COMMITTEE ON NATURAL RESOURCES 113th Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Subcommittee on Indian and Alaska Native Affairs Legislative hearing on:

HR 623 (Young of AK), "Alaska Native Tribal Health Consortium Land Transfer Act"; HR 740 (Young of AK), "Southeast Alaska Native Land Entitlement Finalization and Jobs Protection Act"; HR 841 (Schrader), To amend the Grand Ronde Reservation Act to make technical corrections, and for other purposes.; HR 931 (Schrader), To provide for the addition of certain real property to the reservation of the Siletz Tribe in the State of Oregon.; HR 1306 (Young of AK), "Southeast Alaska Native Land Conveyance Act"; and HR 1410 (Franks), "Keep the Promise Act of 2013" May 16, 2013

For Individuals:

1. Name:

- 2. Address:
- 3. Email Address:
- 4. Phone Number:

* * * * *

For Witnesses Representing Organizations:

- 1. Name: Andy Teuber
- 2. Name of Organization(s) You are Representing at the Hearing: Alaska Native Tribal Health Consortium
- 3. Business Address: [Information redacted for privacy]
- 4. Business Email Address: [Information redacted for privacy]
- 5. Business Phone Number: [Information redacted for privacy]

For all Witnesses

Name/Organization: Andy Teuber, Alaska Native Tribal Health Consortium

Title/Date of Hearing: Legislative hearing on: HR 623 (Young of AK), "Alaska Native Tribal Health Consortium Land Transfer Act"; HR 740 (Young of AK), "Southeast Alaska Native Land Entitlement Finalization and Jobs Protection Act"; HR 841 (Schrader), To amend the Grand Ronde Reservation Act to make technical corrections, and for other purposes.; HR 931 (Schrader), To provide for the addition of certain real property to the reservation of the Siletz Tribe in the State of Oregon.; HR 1306 (Young of AK), "Southeast Alaska Native Land Conveyance Act"; and HR 1410 (Franks), "Keep the Promise Act of 2013" May 16, 2013

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Master's Degree in Business Administration

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. N/A

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

President/CEO of Kodiak Area Native Association, which is a Tribal Health Organization located in Kodiak, AK. I have been the President/CEO for over five years and have significant knowledge from the perspective of a hospital/clinic that refers its patients to Alaska Native Medical Center, which is comanaged by Alaska Native Tribal Health Consortium and Southcentral Foundation.

I have been the Chairman and President of Alaska Native Tribal Health Consortium (ANTHC) since 2008, so I have significant knowledge of the Alaska Tribal Health System and its strengths and weaknesses.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the</u> <u>Interior</u>

(and /or other agencies invited) that you have received in the current year and previous four years, including the source and the amount of each grant or contract. N/A

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed. N/A

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed. N/A

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony. N/A

Witnesses Representing Organizations

Name/Organization: Andy Teuber, Alaska Native Tribal Health Consortium

Title/Date of Hearing: Legislative hearing on: HR 623 (Young of AK), "Alaska Native Tribal Health Consortium Land Transfer Act"; HR 740 (Young of AK), "Southeast Alaska Native Land Entitlement Finalization and Jobs Protection Act"; HR 841 (Schrader), To amend the Grand Ronde Reservation Act to make technical corrections, and for other purposes.; HR 931 (Schrader), To provide for the addition of certain real property to the reservation of the Siletz Tribe in the State of Oregon.; HR 1306 (Young of AK), "Southeast Alaska Native Land Conveyance Act"; and HR 1410 (Franks), "Keep the Promise Act of 2013" May 16, 2013

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Chairman and President of Alaska Native Tribal Health Consortium. Also, serve on the ANTHC Board on behalf of the Kodiak Area Native Association.

i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the</u> <u>Interior (and /or other agencies invited)</u> that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

MOA with Bristol Bay Native Association Pass through of Climate Change Health Assessments Project Funds Total Award: \$30,000 ANTHC will be paid in two lump sums of \$15K per year Term: <u>10/1/11-11/30/13</u>. CFDA: 15.669 Cooperative Landscape Conservation

