0	Form	990-T	E	xempt Orgai	nization Bu				ax Return	ו ו	OMB No 1545-0047	
2020			For cal	endar year 2019 or other tax yea			, and er		1912	1	2019	
2				► Go to www.	- [
1		tment of the Treasury al Revenue Service	•	Do not enter SSN number	rs on this form as it ma	ıy be ma	ade public if yo	ur organiz	ation is a 501(c)(3)	· [Open to Public Inspection for 501(c)(3) Organizations Only	
NOV	A	Check box if address changed	Name of organization (Check box if name changed and see instructions.)							Emp	oyer identification number loyees' trust, see uctions)	
Z	B F	xempt under section	Print	ALASKA STATI	E FAIR, INC	С.				9	2-0027358	
F]501(C)23)	or	Number, street, and room			nstructions.				ated business activity code instructions)	
۵بخ		408(e) 220(e)	Type	2075 GLENN 1	HIGHWAY					(000)	, ion actions ,	
三差		408A 530(a)		City or town, state or prov	ince, country, and ZIP	or foreig	n postal code			1		
ENVELOPE Timark di]529(a)		PALMER, AK	99645				-	493	000	
ENVELOPE Postmark date	C Boo	ok value of all assets and of year		F Group exemption numb		•						
2		8,490,8		G Check organization type		rporatio	n 50	1(c) trust	401(a)) trust	Other trust	
	H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trades or businesses.											
				EE STATEMENT				-	complete Parts I-V.			
			•	ce at the end of the previou	is sentence, complete F	arts I ar	nd II, complete	a Schedule	M for each addition	nal trade	e or	
		siness, then complete l		*** * * * ***						- T.	[V],,	
				oration a subsidiary in an a		ent-subs	sidiary controlle	ed Gronb.	▶ 1	Ye	es X No	
				ifying number of the parent				Toloob	one number 🕨 9	07-	7/6_7155	
				le or Business Inc			(A) Inc		(B) Expenses		(C) Net	
		Gross receipts or sales		92,610.	<u> </u>	T	(11) 1110	01110	(5) Expenses		(0,1101	
		Less returns and allow		72,010.	c Balance	10	92	92,610.				
		Cost of goods sold (S		A line 7)	• Dalarico	2	<u> </u>	, 0 = 0 1				
		Gross profit Subtract				3	92	,610.			92,610.	
		Capital gain net incom				4a		-			·	
				art II, line 17) (attach Form	4797)	4b				-		
		Capital loss deduction			,	4c						
	5	Income (loss) from a	partners	hip or an S corporation (at	tach statement)	5		/				
	6	Rent income (Schedul	e C)			6						
	7	Unrelated debt-finance	ed incon	ne (Schedule E)		7						
				nd rents from a controlled o	_					_		
	9	Investment income of	a sectio	n 501(c)(7), (9), or (17) or	ganization (Schedule G							
		Exploited exempt activ	-	• •		<u>/10</u>						
		Advertising income (S		•		11	ļ					
		Other income (See ins		•		12	02	,610.			92,610.	
	13	Total: Combine lines		92,010.								
	Pai	(Deductions	must b	t Taken Elsewher e directly connected wi	th the unrelated bus	iness in	ations on dec ncome)	auctions)				
	14			ectors, and trustees (Sche						14	1,199.	
	15	Salaries and wages	,		KEU					15	8,290.	
	16	Repairs and maintena	ance		-	~ ~ ^·	020 020			16	612.	
	17	Bad debts			65 NOV 5	202				17		
S	18	Interest (attach sched	dule) (se	e instructions)	+ 1		PERSONAL PROPERTY AND PERSONS ASSESSMENT OF THE PERSONS ASSESSMENT OF			18		
?	19	Taxes and licenses			OGD	EN.	UT !		0.5 700	19	3,786.	
Ź	20	Depreciation (attach l			The second residence of the second			20	26,789.		06 700	
Z	21	· ·	imed on	Schedule A and elsewhere	e on return		L	21a		21b 22	26,789.	
SCANNED	22	Depletion										
	23	Contributions to defe		npensation plans						23	3,920.	
S	24 25	Employee benefit pro		hadula I)						24 25	3,320.	
	25 26	Excess exempt exper Excess readership co								26		
<u>.</u>	20 27	Other deductions (att					SEE	STAT	EMENT 2	27	45,405.	
	28	Total deductions. Ad								28	90,001.	
ა ეე	29			come before net operating	loss deduction Subtra	ct line 2	8 from line 13			29	2,609.	
<u>ت</u>	30			oss arising in tax years beg						\sqcap		
		(see instructions)	-						1	30	0.	
	<u>\$1</u>			come. Subtract line 30 from						31	2,609.	
	92370	1 01-27-20 LHA FO	r Paperv	work Reduction Act Notice	, see instructions	~ .	-		•		Form 990-T (2019)	

