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:			Ex	empt Organization E	 1	OMB No 1545-004Z								
	F	-orm 990-T		(and proxy tax i	unde	r section (6033(e))			17		7		
		`	For calendar yea	6/30	, <u>202</u>	<u>o</u> (2019	/						
l	_ `					-								
	Inter	ortment of the Treasury nal Revenue Service	► Do not	enter SSN numbers on this form as i	t may b	e made public	ıf your organ	ization is a 501((c)(3).	Open 501(c	to Public Inspection for (3) Organizations Only	or y		
j	A [Check box if address changed	D	Employe (Employe	er identification numbe ees' trust, see	r								
	B	B Exempt under section Print FAIRBANKS NATIVE ASSOCIATION												
!	[X 501(C.) O3)	1		0037488									
	ļ	408(e) 220(e	=)	FAIRBANKS, AK 9970	1				Ε	(See ins	Unrolated business activity code (See instructions)			
	ŀ	408A	a)							7120	7. 2000			
	<u>_</u>			713200										
	Ca	it end of year	<u> </u>	exemption number (See instruction organization type . > X		c) corporatio	<u>. Пелі</u>	(c) trust	<u> </u>	1(a) trust Other trust				
4.		33,461,224	<u>· </u>		<u>' </u>							<u>"</u>		
20		Enter the number of tr trade or business he	_	s unrelated trades or businesses	i	<u>1</u>		escribe the or		•	iateu omplete Parts I–\	/		
V/,				in the blank space at the end	of the	previous s	entence, co	mplete Parts						
19				ss, then complete Parts III-V.								_		
k	- \			ration a subsidiary in an affilia			rent-subsid	iary controlle	d group	· •	Yes X No			
				fying number of the parent cor		on .	т	elephone nui	mbor >	(007)	452 1640	_		
L	Pa			E HOSKINS, DIR OF F. usiness Income	LN.	(A) In		(B) Exp		(907)	452-1648 (C) Net	-		
		a Gross receipts or s		1,566,343.	Г	(2)	COINE	(6) 2,5	CHSCS	1/	<u> </u>	_		
		b Less returns and alloware		c Balance ►	1 c	1.5	1,566,343.							
		Cost of goods sold		line 7)	2	-70	1,500,545.			_		_		
ဗ္	3	Gross profit Subtra	act line 2 from	line 1c	3	1,5	66,343.	İ			-			
Ž	4 :	a Capital gain net inc	come (attach S	4a	 -						_			
马		b Net gain (loss) (Form 47		') (attach Form 4797) .	4b	· · · · · · · · · · · · · · · · · · ·						_		
SCANNED		c Capital loss deduct Income (loss) from a		an S corneration	4c							_		
O	9	(attach statement).		an a corporation .	5									
MAY	6	Rent income (Sche	dule C)		6							_		
7	7	Unrelated debt-fina	nced income ((Schedule E)	7		/					_		
0	8		•	m a controlled organization (Schedule F)	8 9					4—		_		
80	9	Investment income of a s						_		_				
2022	10	Exploited exempt a Advertising income	•	•	11	10				-		_		
22	11 12	_	•	attach schedule)	 ••	-		-		+		_		
	12	Other medine (See	manuchons, e	ittacii scricuale,	12/									
	13	Total. Combine line	s 3 through 12	2	13	1.50	66,343.		0		1,566,343.	-		
	Par	t II Deduction	s Not Take	n Elsewhere (See instru	ctions	s for limita	ations on	deductions	s.) (De	ductio	ns must be	_		
		directly co	nnected wit	h the unrelated buşiness	inco	me.)						_		
	14			rs, and trustees (Schedule K)	•		•	•	14			_		
7	15	Salaries and wages Repairs and mainte		· /	-		•• •	• •	15			_		
594041	16 17	Bad debts					•••		17			-		
2	18	Interest (attach sch		structions	•				18					
8	19	Taxes and licenses			·				. 19		RECEIVE	ΞD		
9)	20	Depreciation (attach				1	20							
5.1	21			edule A and elsewhere on reti	urn	.	21a		21	幅	SEP 28 20	121 9		
2627	22	Depletion							22	m	<u> </u>	121 S		
ဇာ	23	Contributions to def	erred compen	sation plans					. 23					
	24	Employee benefit pa	- /						24		OGDEN, I	UI_		
2	25	Excess exempt expe				25			_					
Ž	26	Excess readership of Other deductions (a			• •	•	SEE	STÄTEMĖŅT	26 1 . 1 27		1 500 343	-		
3 3 NOV	27 28	Total deductions (a			• • • • •		., 404 .		28		1,566,343. 1,566,343.	-		
₹	29			e before net operating loss de	ductio	n Subtract	line 28 fror	n line 13	29		1,300,343.	-		
2 0	30	Deduction for net operation	ng loss arising in i	tax years beginning on or after January	1, 2018	3 (see instructio			. 30			-		
رح ح	31			e Subtract line 30 from line 2	9				. 31	_ +	0.			
	BAA	For Paperwork Red	uction Act No	tice, see instructions.						F	Form 990-T (2019)			