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

N/A

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

N/A

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)). http://990s.foundationcenter.org/990_pdf archive/920/920162721/920162721_201109_990.pdf http://990s.foundationcenter.org/990_pdf archive/920/920162721/920162721_201009_990.pdf http://990s.foundationcenter.org/990_pdf archive/920/920162721/920162721_201009_990.pdf

efil	e GR/	APHIC	print - [DO NOT PROCESS As F	iled Data -		DLN:	93493228040100
	00	^		Return of Organiza	ation Exempt F	rom Income	e Tax	OMBNo 1545-0047
Form	99	U	Unde	r section 501(c), 527, or 4947(a	-	evenue Code (exc		2008
Internal	ent of the Revenue S	Service		rganızatıon may have to use a d		atisfy state report	ng requirements	Open to Public Inspection
A Fo	rthe 2	2008 ca	alendar yea	r, or tax year beginning 10-01-	2008 and ending 09-3	30-2009	D Employer i	dentification number
	eck if ap Iress cha	plicable	Please use IRS	ALASKA NATIVE TRIBAL HEALTH CO	DNSORTIUM		92-01627	
	ne chan	-	label or print or	Doing Business As			E Telephone	
	ial returi	-	type. See Specific				(907) 729	-1900
_	mination		Instruc-	Number and street (or P O box if 4141 AMBASSADOR DRIVE	mail is not delivered to stree	et address) Room/su	G Gross recei	pts \$ 411,149,615
·	ended re		tions.	City or town, state or country, and	7TD + 4		_	
		pending		ANCHORAGE, AK 99508				
1 794	neation	pending	E Nar	ne and address of Principal Off	icor			
				ASHEVAROFF	icei		:hıs a group retuı lıates?	rnfor Ves 🔽 No
				AMBASSADOR DRIVE ORAGE,AK 99508				· · ·
I Ta:	x-exem	pt status)(3) 4 (insert no)) or 5 27		all affiliates inclue	ded?
			w anthc org		, .		oup Exemption N	•
	site						· · ·	
К Туре	e of orga	anızatıon	Corporat	tion 「 trust 「 association 「 other I	•	L Year of	Formation 1998	M State of legal domicile AK
		C						
Pa			mary describe th	e organization's mission or mo	st significant activition			
				MEDICAL CENTER-A 150 BE	-		MEDICALAND	SUPPORT
DCe				MEDICAL CENTER-A 150 DE		JES IN-I ATIENT	, MEDICALAND	50110101
Governance								
ove	2	Checki	this box 🦵	If the organization discontinue	d its operations or disp	osed of more thar	25% of its asse	ts
	3	Numbei	r of voting r	members of the governing body	(Part VI, line 1a) .		. 3	15
న్ ల్ల	4	Numbei	r of indeper	ndent voting members of the go	lıne 1b)	. 4	14	
Activitie	5	Total n	umber of er	nployees (Part V , line 2a) .		5	1,988	
ti j				olunteers (estimate if necessar		6	150	
đ		-		ted business revenue from Par			7a	
	Ь	Netunr	elated busi	iness taxable income from Forr	n 990-1, line 34		7b	
		Contro	hutiana an	d avanta (Davt)/III luna 1 h)			rior Year	Current Year
ē	8			d grants (Part VIII, line 1h) . revenue (Part VIII, line 2g) .			219,385,080	220,599,675
Revenue	10	_		me (Part VIII, column (A), line			4,165,381	-4,931,134
Η̈́	11			art VIII, column (A), lines 5, 6			3,107,588	7,575,961
	12			dd lines 8 through 11 (must eq			- ,	.,
		12)					342,322,185	348,945,876
	13			ar amounts paid (Part IX, colun			2,872,497	24,331,689
	14			or for members (Part IX, column				0
8	15	Saları 10)	es, other co	ompensation, employee benefit	s (Part IX, column (A),	lines 5–	154,527,168	168,923,910
S.	16a		sional fund	lraısıng fees (Part IX, column (A), line 11e)			0
Expenses	ь			penses, Part IX, column (D), line 25 (
ш	17		-	(Part IX, column (A), lines 11a			174,514,138	140,944,876
	18			-add lines 13–17 (must equal f		n (A))	331,913,803	334,200,475
	19	Reven	ue less exp	penses Subtract line 18 from l	ine 12		10,408,382	14,745,401
68 68						Begii	ning of Year	End of Year
Net Assets or Fund Balances	20	Total	assets (Pai	rt X, line 16)			257,408,776	293,078,640
A B B	21	Total I	liabilities (F	Part X, line 26)			77,617,820	93,285,762
a e B e	22	Netas	sets or fun	nd balances Subtract line 21 fr		179,790,956	199,792,878	
Par	t II	Sign	ature Bl	ock				
				erjury, I declare that I have examined				
Plea	60	l		correct, and complete Declaration of	preparer (other than of			
Sign			*** ature of office	er				
Here				FF CHIEF EXECUTIVE OFFICER				
			e or print nam					
		Prepare	ar'c I		Date			
Paid		signatu		E GETTY CPA				
	arer's	Eirm's	name (or you	Irs ⊾ MIKUNDA COTTRELL & CO CPA	's			
Use		If self-e	employed),		-			
	· · · · j	address	s, and ZIP + 4	4 3601 C STREET SUITE 600				
		1		ANCHORAGE AK 99503				

