Form 990-	T	Exe				ness Incom		Return		OMB No	1545 0687
Form" 33U-			, <u> </u>			section 6033		100		20	118
•\	Fore	-	r 2018 or other tax y						2019	20	110
Department of the Treas	surv		-			uctions and the I				Open to Public	c Inspection for
Internal Revenue Service	e	► Do not e	enter SSN numbers			made public if your		ion is a 501(c)		501(c)(3) Orga	anizations Only
A Check box address ch						changed and see instru	ctions)		1 T (E	mployer identif imployees' trust structions)	ication number t, see
B Exempt under	section		Alaska Vil		iat:	ives				•	
X 501(c 💋			1577 C Str Anchorage,		ı					92-00361	2 4 4 ess activity code
— `~ F	220(e)	Type	Michorage,	AIC 33301	_					See instructions	
H408A	_]530(a)	1							l.,	- 0 1 0 0 0	
529(a) Book value of all as		F 0	exemption number	(C					;	531390	
at end of year			organization tvi				7501/2	·	7401(0)	A	1045-c 4111-04 Y
1,178	<u> </u>	L) corporation	501(c)		401(a)		Other trust
H Enter the numb		•				<u> </u>	Desc	cribe the only		unrelated ne, complet	o Parts I V
If more than o	ness nere.► one descri	be the first	cial Build:	ce at the end	of the	previous senten	ce. com				
			ss, then complet		0	promote comen	00, 00,		u, c	op.o.co a	
					ted gr	oup or a parent-s	ubsidian	y controlled	group?	► Ye	s X No
If 'Yes,' enter	the name	and identif	fying number of t	he parent cor	poration	on 🕨					
J The books are			les Parker				Tele	phone num	ber► (9	, ,	1-5400
Part I Unre	lated Tr	ade or B	usiness Inco	me		(A) Income		(B) Exper	ıses	(C)) Net
1 a Gross receip	ots or sales	s									
b Less returns an]c Balance►	1 c					ļ	
2 Cost of good	•	•	•		2					ļ	
3 Gross profit					3					/	
4 a Capital gain		•	•		4a						
• , ,	•	· · · · · · · · · · · · · · · · · · ·	7) (attach Form 4797))	4b						
c Capital loss			an S corporation		4c				/	1	
(attach state		i ti ici si iip oi	an o corporation		5						
6 Rent income	e (Schedule	e C)			6						
7 Unrelated de	ebt-finance	d income	(Schedule E)		7	169,0	033.	/1 80),885.		-11,852.
8 Interest, annuit	ies, royalties,	and rents fro	m a controlled organ	zation (Schedule F).	8						
9 Investment inco	ome of a secti	on 501(c)(7),	(9), or (17) organiza	tion (Schedule G)	9						
10 Exploited ex	cempt activ	rity income	(Schedule I)		10		\mathcal{A}				
11 Advertising	•	•			11		$\angle \bot$				
12 Other incom	ne (See ins	tructions,	attach schedule)				}				
			_		12						
13 Total. Comb					13	169,0), <u>885.</u>		-11,852.
Part IN Dedi	uctions I	Not Take	one must be	(See Instru	CUOR	s-fer-limitation	related	eductions.	.) (EXC	ept for ≥ \	
			ors, and trustees			A THO TO PAGE) l	14	J.,	
Salaries and		,	,)	Æ		20	31	15	 	
Repairs and	-	nce			C25	AUG 1 7 200	²⁰ \hat{a}	5	16		
Bad debts					l L.			⊆	17		
□18 Interest (atta	ach schedi	ıle) (see ır	structions)	/		OGDEN,	UT	1	18		
39 Taxes and I	icenses		/		L				19		
Interest (atta Taxes and In Charitable c Depreciation	ontribution	is (See ins	tructions for limi	tation rules)					20		
