estimated tax penalty (see instructions) Check if Form 2220 is attached [] 53; 54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed 54 0; 55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 55; 56 Enter the amount of line 55 you want Credited to 2020 estimated tax [] Refunded 56

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 2 columns: Question and Yes/No. Rows include: 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here [] Yes [X] No; 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file [] Yes [X] No; 59 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature] Date: 2/9/2021 Title: Executive Director

Paid Preparer Use Only Pnnl/Type preparer's name: Garry Hutchison; Preparer's signature: [Signature]; Date: 1/25/21; Check self-employed if: [] Yes [] No; PTIN: P00411208; Firm's name: Kohler, Schmitt & Hutchison, PC; Firm's EIN: 92-0116098; Firm's address: P.O. Box 70607, Fairbanks, AK 99707-0607; Phone no: 907-456-6676

May the IRS discuss this return with the preparer shown below (see instructions)? [] Yes [] No

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract		
3 Cost of labor	3		line 6 from line 5. Enter here and		
4a Additional sec 263A costs	4a		in Part I, line 2	7	
(attach schedule)					
b Other costs	4b		8 Do the rules of section 263A (with respect to		
(attach schedule)			property produced or acquired for resale) apply		
5 Total. Add lines 1 through 4b	5		to the organization?		Yes No

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property		
(1) N/A		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column 5. Row (1) contains 'N/A'.

Nonexempt Controlled Organizations

Table with 5 columns: 7 Taxable income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column 10. Includes a Totals row with instructions for adding columns.

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected, 4 Set-asides, 5 Total deductions and set-asides. Includes a Totals row with instructions for entering data on page 1.

Totals

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected with production of unrelated business income, 4 Net income (loss) from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expenses. Includes a Totals row with instructions for entering data on page 1 and 25.

Totals

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Includes a Totals row with instruction to carry to Part II, line (5).

Totals (carry to Part II, line (5))

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Schedule E - Unrelated Debt-Financed Income

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Name
MORRIS THOMPSON CULTURAL AND VISITORS CENTER

Employer Identification Number
20-1113317

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
(5)		%		
(6)		%		
(7)		%		
(8)		%		
(9)		%		
(10)		%		
(11)		%		
(12)		%		
(13)		%		
(14)		%		
(15)		%		

Schedule F - Income from Controlled Organizations

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Employer Identification Number
20-1113317

Employer identification number Name of Controlled Organization	Exempt Controlled Organizations			
	3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of col (4) that is incl in controlling org gross income	6 Deductions directly connected with income in column (5)
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column (9) that is included in controlling organization's gross income	11 Deductions directly connected with income in column (10)
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				