May the IRS discuss this return with the preparer shown above? (See instruction

Form	n 990 (2008)					Page 2
Par	t IIII Statemen	t of Program Serv	vice Accomp	lishments (See the	e instructions.)	
1	Briefly describe the organ PROVIDING THE HIGHES		S IN PARTNERSHIP	WITH OUR PEOPLE AND THE	E ALASKA TRIBAL HEALTH SYSTEM	
2	the prior Form 990	or 990-EZ?		ervices during the year	which were not listed on	Yes 🔽 No
_		nese new services on S				
3	services?	n cease conducting or • • • • • • • • • nese changes on Scher		t changes in how it con • • • • • • •	ducts any program •••••	Yes 🔽 No
4	Describe the exem Section 501(c)(3)	ot purpose achievemer and (4) organizations a	its for each of th nd 4947 (a)(1) t		argest program services by ex port the amount of grants and d	
4a	(Code ALASKA NATIVE MEDIO) (Expenses \$ CAL CENTER - A 150 BED HO	201,575,159 DSPITAL PROVIDES 1	INCLUCING GRANTS OF \$	21,779) (Revenue \$ SUPPORT SERVICES	126,956,674)
4b	SANITARY WASTE DIS	POSAL SYSTEMS, PROVIDES	TECHNICAL ASSIST	ANCE FOR OCCUPATIONAL H) (Revenue \$ THE DEVELOPEMNT AND CONSTRUC HEALTH AND SAFETY, EMPLOYEE HEA ND IMPROVEMENT OF HEALTH FACILI	LTH, RECRUITING, AND
	(6.1)		24 504 452		5 722 002 \ (Burning t	267 720 \
4c) (Expenses \$ SERVICES - OVERSEES, TRA CES FOR TRIBES AND TRIBA			5,722,982) (Revenue \$ ISTANCE IN THE AREAS OF PUBLIC H	367,728) EALTH AND COMMUNITY-
	(Code) (Expenses \$	20,995,504	including grants of \$	6,824,555) (Revenue \$	23,365,589)
4d	• •	rvices (Describe in Sc	hedule O) luding grants of	f\$) (Revenue \$)
	(Expenses \$					

Form 990 (2	2008)
Part IV	Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A 😼	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 😕	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 💁	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete</i>		Yes	
7	Schedule D, Part I 🕲	6 7		No
8	the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> b Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			No
9	complete Schedule D, Part III 💁	8		
	provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes,"</i> complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 😨	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the US?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i> .	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Dıd the organızatıon report more than \$15,000 on Part IX, column (A), lıne 11e? <i>If "Yes," complete Schedule G,</i> <i>Part I</i>	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G,</i> Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $$.	24Ь		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 🕏	27		No

Form 990 (2008)

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $^{\odot}$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i> <i>Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Form **990** (2008)

Ра	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	428			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gamıng (gamblıng) wınnıngs to prıze wınners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	1,988			
b	If at least one is reported in 2a, did the organization file all required federal employr Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi	nent ta	ax returns?	2Ь	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a s over, a financial account in a foreign country (such as a bank account, securities ac account)?	count		4a		No
Ь	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re</i> <i>Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		No
с	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i> <i>Tax Shelter Transaction</i> ?	t Entit	y Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo cor more?	itributi	on of \$75 or	7a		No
Ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal prope file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year \ldots	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization frequired?	ileaF	orm 1098-C as	7h		No
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the year?			8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related persor	. יו		9b		
10	Section 501(c)(7) organizations . Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12Ь				

Form 990 (2008)

Page	6
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Form 990 (2008)
Part VI	Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)
Sectior	A. Governing Body and Management

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 13							
b	Enter the number of voting members that are independent 1b 14							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a								
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
b	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		No				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No				