Part III Total Unrelated Business Taxable Income 32 33 34 34 34 34 34 34			2-0037488	Page 2
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Signature of officer Date Siz 2021 EXECUTIVE DIRECTOR May the IRS discuss this return the proparer shown below (see instructions)? X Yes	9 Enter	the amount of tax-exempt interest received or accrued during the tax year > \$ 0.	at my kanyladan and	
Print/Type preparers name TOM J. DOMAGALA, CPA Firm's name ALTMAN ROGERS & CO Firm's address Title EAECUTIVE DIRECTOR the proparer shown below (see instructions)? X Yes [Date Told J. DOMAGALA, CPA Firm's name ALTMAN ROGERS & CO Firm's address 3000 C STREET SUITE 201	ian	behel, its frue covert, and complete Declaration of preparer (other than laxpayer) is based on all information of which preparer has an	y knowledge	
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TOM J. DOMAGALA, CPA Tom J. DOMAGALA, CPA Firm's name ALTMAN ROGERS & CO Firm's address 3000 C STREET SUITE 201	CIC	Signature of officer Date Title	Instructions)?	
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Firm's name ALTMAN ROGERS & CO Firm's EIN 92-0143182 SEE Firm's address 3000 C STREET SUITE 201		To & Marriagle CVA E DC 2024	1	0
SE Firm's address 3000 C STREET SUITE 201	_	TOM J. DOMAGADA, CFA		0
000000000000000000000000000000000000000		ALIFIAN ROGERS & CO	92-0143182	
THE T AMPLICATE AR LOCALS TO THE TOTAL STREET			(007) 071	2002
ANCHORAGE, AK 99503 Phone no (907) 274-299 AA TEEA0202L 02/21/20 Form 990-T (2		ANCHORAGE, AK 99503 Phone no		

Page 2 ----

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Form-990-T-(2019) FATRBAN						92-	0037488-		age:
Schedule A — Cost of Go		nter method of in					6		
1. Inventory at beginning of y		6 Inventory at end of year							
	• • • • • • • • • • • • • • • • • • • •	3	7			ds sold. Subtract			
3 Cost of labor	line 6 from line 5 Enter here and in Part I, line 2								
4 a Additional section 263A costs (atta	ach schedule)	1		,	·l	Yes	No		
han		4 a	8	Do the	rules	of section 263A (with	respect to	133	
b Other costs (attach sch)		4 b		proper	ty prod	duced or acquired for	resale) apply		
5 Total. Add lines 1 through	1b	5		to the	organı	zation?		.	LX
Schedule C - Rent Incom	e (From Re	al Property a	nd Personal P	roperty	Leas	sed With Real Pro	perty) (see	ınstruct	ions)
1 Description of property									
(1)			<u> </u>						
(2)				_					
(3)									
(4)		- · · · · · ·							
	2 Rent recei	ved or accrued				3/a) Dadi atra	dispositive	ا المعلما	. La
(a) From personal pro	perty	(b) From	real and persona	l property	<u>/</u>	3(a) Deductions the income in	columns 2(a)	and 2(b)))
(if the percentage of rent for property is more than 109	or personal % but not	oroperty	centage of rent for exceeds 50% or if	or person: the rent	ai IS	(attach schedule)			
more than 50%)		bas	ed on profit or inc	ome)					
(1)									
(2)									
(3)									
(4)									
Total		Total				(h) Tabel de desdesdesse 5			
(c) Total income. Add totals of co						(b) Total deductions. En here and on page 1, Part	uci		
here and on page 1, Part I, line (•		···	I, line 6, column (B)	<u> </u>		
Schedule E – Unrelated D	ebt-Finance	ed Income (se	e instructions)		,				
			2 Gross incom	e from	3 De	eductions directly con	nected with or ed property	allocab	le to
1 Description of deb	t-financed proj	perty	or allocable to	debt-	<u> </u>		· · · · ·		
			financed pro	perty	denre	(a) Straight line eciation (attach sch)	(b) Other deductions (attach schedule)		
···					Laspi		(GREGOT) 3		
(1)								_	
(2)					-				
(3)									
4.0	I F A		60-1	A	ļ	7.0	0 All	المالية	
4 Amount of average acquisition debt on or		djusted basis of to debt-financed				7 Gross income ortable (column 2 x	8 Allocable deductio (column 6 x total o		
allocable to debt-financed		ttach schedule)	column		'	column 6)	columns 3(a		
property (attach schedule)	··-		1	0.	ļ				
(1)			1	%					
(2)				86 300			********		
(3)						-			
	l .			용	_				
(4)						hara and an ages 1			~~ I
					Enter Part	here and on page 1, line 7, column (A)	Enter here an Part I, line 7	id on pa column	ger, (B)
(4)					Part I	I, line 7, column (A)	Part I, line 7,	on pa column	(B).
				, ,, >	Part	I, line 7, column (A)	Part I, line 7,	column	(B).