21 Depreciation	n (attach F	orm 4562)				21		69,36	2.		
22 Less depred	ation clair	ned on Sc	hedule A and els	sewhere on re	turn	22a		69,36			
23 Depletion									23		
24 Contribution	s to deferr	ed compe	nsation plans						24		
25 Employee b									25		
26 Excess exer				\sim					26		
27 Excess read				()	٠,				27		
28 Other deduc				$\forall \alpha$	イン				28		
29 Total deduc				erating loss d	eduction	on Subtract line :	29 from	line 12	29 30	-	_11 052
30 Unrefated by 31 Deduction for n							וווטוו כב	mic IJ	31	 	-11,852.
32 Unrelated by						- (ou aotiono)			32	 	-11,852.
BAA For Paperw						TEEA020	1L 1/31/19		• •		990-T (2018)

Form 990	-T(2018) Alaska Village In	itiatives		92-	0036144	Page 2
Part III						
33 Tota	I of unrelated business taxable income	computed from all unrelated trade	s or businesses (se	e		
ınstı	ructions)	1	Dorct 1			-11,852.
	ounts paid for disallowed fringes	1	1001	;	34	
	uction for net operating loss arising in t	tax years beginning before January	*1, 2018 (see	Γ.	25	<u> </u>
	ructions)		25 4	⊢	35	
	il of unrelated business taxable income nes 33 and 34	before specific deduction. Subtrac	t line 35 from the st		36	-11,852.
			>	 		11,032.
	cific deduction (Generally \$1,000, but seleted business taxable income. Subtra				37	
	erated business taxable income. Subtractive the smaller of zero or line 36	act line 37 from line 36 if line 37 is	greater than line 3		38/	-11,852.
				- 11	30	11,002.
	Tax Computation	- Barbara - 20 by 010/ (0.01)			30	
-	anizations Taxable as Corporations. M		ay an the americat	\	39	0.
	sts Taxable at Trust Rates. See instruct		ax on the amount	_ -	-1	
	ne 38 from		<i>(</i>)		46	
	ky tax. See instructions	_	5×3	<u> </u>	41	
	rnative minimum tax (trusts only)		, , ,	<u></u>	43	
43 Tax	on Noncompliant Facility Income. See	e instructions		~~ <u> </u>	43	
44 Tota	il. Add lines 41, 42, and 43 to line 39 of	or 40, whichever applies.		+ 7	44	0.
Part V	Tax and Payments					
	eign tax credit (corporations attach Forr	n 1118, trusts attach Form 1116)	45a		*	
	er credits (see instructions)		45 b		1	
	eral business credit Attach Form 3800	(see instructions)	45 c		1	
	dit for prior year minimum tax (attach F		45 d		,	
	Il credits. Add lines 45a through 45d		130	10	45 e	0.
	tract line 45e from line 44	\	1	16	46	0.
	er taxes Check if from Form 4255	DE0rm 8611 DE0rm 8697 DE0	rm 8866	· F	 	
	Other (attach schedule).		· · · · · · · · · · · · · · · · · · ·	- 1,	d-	
	il tax. Add lines 46 and 47 (see instruc	etions)		, 1 H	48	0.
	3 net 965 tax liability paid from Form 96	•	n (k) linn 2		49	<u> </u>
			. 1.	· L	"	