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		No
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website vipon request
- **19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization GARVIN FEDERENKO SENIOR DIRECTOR 4141 AMBASSADOR DRIVE ANCHORAGE,AK 99508 (907) 729-1903

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

🦵 Check this box if the organization did not compensate any officer, director, trustee or key employee

		Posit t	(C tion (hat a	chec		I				(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
				-	-		-			<u> </u>

Part VII Continued

				(ition that a			all				(E)	(F)		
	(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(D) Reporta compens from th organizatio 2/1099M	ation ne on (W-	(L) Reportable compensation from related organizations (W- 2/1099- MISC)	Estima amount o compens from organizat relat organiza	fother sation the ion and ed	
						-								
1b	Total	·		<u> </u>			<u> </u>	►	<u> </u>	4,403,493	0		125,260	
2	Total number of individuals (including							ו \$1	 00,000 in re	eportabl	e			
	compensation from the organization		,					·	,	•				
												Yes	No	
3	Did the organization list any former of on line 1a? <i>If "Yes," complete Schedul</i>									ompens		3	No	
4	For any individual listed online 1a, is organization and related organization individual										n from the ch	1 Yes		
5	Did any person listed on line 1a rece rendered to the organization? <i>If</i> "Yes,								elated organ	ization f	or services	5	No	
	ation D. Indonendant Control													
1	ection B. Independent Contrac Complete this table for your five high \$100,000 of compensation from the	lest comper		ndep	end	ent	contra	ctor	rs that recei	ved mor	e than			
	Name an	(A) d business add	tress							Desc	(B) cription of services	Compe		
1001	SERVICES LLC EAST BENSON ORAGE, AK 99508								PF		NAL SERVICES		,940,852	
NANA 5600	NANA MANAGEMENT SERVICES LLC 5600 B STREET ANCHORAGE, AK 99518 PROFESSIONAL SERVICES								,528,028					
ONE	ED HUMAN CAPITAL SOLUTIONS CENTERPOINTE DRIVE STE 345 AGO, IL 60693							PF	ROFESSIO	NAL SERVICES	:	,452,587		
FILE I	T DIAGNOSTICS INC 30X 91514 ORAGE, AK 99508								PF	OFESSIO	NAL SERVICES		813,635	
903 V	DEVELOPMENT DIVERSIFIED V NORTHERN LIGHTS BLVD STE 210 FLE, WA 981041256								SF	ACE RENT	Г		721,215	
2	Total number of independent contracto	ors (ıncludır	ig those	e in 1) wł	io re	eceive	d mo	ore than \$10	00,000 1	n compensation .		7	