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Schedule F - Interest, A					rganizations	94		(300 11	.50.000011	~,
1 Name of controlled organization	2 Emplo identifica numbe	tion	3 Net unrelated income (loss) (see instructions)		4 Total of spe payments m				in (eductions directly connected with come in column 5
(1)										
(2)		-								
(3)				_						
(4)										
Nonexempt Controlled Organia	zations									
7 Taxable Income	8 Net unre income ((see instru	loss)		f specifie nts made	ıncluded	in the c	n 9 that is controlling iss income		connecte	ctions directly d with income olumn 10
(1)								T		
(2)								1		
(3)								T		
(4)										
Totals					Add column here and on 8, co		Part I, line		e and on p	s 6 and 11 Enter page 1, Part I, line lumn (B)
Schedule G - Investmen	nt Income o	f a Section	n 501(c)(7), (9), or (17) Orga	nizati	on (see ins	tructio	ns)	
1 Description of income		2 Amount of income		3 dire	Deductions ctly connected ach schedule)		4 Set-asides (attach schedule)		5 Total deductions set-asides (colum plus column 4	
(1)				<u> </u>		† · · · ·				
(2)	1			1	•				İ	
(3)										
(4)						<u></u>				
Totals Exploited E	Part I, ► Exempt Acti		imn (A)	ner Tha	n Advertising	Incon	1 e (see insti		ıs)	ne 9, column (B)
1 Description of exploited a	activity t	2 Gross unrelated business income from trade or business		ses directly ected with duction nrelated ss income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute columns 5 through 7	5 Gross income from activity that is not unrelated business income		attributable		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			 							
(2)						!				
(3)	1									
(4)						Ĺ.				
	o Pai	on page 1, on part I, line 10, Part		here and age 1, , line 10, nn (B)						Enter here and on page 1, Part II, line 25
Totals			ــــــــــــــــــــــــــــــــــــــ							1
Schedule J – Advertisin	<u> </u>									
Part I Income From Pe						T _	<u> </u>			T
1 Name of periodical	ac	advertising adve		rirect rtising ests	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)			ļ	-						
(3)			 				-			{
(4)	- -	·	 							
Totals (carry to Part II, line (5))	•									
BAA			TER	A0204 L 0	9/19/19				F	orm 990-T (2019)

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-Form-990-T-(2019)-FAIRBANKS-NATIVE-ASSOCIATION----

-Form-990-1-(2019)-FATRBANKS-NA					<u>92=0037488</u>	
Part II Income From Periodica 7 on a line-by-line basis)	Is Reported or	n a Separate I	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)	Ĺ			i		
(1) (2) (3)						
(3)						
(4)						
Totals from Part I						
	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 26
Totals, Part II (lines 1 – 5) ▶						
Schedule K - Compensation of	Officers, Dire	ctors, and Tru	istees (see instri	uctions)		
1 Name		2 Title	3 Percent of time devoted to business	to únrela	sation attributable lated business	
				9	5	
	_			9	ģ	
				9	is i	

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Form **990-T** (2019)

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