23 Depletion = 23 Contributions to deferred compensation plans 24 24 Employee benefit programs 25 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 28 Other deductions (attach schedule) Ö. 29

28

29 Total deductions, Add lines 14 through 28

30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

31 Deduction formet operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Unrelated business taxable income. Subtract line 31 from line 30 32 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

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Form 990-			90-04	3 <u>4664</u>		Page
Part						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses	s (see instructions	s)	33		0
34	Amounts paid for disallowed fringes			34		_
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see ii	•		35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the	he sum of				
	lines 33 and 34			36	1 0	<u> </u>
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	l-a- 20		37	1,0	00
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than I enter the smaller of zero or line 36	line 36,		1 20		0
Part I				38		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			39		- 0
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	unt on line 38 fro	m·	33		
70	Tax rate schedule or Schedule D (Form 1041)	ditt on line 30 no	···	40		
41	Proxy tax. See instructions			41		
42	Alternative minimum tax (trusts only)			42		_
43	Tax on Noncompliant Facility Income. See instructions			43		_
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44		- 0
Part \				1 77 1		-
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		T		
	Other credits (see instructions)	45b		1		
	General business credit. Attach Form 3800	45c		1 1		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		1		
	Total credits. Add lines 45a through 45d	<u></u> -		45e		
46	Subtract line 45e from line 44			46		0
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form	n 8866 🔲 Othe	er (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		0
50 a	Payments: A 2017 overpayment credited to 2018	50a				
b	2018 estimated tax payments	50b		1		
C	Tax deposited with Form 8868	50c]		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d				
е	Backup withholding (see instructions)	50e				
f	Credit for small employer health insurance <u>premiums</u> (attach Form 8941)	50f]		
g	Other credits, adjustments, and payments: Form 2439]		
	Form 4136 Other Total	► 50g		<u>.</u>		
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		>	54		
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax		Refunded 🕨	55		
Part \						
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature				Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organiza					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of	the foreign count	ry		1 1	
	here >				_	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, o	or transferor to, a f	foreign trust?			X
50	If "Yes," see instructions for other forms the organization may have to file.					
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$	and ototoments and	to the best of my line	uladas and halint	11.05	
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules a correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which pro-	eparer has any know	o me best of my kno ledge	wieuge and belief	, it is true,	
lere	IN No 1 Lad Bardin III III la A EVERGIO	מדנום הדני	TOMOD .	ay the IRS discus		vith
	Signature of officer \\ Date	rive dir		e preparer shown structions)?] No
		Data			Yes X	No
	Print/Type preparer's rame Preparer's signature	Date		f PTIN		
Paid	BOCKNE G WILSON //////	11-14-19	self- employed	D012	70025	
Prepa	rer ROCKNE S. WILSON			FOT3	70925	

Use Only

Firm's name WILSON & WILSON CPAS, INC.

344 MINNIE STREET

Firm's EIN

92-0135287

Firm's address FAIRBANKS, AK 99701

Phone no. (907) 456-8115Form **990-T** (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	valuation N/A						
1 Inventory at beginning of year 1				Inventory at end of year	6					
2 Purchases	Purchases 2			Cost of goods sold. S						
Cost of labor 3			7	from line 5. Enter here						
4a Additional section 263A costs			1	line 2		,	7			
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Yes No			
b Other costs (attach schedule)	4b	<u></u>	1	property produced or a		•				
5 Total. Add lines 1 through 4b	5		7	the organization?						
Schedule C - Rent Income	(From Real	Property an	d Pe		Leas	ed With Real Pro	perty)			
(see instructions)	<u> </u>									
1. Description of property										
(1)					_					
(2)										
(3)										
(4)										
		ed or accrued				3/a) Dodustions desette	connected with the iscome in			
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	` 'of rent for	personal	onal property (if the percent property exceeds 50% or if ed on profit or income)	age	ge 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)										
(2)										
(3)										
(4)										
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)						
			7 ,	Gross income from		Deductions directly conn to debt-finance				
1. Description of debt-fi	inanced property		-	or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions			
To bescription of debter	manced property		financed property			(attach schedule)	(attach schedule)			
			↓	. <u>.</u>						
(1)			4							
(2)										
(3)										
(4)	, 		 							
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or all debt-finan	adjusted basis locable to ced property 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)			1	%						
	<u> </u>	. —				nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)			
Totals				▶!		0.	0.			
Total dividends-received deductions in	ncluded in column	8		- 1	_	•	0.			
					_		Form 990-T (2018)			

