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Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning Jul~1~ , 2018, and ending Jun~30 , 20 19▶ Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service A Check box if address changed D Employer identification number (Employees' trust, see instructions) SQLDOTNA AREA SENIOR CITIZENS, INC B Exempt under section **Print** 92-0116416 Number, street, and room or suite no. If a P.O. box, see instructions **≥** 501(c **10**3) E Unrelated business activity code 197 W. PARK AVENUE 408(e) 220(e) **Type** (See instructions) 530(a) 408A City or town, state or province, country, and ZiP or foreign postal code SOLDOTNA, AK 99669 900003 529(a) C Book value of all assets at end of year F Group exemption number (See instructions.) ▶ G Check organization type ► 🗵 501(c) corporation ☐ 401(a) trust Other trust 3,883,415 Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here ▶OPERATING PULLTAB STORE If only one, complete Parts I–V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ ☐ Yes ☒ No If "Yes," enter the name and identifying number of the parent corporation. Telephone number ► (907) 262-2322 The books are in care of ▶ JOHN WALKER (B) Expenses Part I Unrelated Trade or Business Income (A) Income (C) Net 334,593 Gross receipts or sales 334,593 Less returns and allowances Balance ▶ 1c 33,735 2 Cost of goods sold (Schedule A, line 7) . 2 /300,858 300,858 3 3 Gross profit. Subtract line 2 from line 1c. Capital gain net income (attach Schedule D) 4a 4b **公子高的** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 6 7. Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) Other income (See instructions; attach schedule) See .0th Inc Stmt 32 12 300,890 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K)/ 15 60,343 15 Salaries and wages 16 Repairs and maintenance 16 17 ഗ¹⁷ Bad debts **(**)18 18 Interest (attach schedule) (see instructions) . 19 15,745 Charitable contributions (See instructions for limitation rules) . Depreciation (attach Form 4562) . . 21 Less depreciation claimed on Schedule A and elsewhere on return. 22b 23 Depletion Contributions to deferred compensation plans 24 Employee benefit programs . . . [©]26 Excess exempt expenses (Schedule I) 26 ∞^{20}_{27} Excess readership costs (Schedule J) 27 Other deductions (attach schedule) . . . See Oth Ded Stmt. 28 224,802 **28** 29 29 300,890

Form **990-T** (2018)

30

Uńrelated business taxable income. Subtract line 31 from line 30

30

31

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

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

Part 33	Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
33	Instructions)	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		
	instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sun		
	of lines 33 and 34	36	o
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36		
	enter the smaller of zero or line 36	38	o
Part I		<u> </u>	
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 or		
	the amount on line 38 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶		
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			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45a		
b	Other credits (see instructions)	_	
C	General business credit. Attach Form 3800 (see instructions)	_	ļ
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
e 46	Total credits. Add lines 45a through 45d	45e	0
46 47	Subtract line 45e from line 44	46 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	
50a	Payments: A 2017 overpayment credited to 2018	43	
	2018 estimated tax payments		
c	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions) . 50d		
e	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941) . 50f		
g	Other credits, adjustments, and payments: Form 2439		
	☐ Form 4136 ☐ Other ☐ Total ► 50g	1	
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	0
55	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded	<u> 55 </u>	
Part \			hority Yes No
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization in		HOIRY L
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	nay nave foreinn c	ountry
	here	ioreign co	X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	oreian trus	
	If "Yes," see instructions for other forms the organization may have to file.	or origin truo	
	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of perjuly declare that I have examined this return, including accompanying schedules and statements, and to the	best of my k	nowledge and belief, it is
Sign	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	je Mav the	IRS discuss this return
Here	SISCO20 EXECUTIVE DIRECTOR	with the	preparer shown below
	Sygnature of officer Date Title	(289 iust	ructions)? [Yes X No
Paid	Print/Type preparer's name Preparer's signature Date	Check 🔲	If PTIN
Prepa	Kimberly A Tyler Kimberly Fylor 05/05/2020	self-employe	ed P01420735
Use C	Only Firm's name ► KIMBERS, INC.	-irm's EIN ▶	92-0176708
		Phone no	
			Form 990-T (2018)