•	ments A 2017 overpayment credited to	2018	50 á		<i>y</i>	
	3 estimated tax payments		50,b			
	deposited with Form 8868		50 c			
	eign organizations. Tax paid or withheld	d at source (see instructions)	50 d			
	kup withholding (see instructions)		50 e			
	dit for small employer health insurance	. —	50 f			
	er credits, adjustments, and payments	Form 2439	_			
	Form 4136 Ot	her Total	► 50 g		اللا	
51 Tota	Il payments. Add lines 50a through 50g		<u> </u>		5(0.
	mated tax penalty (see instructions) C		•	►□ [:	52	
	due. If line 51 is less than the total of		owed	~\-\-	53	
	rpayment. If line 51 is larger than the t			<u> </u>	54	
	. ,			<u>L</u>	55	
	er the amount of line 54 you want. Cred				-J-	
Part VI	Statements Regarding Certain	<u> </u>				T
	ny time during the 2018 calendar year, did	-	_			Yes No
	ncial account (bank, securities, or other) in a			file FinCEN f	Form 114,	
Rep	ort of Foreign Bank and Financial Account	s If 'Yes,' enter the name of the forei	gn country here	▶		_ X
57 Duri	ng the tax year, did the organization re	eceive a distribution from, or was it	the grantor of, or tra	ansferor to, a	foreign trust?	Х
	es,' see instructions for other forms the or				-	
	er the amount of tax-exempt interest receiv	-	Ś	0		
30 LINE	Under penalties of perjury. I declare that I have e	examined this return, including accompanying si		and to the best of a	my knowledge and	1 1
Sign	Under penalties of perjury, I declare that I have e belief, it is true, correct, and complete Declaration	on of preparer (other than taxpayer) is based or	all information of which p	reparer has any ki	nowledge	Alain and W
Here		8/7/250	CEO/President	tr	lay the IRS discuss ne preparer shown	below (see
. 10.0	Signature of officer	Date	Title		structions)?	Yes No
	Print/Type preparer's name	Preparer's signature	Date	Charle [77] 4	PTIN	
Paid			Jake	Check X if		0.0
Pre-	KEY E. GETTY, CPA	KEY E. GETTY, CPA	<u> </u>	self-employed	P001212	
parer	Firm's name KEY E GETTY			Firm's EIN	55-119877 <u>:</u>	L
Use	Firm's address ► 10975 Vosikof	P1]		
Only	Anchorage, AK	99507		Phone no	907-301-	3159
BAA		TEEA0202L 01/24/19		-		990-T (2018)

Page 3

Schedule A - Cost of Goods	s Sold. Enter method of inve	entory valuation F						
1 Inventory at beginning of year	· 1	6 Invento	ory at	end of year	6			
2 - Purchases	2	7 Cost o	f good	ls sold. Subtract				
3 Cost of labor	3			ne 5 Enter here	_			
4 a Additional section 263A costs (attach s	schedule)	and in	Part I	line 2	7		V	
	4 a	0 0 41-		-4	ما ما		Yes	No
b Other costs (attach sch)	4 b			of section 263A (wit Juced or acquired fo				
5 Total. Add lines 1 through 4b	5			zation?				Х
Schedule C - Rent Income (From Real Property and	d Personal Property	/ Leas	sed With Real Pi	rope	rty) (see in	structi	ions)
1 Description of property								
(1)								
(2)								
(3)								
(4)								
2	Rent received or accrued			3(a) Deduction:	s dire	ctly connec	ted wit	th
(a) From personal proper (if the percentage of rent for p property is more than 10% b more than 50%)	personal (if the percent out not property ex	eal and personal property entage of rent for person ceeds 50% or if the rent I on profit or income)	ial	the income in	colur	nns 2(a) ar chedule)	nd 2(b))
(1)		· · · · · · · · · · · · · · · · · · ·						
(2)		· <u>-</u>						
(3)								
(4)								
Total	Total							
(c) Total income. Add totals of columbere and on page 1, Part I, line 6, c	mns 2(a) and 2(b) Enter column (A)			(b) Total deductions. E here and on page 1, Par I, line 6, column (8)				
Schedule E - Unrelated Deb	ot-Financed Income (see	instructions)						
1 Description of debt-fi	unanced property	2 Gross income from or allocable to debt-	3 De	eductions directly co debt-finar	nnect nced p	ed with or a	allocab ee St	le to
i Description of dest-ii	maneed property	financed property	depr	(a) Straight line eciation (attach sch)		(b) Other de (attach sc	eductio	ns
(1)Commercial Building	Rental	338,294.		69,362		2	292,6	551.
(2)								
(3)								
(4)								
	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5		7 Gross income ortable (column 2 x column 6)	-	Allocable d (column 6) lumns 3(a)	total and 3	of B(b))
(1) 202,649.	405,571.	49.9663 %		169,033		1	.80,8	<u> 385.</u>
(2)		%						
(3)		%						
(4)		%						
			Enter Part	r here and on page I, line 7, column (A)	1, Ent) Pai	er here and rt I, line 7,	d on pa columi	age 1, า (B)
Totals		•	•	169,033		1	.80,8	385.