	$\overline{}$		ALASKA STATE FAIR, INC.		92-1	002/358 Page 2
L	<u>/Pa</u>	LT/RI	Total Unrelated Business Taxable Income			
	32	fotal o	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	32	2,609.
	33	Amoun	its paid for disallowed fringes	•	33	
	34	Charita	ble contributions (see instructions for limitation rules)	_	34	0.
	35		nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines	32 and 39	35	2,609.
	36		in for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	رود ۱۱۱۵ عاد ،	35	
				1	37	2,609.
	37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	وک	 	
	38	-	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	4)	38	1,000.
	39	Unrela	ted business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,	ιĭ		
A	\	enter th	ne smaller of zero or line 37	\	89	1,609.
X١	Pa	rt W	Tax Computation	,		
(')	40	Organi	zations Taxable as Corporations. Multiply line 39 by 21% (0 21)		40	338.
_	41	-	Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 39 from.	* '	\Box	
	7,		ax rate schedule or Schedule D (Form 1041)		4	
			· · · · · · · · · · · · · · · · · · ·		17)	
	42		ax. See instructions		42	
	43	Alterna	tive minimum tax (trusts only)		43	
$\overline{}$	44	Tax on	Noncompliant Facility Income. See instructions	_	44	
ω_{j}	45	Total.	Add lines 42, 43, and 44 to line 40 or 41, whichever applies	1_	45	338.
//	Pa	rt 🏏	Tax and Payments	T.	•	
ハノ	46	a Foreion	tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			
		•	redits (see instructions) 4417 \ \ \ \ 46b		1	
			business credit. Attach Form 3800		1	
			· · · · · · · · · · · · · · · · · · ·		- 1	
			or prior year minimum tax (attach Form 8801 or 8827)		4.1	
		e Total c	redits. Add lines 46a through 46d		46e	
	47	Subtrac	ct line 46e from line 45		47	338.
	48	Other to	axes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attacl	h schedule) ,	48	•
	49	Total ta	ax. Add lines 47 and 48 (see instructions)	Ü	49	338.
	50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	- 1	50	0.
				,765.	HT-	
	91	•		, / 05 •	-	
			stimated tax payments 5 b		4	
		c Tax dep	oosited with Form 8868 5 c		1 1	
		d Foreign	organizations; Tax paid or withheld at source (see instructions) 5 d		1 1	
		e Backup	withholding (see instructions) 5 te			
		•	or small employer health insurance premiums (attach Form 8941) 5 if		1	
			redits, adjustments, and payments. Form 2439		1	
		_	orm 4136 Other Total 519			
					اینا	2 765
	52	-	ayments. Add lines 51a through 51g		52	2,765.
	53	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖		53	
	54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	**1	54	
	55	Overpa	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	(U▶	\$5	2,427.
	-86	Enter th	e amount of line 55 you want. Credited to 2020 estimated tax 2,427. Refund	ed 🕨	56	0.
	Pa		Statements Regarding Certain Activities and Other Information (see instruction	ns)		
	57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	•		inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
			Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
			FOILITH, REPORT OF FOIEight Bank and Financial Accounts. If ites, letter the hame of the foreign country			•
		here				X
	58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tri	ust?		X
		If "Yes,"	see instructions for other forms the organization may have to file.			
	59	Enter th	e amount of tax-exempt interest received or accrued during the tax year 🕨 \$			
		Uı	nder penalties of perury, I declare that I have examined this return, including accompanying schedules and statements, and to the be rrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	st of my kno	wledge and b	pelief, it is true,
	Sig	n [∞]	rrect, and complete Declaration of preparer (other than taxpayer) is based on all illiorination of which preparer has any knowledge			
	Her	e	15(1- conto 1/20)		•	scuss this return with lown below (see
			Spenatury of officer Date Title		structions)?	
						-A
			Printity pe preparer's name Preparer's signature Date Chec		f PTIN	
	Pa	id	1	employed	1	1166100
	Pre	eparer	CPA COMMISSION OF THE COMMISSI			166182
		e Only		n's EIN 🕨	92-	-0043874
		y	1400 WEST BENSON BLVD., 400			
			Firm's address ► ANCHORAGE, AK 99503-3683 Pho	one no. (907)2	272-1571
	92371	1 01-27-20			F	orm 990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation N/A						
1 Inventory at beginning of year	1	-	6	Inventory at end of year	ar		6			
2 Purchases					ine 6					
3 Cost of labor	3		1	from line 5. Enter here	and in F	Part I,				
4a Additional section 263A costs			1	line 2			7	<u> </u>		
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to			Yes	No
b Other costs (attach schedule)	4b			property produced or	acquired	for resale) apply to				
5 Total. Add lines 1 through 4b	5			the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pe	rsonal Property	Lease	ed With Real Pro	per	ty)		
1. Description of property										
(1)										
(2)				- <u></u>						
(3)	<u></u>									
(4)										
	2. Rent receive					2(a) Dadurdinas dinasti				
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	` of rent for p	ersonal	onal property (if the percent property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) at		attach schedul		n
(1)										
(2)										
(3)									_	
(4)	1									
Total	0.	Total			0.	_				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er 🕨		-	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>			0.
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ctions)						
			2	Gross income from		3. Deductions directly conto debt-finance	nected ced pro	with or allocab perty	le	
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other dec (attach sch		s
(1)	· · · · · · · · · · · · · · · · · · ·		1			·- <u></u>	1			
(2)				·			1			
(3)							\top			
(4)							\top			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	djusted basis ocable to ced property schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	,	8. Allocable of (column 6 x total 3(a) and	of col	
(1)				%	İ		1			
(2)				%			 	-		
(3)				%			\top			
(4)			Ì	%	1		1			
			-			nter here and on page 1, art I, line 7, column (A)		Enter here and o Part I, line 7, co		
Totals				•		0				0.
Total dividends-received deductions in	icluded in column i	3			L		-		-	0.
		-						*** ****		

