8X2740 1,000 AXG096 1783

Form	990₁T (2018)	
Par		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	
	instructions)	<b>33</b> -3,666.
34	Amounts paid for disallowed fringes	34
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	1 ( )
	instructions)	35
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	
	of lines 33 and 34	<b>36</b> -3,666.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37 1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36	3 555
	enter the smaller of zero or line 36	<b>38</b> −3,666.
	Tax Computation	T
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on	<b> -}</b>
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	
41	Proxy tax. See instructions	
42	Alternative minimum tax (trusts only)	42
43 44	Tax on Noncompliant Facility Income. See instructions	
Par	. ""	1 44
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 44a	T T
	Other credits (see instructions)	1
	General business credit Attach Form 3800 (see instructions)	1
4	Credit for prior year minimum tax (attach Form 8801 or 8827)	1
u e	Total credits. Add lines 45a through 45d	45e
46	Subtract line 45e from line 44	46
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47
48	Total tax. Add lines 46 and 47 (see instructions)	48 0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49
	Payments A 2017 overpayment credited to 2018	
	2018 estimated tax payments	]
	Tax deposited with Form 8868	]
d	Foreign organizations Tax paid or withheld at source (see instructions)	]
е	Backup withholding (see instructions)	<u> </u>
f	Credit for small employer health insurance premiums (attach Form 8941)	1
g	Other credits, adjustments, and payments Form 2439	
	Form 4136 Other Total ▶ 50g	<del> </del> -
51	Total payments. Add lines 50a through 50g	51
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	
55	Enter the amount of line 54 you want	<del></del>
Par 56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	<del></del>
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	5 uu
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	· 1 1 1
	here	x
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	
J1	If "Yes," see instructions for other forms the organization may have to file	igir a doct.
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	pest of my knowledge and belief, it is
Sigi	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	
Her	e   P 2	ay the IRS discuss this return the the preparer shown below
	Signature of officer Date Title (see	ee instructions)? X Yes No
_	Print/Type preparer's name Preparer's Danaturg 1 Unit Date Chec	k If PTIN
Paid	LISA M. MEYER	employed P01490170
	parer Firm's name > KPMG T.I.P	s EIN ▶ 13-5565207
use _	Only Firm's address ► 701 WEST 8TH AVENUE, SUITE 600, ANCHORAGE, AK 99501 Phone	

Form 990-T (2018)

Part I, line 7, column (B)

110,821.

Total dividends-received deductions included in column 8.

Part I, line 7, column (A)

107,155.

Schedule F-Interest, Annu	uities, Royalties						tions (see	e instructio	ons)	
		Exem	pt Co	ntrolled Org	ganızatı	ons	-			
Name of controlled organization	2. Employer identification numb	E1		ated income nstructions)		of specifie ents made	included	of column 4 th in the control ion's gross in	olling	6. Deductions directly connected with income in column 5
(1)				•						
(2)			_							
(3)	-									
(4)						_				
Nonexempt Controlled Organia	zations	•								
7. Taxable Income	8. Net unrelated in (loss) (see instruct			Total of specific ayments made		inclu	art of column led in the co zation's gros	ntrolling		Deductions directly inected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals		 tion 501(c	 :)(7),	 (9), or (17	▶ ) Orga	Enter Part	here and on I, line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 ler here and on page 1, rt I, line 8, column (B)
1. Description of income	2 Amount of			3. Deduction directly cor (attach sch	tions nected		4. Se	t-asides schedule)		5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)							_			
Totals	Enter here and o Part I, line 9, co					,				Enter here and on page 1, Part I, line 9, column (B)
Schedule I-Exploited Exe	empt Activity In	come, Oth	er Th	an Adverti	ising In	come (	see instru	ictions)		
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly connected production unrelate business ind	ses / with n of	4. Net inconfrom unrelat or business 2 minus col If a gain, cocols 5 thro	ne (loss) ed trade (column umn 3) ompute	5. Gro from a	ss income ctivity that unrelated ss income	6. Experatributa	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	† <del>-</del>			<del> </del>				1		
(2)	ļ — — — — — — — — — — — — — — — — — — —									
(3)				-						
(4)						_				
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,		-					Enter here and on page 1, Part II, line 26
Schedule J- Advertising Ir	ncome (see instri	uctions)			-					_ <del>_</del>
Part I Income From Per			onsol	idated Bas	sis			-		
			<del></del> -		•					7.5
1. Name of periodical	2. Gross advertising income	3 Directions		4. Advertigan or (los 2 minus co a gain, coi cols 5 thro	ss) (col ol 3) If mpute		rculation come	6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)					,					i
(3)				1						7
(4)			_							]
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) 4. Advertising 7. Excess readership gain or (loss) (col costs (column 6 2. Gross 3. Direct 5. Circulation 6. Readership 2 minus col 3) If minus column 5, but 1. Name of periodical advertising advertising costs income costs a gain, compute not more than ıncome cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) . . . . ▶