Total dividends-received deduction	ns included in column 8							
BAA	TE	EA0203L 01/30/19				Form 9	990-T ((2018)

Schedule F – Interest, A	iiiuia	es, Royalu	<u> </u>		trolled O			Jigai	iizations	(566 11)	Structions	
organization identi		Employer ntification number	1	Net unr ncome ee instri		4	4 Total of specified payments made 5 Part of colun that is include the controllir organization gross incom			cluded ntrolling zation's	connected with income in column	
(1)						T						
(2)						\top			_			
(3)						T						
(4)						1						
Nonexempt Controlled Organiza	ations		1			'						
7 Taxable Income	8 N inc	et unrelated come (loss) instructions)			f specifie nts made	d	10 Part of included in organization	n the d	controlling		connected	tions directly d with income olumn 10
(1)		- •	i			\neg		•				
(2)						\dashv						
(3)										+		·
(4)			+			_						
Totals							Add columns here and on p 8, co		, Part I, line		e and on p	6 and 11 Enter page 1, Part I, line lumn (B)
Schedule G – Investmen	t Inco	mo of a So	ction	501/	c)(7) (9	<u>, , , , , , , , , , , , , , , , , , , </u>	vr (17) Organ	nizati	On (coo in	truction	200	
1 Description of income	· inco	2 Amount			3 dire	Dec	ductions connected schedule)		4 Set-aside ttach sched	s	5 Tota set-a	l deductions and sides (column 3 us column 4)
(1)					· · · · · · · · · · · · · · · · · · ·		·				<u> </u>	
(2)							·					
(3)		-					-					
(4)						-						
Totals Schedule I — Exploited E	▶	Enter here an Part I, line 9,	, colur	nn (A)	aar Tha	n /	Advorticina	Incor	MO (222)22	tr. ration	Part I, li	re and on page 1 ne 9, column (B)
1 Description of exploited a		2 Gros- unrelate busines income fr trade o busines	s ed ss om er	3 Expension connection of u	ises directly ected with duction nrelated ess income	from or 2 m	Net income (loss) m unrelated trade business (column minus column 3) a gain, compute umns 5 through 7	5 Gros activi	s income from ty that is not ated business income	6 Ex	penses itable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						┢						
(1)						┢						
		 			_	┢╌						· · · · · · · · · · · · · · · · · · ·
(3)		+				╫						
(4) Totals		Enter here on page Part I, line column	: 1, e 10,	on p Part I	here and page 1, I, line 10, mn (B)	l			l			Enter here and on page 1, Part II, line 26
Schedule J – Advertising	a Inco	me (see inst	ructio	ns)		٠					• •	
Part I Income From Per					nsolida	tec	l Rasis					
raiti income i fom rei	iouic	2 Gros	S	3 [Direct	4/	Advertising gain or		rculation		adership	7 Excess readership
1 Name of periodical		advertisi income			ertising osts	1 (oss) (col 2 minus col 3) If a gain, compute cols 5 through 7	"	ncome	C	osts	costs (col 6 minus col 5, but not more than col 4)
(1)						\prod						
(2)				_		1				_		1
(3)						4		ļ				4
(4)						\perp						
Totals (carry to Part II, line (5))	1	<u> </u>										

TOTAL VILLE					32 000071	
Part II Income From Periodic. 7 on a line-by-line basis)	als Reported or	ı a Separate E	Basis (For each p	eriodical listed in	Part II, fill in co	lumns 2 through
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 (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(3)						
(4)			<u> </u>			
Totals from Part I	<u> </u>	_				
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	>					
Schedule K - Compensation of	of Officers, Dire	ctors, and Tru	ustees (see instr	uctions)		-
1 Name			2 Title	3 Percent of time devote to business	d to unrel	ation attributable ated business
					%	
					%	
			•••		%	
					%	
Total. Enter here and on page 1, Part	II, line 14	-			>	
BAA		TEEA0204 L	12/31/18		•	orm 990-T (2018)

2018	Federal Statements	Page 1
ζ.	Alaska Village Initiatives	 92-003614
Statement 1 Form 990-T, Schedule E, Line 3b Other Deductions Allocable to De Commercial Building Rental		450
Advertising Auto and Travel Cleaning and Maintenand Insurance Interest Repairs Supplies Taxes Utilities	ce	\$ 450. 27. 34,100. 10,134. 7,470. 63,417. 2,812. 52,697. 114,909. 6,635.