Sche	dule A-Cost of Goods So	old. Ent	er method of I	nvent	ory va	luation 🕨	COST					
1	Inventory at beginning of year	r 1	4,037	7	6	Inventory a	at end of year		6	6,	283	
2	Purchases	. 2	35,981		7	Cost of	goods sold. Sub	otract	78.03K			
3	Cost of labor	. 3				line 6 from	line 5. Enter here	and •				
4a	Additional section 263A co	sts			1	ın Part I, lır	ne 2	•	7	33,	735	
	(attach schedule)	4:	a		8	Do the rul	les of section 263	3A (wit	h resp	pect to	Yes	No
b	Other costs (attach schedule)) 41	b				roduced or acquir				350	
5	Total. Add lines 1 through 4b						anization?					×
	dule C—Rent Income (Fro instructions)	m Rea	Property and	d Per	sonal	Property i	Leased With Re	al Pro	perty	')	-	
	ription of property											
(1)	in the state of th											
(2)												
(3)												
(4)			- · · · · · · · · · · · · · · · · · · ·									
····	2. Re	nt received	d or accrued									
	om personal property (if the percentage personal property is more than 10% but more than 50%)		(b) From real at percentage of rent 50% or if the rent	for pers	onal pr	perty exceeds	3(a) Deductions in columns			ted with the tach sched		e
(1)			· · · · · · · · · · · · · · · · · · ·									
(2)												
(3)												
(4)												
Total		- i-	Fotal				(L) T-A-1 d- d					
	al income. Add totals of columns nd on page 1, Part I, line 6, column						Enter here and o	n page				
	dule E-Unrelated Debt-F			instru	ctions	s)	,					
	Description of debt-finance	ced prope	rty			come from or debt-financed		bt-financ	ed prop	perty		
	·					perty	(a) Straight line depre (attach schedul			o) Other de (attach sch		5
(1)										· · · · · · · · · · · · · · · · · · ·		
(2)				<u> </u>								
(3)				<u> </u>								
(4)				ļ								
	acquisition debt on or	of or all debt-finar	adjusted basis llocable to iced property schedule)		4 dı	olumn vided lumn 5	7. Gross income rep (column 2 × colum			Allocable d nn 6 × tota 3(a) and	I of colu	
(1)						%						
(2)						%						
(3)						%						
(4)						%						
							Enter here and on p Part I, line 7, colun			here and I, line 7, c		
Totals Total c	lividends-received deductions in	ncluded in				.		>				

Schedule F-Interest, Ann	uities, Royalties,				ganizations (se	e instruc	tions)		
		Exempt	Controlled	Organizations					
Name of controlled organization	2. Employer identification number	1	elated income instructions)	4. Total of specifier payments made	5. Part of column included in the organization's gr	controlling	conne	eductions directly ected with income in column 5	
(1)							1		
(2)									
(3)									
(4)									
Nonexempt Controlled Organiz	zations	*		•					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		ome 9. Lotal of specified		included in the	10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10	
(1)	·								
(2)	_		*********						
(3)									
(4)									
Tatata					Add columns ! Enter here and o Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 nere and on page 1, line 8, column (B)	
Schedule G—Investment I	ncomo of a Soot	ion 501/	· · · · ·	or (17) Organi	ration (see use	hri i oti o no	l		
Schedule G-Investment i	ncome of a Sect	וו טכ ווטו		Deductions				otal deductions	
1. Description of income	2. Amount o	f income	dire	ctly connected ach schedule)	4. Set-aside (attach sched	and set-asides		et-asides (col 3 plus col 4)	
(1)									
(2)									
(3)									
(4)							-		
Totals	Enter here and Part I, line 9, c	column (A)						re and on page 1, ne 9, column (B)	
Schedule I-Exploited Exe	empt Activity Inc	ome, Otl	her Than	Advertising In	rcome (see inst	ructions)			
Description of exploited activity	2. Gross unrelated business inco from trade of business	me conr	Expenses directly nected with duction of nrelated less income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expe attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)									
(2)									
(3)									
(4)									
Totals	Enter here and page 1, Part line 10, col. (/	I, pag A) line	here and on e 1, Part I, 10, col (B)					Enter here and on page 1, Part II, line 26	
Schedule J-Advertising I									
Part I Income From P	eriodicals Repor	ted on a	Consoli	dated Basis					
1. Name of periodical	2. Gross advertising income		. Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read cos	,	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)									
(2)									
(3)							***	Vertex Cart	
(4)			- 100	Print					
Totals (carry to Part II, line (5))	. •								

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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.)

2 through 7 on a line-b	y-iii e Dasis.)					
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 ▶			the state of the s		群 建雌酸酸钠	
Tabela Cost II (lines 1.5)	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1–5)				MATERIAL AND AND	一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	

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

1. Name	2. Title	3. 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		>	

Form **990-T** (2018)

Additional information from your Form 990-T: Exempt Organization Business Income Tax Return

Form 990-T: Exempt Organization Business Income Tax Return

Other Income

Other Income	Continuation Sta		
Description	All Income	Net	
INTEREST INCOME	32.	32.	
Total	32.	32.	

Form 990-T: Exempt Organization Business Income Tax Return

Other Deductions Continuation Statement

Description		Amount
RENT EXPENSE		19,200.
UTILITIES EXPENSE		4,346.
PRIZE COSTS		13,707.
SUPPLIES/REFRESH		2,867.
OFFICE EXPENSE		1,354.
PROFESSIONAL SERVICES		1,214.
MANDATORY DISTRIBUTION OF NET PROCEEDS AS PROVIDED		182,114.
BY ALASKA STATUTE AS 05.15.150		
	Total	224,802.

Additional information from your 2018 Federal Exempt Tax Return

Form 990: Return of Organization Exempt from Income Tax

Line 8b Direct Expenses

Itemization Statement	Item	ization	State	ment
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Description	Amount
	0.
	0.
	0.
•	0.
	0.
	0.
	0.
	0.
	0.
To	tal 0.