Schedule K - Compensation of Officers, I	Directors, and Trustees (see inst	3 Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2) ATCH 2		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME	n			ATTACHMENT 1				
				4	Ŋ		7	8
		٣		AVERAGE	AVERAGE	9	GROSS INCOME	ALLOCABLE
1	2	DEDUCTIONS DIRECTLY CONNECTED	CONNECTED	ACQUISITION	ADJUSTED	8 4 IS	REPORTABLE	DEDUCTIONS
DESCRIPTION OF DEBT-FINANCED PROPERTY	GROSS INCOME	(3A)	(3B)	DEBT	BASIS	OF 5	(2 X 6)	6 * (3A + 3B)
524 WIAR ANCHORAGE	82,941		56,571	456,353	774,969	58 887	48,841	33,313
17241 JUANITA EAGLE RIVER	22,500		24,979	250, 352	264,651	94 597	21,284	23,629
7401 E 6TH ANCHORAGE	54,032		78,616	381,349	556,438	68 534	37,030	53,879
				TOTALS			107,155	110,821

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ATTACHMENT 1

ATTACHMENT 2

## SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
MARY L. BOLIN 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	DIRECTOR	0	0.
PETTER JAHNSEN 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	DIRECTOR	0	0.
AVALON RACHELLE-KRAFT 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	DIRECTOR	0	0.
JO ANN STROMBERG 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	DIRECTOR	0	0.
PHIL VANDAFF 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	DIRECTOR	0	0.
ARTHUR JENSEN 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	DIRECTOR	0	0.
MOLLY MCMANAMIN 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	DIRECTOR	0	0.
JEFF CASE 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	DIRECTOR	0	0.
PARRY GROVER 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	TREASURER	0	0.
LISA JACKSON 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	SECRETARY	0	0.

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ATTACHMENT 2 (CONT'D)

## SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
ROBERT OWENS 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	VICE PRESIDENT	0	0.
JOHN DITTRICH 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	PRESIDENT	0	0.
ROY SCHELLER 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	EXECUTIVE DIRECTOR	0	0.
TONJA R RAMBOW 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	DEPUTY EXECUTIVE DIRECTOR	0	0.
WILLIAM S BROWNER 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	PHYSICIAN	0	0.
CHUCK LESTER 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	CLINICAL DIRECTOR	0	0.
ERIC GURLEY 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	SENIOR DEPUTY DIRECTOR	0	0.
MICHAEL BAILEY 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	CFO	0	0.
MICHELE GIRAULT 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	SENIOR DEPUTY DIRECTOR	0	0.
KATHY FITZGERALD 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	DIRECTOR	0	0.

ATTACHMENT 2 (CONT'D)

## SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
JEANNETTE LEVINE 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	DIRECTOR	0	0.
TAMARA RUSSELL 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	DIRECTOR	0	0.
YVETTE TOUSIGNANT 540 WEST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518-1110	DIRECTOR	0	0.
TOTAL COMPENSATION			0.

## FORM 990-T - PART II, LINE 31 - NOL CARRYFORWARD

Year	Loss Generated	Income/(Loss) Utilized in PY	Loss Available	Income/(Loss) Utilized in CY	*NOL Adjustments	Loss Carryforward
FYE 6/30/2005	116,414	64,797	51,617			51,617
FYE 6/30/2006	113,164		113,164			113,164
FYE 6/30/2007	22,507		,22,507			22,507
FYE 6/30/2008	22,023		22,023			22,023
FYE 6/30/2009	169,965		169,965			169,965
FYE 6/30/2010	-		-			-
FYE 6/30/2011	-		-			-
FYE 6/30/2012	-		-			-
FYE 6/30/2013	-		_			-
FYE 6/30/2014	-		-			_
FYE 6/30/2015	-		-			_
FYE 6/30/2016	-		_			_
FYE 6/30/2017	65,058		65,058			65,058
FYE 6/30/2018	103,853		103,853		9,323	113,176
FYE 6/30/2019	3,666		3,666		•	3,666
Total	616,650	64,797	551,853	•	9,323	561,176

<sup>\*</sup>The taxpayer has adjusted its NOL carryforward amount due to the repeal of IRC Section 512(a)(7).