Schedule F - Interest,	Annuitie	s, Royal	ties, ar	nd Rent	s From C	ontrolle	ed Organiz	zatio	nS (see ins	structio	ons)	
41			_		Controlled O							
1. Name of controlled organize	Name of controlled organization Calculation Calculation Calculation Calculat		3. Net unrelated income (loss) (see instructions) 4. To pay		4. Tota payn	ments made inclu		Part of column 4 that is neluded in the controlling ganization's gross income		6. Deductions directly connected with income in column 5		
(1)								<u> </u>				
(2)				 _				<u> </u>				
(3)								<u> </u>	_			
(4)	-							-				
Nonexempt Controlled Organ	ızatıons			'					_			
7. Taxable Income	8. Net ur	prelated incom ee instructions		9. Total	of specified pay made	nents	10. Part of coluin the controllingross		nization's	11. r	Deductions directly connection in the column 10	cted
(1)	 			 								
(2)	 			 								
	 							-	_			
(3)	 			-	 			_				
(4)	<u>. </u>			L	-							
							Add colum Enter here and line 8, c		1, Part I,		Add columns 6 and 11 r here and on page 1, Part line 8, column (B)	t,
Totals						▶			0.			0.
Schedule G - Investme (see inst	ent Incor	ne of a S	Section	501(c)(7), (9), or	(17) Or	ganization)				
1. Desc	cription of incom	ne			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-		5. Total deduction and set-asides (col. 3 plus col.	s
(1)												
(2)												_
(3)												
(4)												
			-	-	Enter here and						Enter here and on pa	ige 1,
					Part I, line 9, co	lumn (A)					Part I, line 9, column	(B)
Totals				•)	0.						0.
Schedule I - Exploited (see instru	-	Activity	Incom	e, Othe	r Than Ad	vertisi	ng Income)				
1. Description of exploited activity	2. Gr unrelated b income trade or b	ousiness from	3. Exp directly co with pro of unro business	duction elated	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 3) If a cols 5	5. Gross inco from activity the is not unrelated business income	hat ed (6. Exp attributa colum	ble to	7. Excess exemp expenses (column 6 minus column 5 but not more than column 4)	n 5,
(1)												
(2)								$\neg \neg$				
(3)							·					
(4)	 					-		\dashv		_		
Totals	Enter here page 1, line 10, c	Parti,	Enter her page 1, line 10,	, Part I,				1	•		Enter here and on page 1, Part II, line 26	0.
Schedule J - Advertisi	ng Incon		struction									<u>-</u>
Part I Income From					solidated	Basis						
1. Name of periodical		2. Gross advertising income		3. Direct rtising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	I 2 minus in, compute	5. Circulati income	on	6. Reade		7. Excess readership costs (column 6 minu column 5, but not more than column 4)	ıs
(1)												_
(2)	_				-						4	Ì
(3)			<u> </u>		4						4	
(4)							 					
Totals (carry to Part II, line (5))	•	0		0								0.
											Form 990-T (20	J78)

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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)			_	-			
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, line 11, col (B)	Transferred and their their term and their term	emannyapi — anggagagajak sebahjaan as asa ay	angu dayayaran iya aga d	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	_	0.	0.			ه ر مه مستور د مرد د مر	0.

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

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

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