Comparison of months Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations See Instructions) 9 Total of special payments 10, Part of column 9 that is included 11. Deductions din in the controlled Organizations Controlled Organizations See Instructions) 9 Total of special payments 10, Part of column 9 that is included 11. Deductions din in the controlled Organizations Control	ions directly with income lumn 5
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Add columns family from the controlled Organizations Search three and on page 1, Fart 1, line Section Sectio	
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Totals See instructions Se	
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Totals Enter here and on page 1. Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2 Gross unrelated business income from trade or business income from trade or business income from page 1, Part I, line 10, col (A) (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (A) 4. Net income (loss) from from activity that is not urrelated business (column 2) minus column 3). If a gain, compute cols 5 through 7 5. Gross income from activity that is not urrelated business income but no column 5 (1) (2) (3) (4) Enter here and on page 1. Part I, line 10, col (B) Totals O • O • Schedule J - Advertising Income (see instructions)	
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(3) (4) Enter here and on page 1, Part I, line 10, col (B) Totals Totals Totals Totals Totals Totals Enter here and on page 1, Part I, line 10, col (B) O O Schedule J - Advertising Income (see instructions)	
(3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O • O • Schedule J - Advertising Income (see instructions)	
(4) Enter here and on page 1, Part I, line 10, col (B) Totals Defended by the following page 1, Part I, line 10, col (B) Totals Oelegation page 1, Part I, line 10, col (B) Oelegation page 1, Part I, line 10, col (B) Oelegation page 1, Part I, line 10, col (B) Oelegation page 1, Part I, line 10, col (B) Schedule J - Advertising Income (see instructions)	
page 1, Part I, line 10, col (A) Totals Page 1, Part I, line 10, col (B) O . O . Schedule J - Advertising Income (see instructions)	
Schedule J - Advertising Income (see instructions)	r here and page 1, II, line 25
	0
Dart I. I Income Erom Dariodicale Reported on a Consolidated Rasis	
Part I Income From Periodicals Reported on a Consolidated Basis	
1. Name of periodical advertising advertising costs col 3) If a gain, compute income costs column 5,	s readership umn 6 minus but not more olumn 4)
(1)	
(2)	
(3)	
(4)	
Totals (carry to Part II, line (5))	0

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)							
(2)							
(3)							
(4)	Ì						
Totals from Part I	▶	0.	0.	′	,	•	0.
		Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, (ine 11, col (8)] [']			Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.		·		0.

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

1. Name	2. Title	Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

STORAGE OF VEHICLES DURING OFF-SEASON

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
ALARM SERVICE BANK FEES INSURANCE - NON-EMPLOYEE OFFICE EXPENSES POSTAGE, SHIPPING, AND DELIVERY PROFESSIONAL FEES TELEPHONE UTILITIES		1,243. 317. 16,127. 104. 49. 470. 1,095. 26,000.
TOTAL TO FORM 990-T, PAGE 1, LIN	NE 27	45,405.