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation .►

Form 990 (2008) Part VIII State Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a			Revenue		512, 515, 01 514
nts ots	ь	Membership dues					
our		16					
Contributions, gifts, grants and other similar amounts	С	Fundraising events 1c					
<u>a đ</u>	d	Related organizations 1d					
ls,	e	Government grants (contributions) 1e	220,285,376				
sr s	f	All other contributions, gifts, grants, and similar amounts not included above	295,299				
lê Ç		similar amounts not included above					
ŧž	g	Noncash contributions included in					
a Ö	h	lınes 1a-1f \$ Total (Add lines 1a-1f)		220,599,675			
			► Business Code				
e	2a	PATIENT REVENUES	621,400	125,701,374	125,701,374		
Program Service Revenue	ь		021,400	125,701,574	125,701,574		
æ	c						
MC 6	d						
Ser	e						
E	f	All other program service revenue					
ц В							
ፚ	g	Total. Add lines 2a-2f					
	3	\$ 125,701,374 Investment income (including division)	dends. interest				
		other similar amounts)	h h	1,644,084			1,644,084
	4	Income from investment of tax-exempt be	ond proceeds				
			•				
	5	Royalties					
	6a	(I) Real	(11) Personal				
	ь	Less rental					
	с	expenses Rental income					
		or (loss)					
	d	Net rental income or (loss)	▶				
	-	(1) Securities Gross amount 35,212,688	(II) O ther				
	7a	from sales of assets other					
		than inventory					
	Ь	Less cost or 41,787,906 other basis and					
	с	sales expenses Gain or (loss) -6,575,218					
	d	Net gain or (loss)		-6,575,218			-6,575,218
	0		· •				
	8a	Gross income from fundraising events (not including					
Φ		\$181,357					
nue		of contributions reported on line 1c) See Part IV, line 18					
eve		Attach Schedule G if total exceeds					
μ Έ	ь	\$15,000 a	19,000				
Other Revenue	c	Less direct expensesb Net income or (loss) from fundrais		-136,435			-136,435
0	9a		►				
	30	Gross income from gaming activities See part IV, line 19					
		<i>Complete Schedule G ıf total</i> <i>exceeds \$15,000</i>					
		a					
	Ь	Less direct expensesb					
	с	Net income or (loss) from gaming a	activities 🕨				
	10a	Gross sales of inventory, less					
		returns and allowances .					
		a	20,655,050				
	b c	Less cost of goods sold b Net income or (loss) from sales of	20,098,041	557,009	557,009		
	<u> </u>	Miscellaneous Revenue	Business Code				
	11a	MISC REVENUES	900,099	7,155,387	7,155,387		
	ь						
	с						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12		\$ 7,155,387	348,945,876	133,413,770	0	-5,067,569
	12	Total Revenue. Add lines 1h, 2g, 3 8c,		570,545,070	133,413,770	0	-3,007,399
	J	9c, 10c, and 11e	. ▶[Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org Il other organizations must complete column (A) but are not r).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	24,331,689	24,331,689		
2	Grants and other assistance to individuals in the US See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,119,630	3,282,359	837,271	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	139,065,464	110,801,897		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	18,653,811	14,862,624	3,791,187	
10	Payroll taxes	7,085,005	5,645,054	1,439,951	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising See Part IV, line 17 .				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	6,652,250	1,618,656	5,033,594	
17	Travel	8,399,936	7,293,049	1,106,887	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,226,455	2,236,689	2,989,766	
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	CONTRACTUAL SERVICES	30,501,603	17,978,289	12,523,314	
Ь	SUPPLIES & DRUGS	24,856,431	24,173,421	683,010	
с	OTHER DIRECT COSTS	18,165,640	15,666,929	2,498,711	
d	CONSTRUCTION MATERIALS	14,323,236	13,431,869	891,367	
е	CONTRACT HEALTH	12,598,532	12,598,532	0	
f	All other expenses	20,220,793	71,829,982	-51,609,189	
25	Total functional expenses. Add lines 1 through 24f	334,200,475	325,751,039	8,449,436	(
26	Joint Costs. Check i if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2008)

Part X Balance Sheet

						(A)		(B)
1	1	Cash—non-interest-bearing				Beginning of year	1	End of year
	2	Savings and temporary cash investments	•••	•••		40,962,676	_	149,931,911
	3	Pledges and grants receivable, net		•		32,913,301	3	38,671,800
	4	Accounts receivable, net	•	•	• • •	20,203,077	4	22,726,080
	5	Receivables from current and former officers, directors, trustee			oyees or		5	22,720,000
	6	other related parties <i>Complete Part II of Schedule L</i> Receivables from other disqualified persons (as defined under s			3(f)(1)) and		5	
	7	persons described in section 4958(c)(3)(B) Complete Part II of Notes and loans receivable, net					6 7	
	8	Inventories for sale or use			•	4,290,805	-	4,413,480
	_		• •	•	•	1,494,547	_	1,594,130
eț,	9	Prepaid expenses and deferred charges	• •	• •	• •	1,454,547	9	1,394,130
Assets	10a	Land, buildings, and equipment cost basis	10a		80,907,714			
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b		40,740,776	41,320,781	10c	40,166,938
	11	Investments—publicly traded securities			•	101,106,248	11	15,293,231
	12	Investments—other securities See Part IV, line 11 <i>Complete I</i> Schedule D	Part VII	of			12	
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D.	Part VI I	I			13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule				15,117,341		20,281,070
	10	D · · · · · ·	•				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)				257,408,776	16	293,078,640
	17	Accounts payable and accrued expenses .				34,443,551	17	31,676,332
	18	Grants payable					18	
	19	Deferred revenue				25,409,575	19	42,278,686
	20	Tax-exempt bond liabilities					20	
es.	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ē		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third partie	s.				23	
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D				17,764,694	25	19,330,744
	26	Total liabilities. Add lines 17 through 25				77,617,820	26	93,285,762
es e		Organizations that follow SFAS 117, check here 🕨 🔽 and com through 29, and lines 33 and 34.	plete li	nes 2	7			
<u>ğ</u>	27	Unrestricted net assets				167,214,024	27	185,512,911
<u> </u>	28	Temporarily restricted net assets				12,576,932		14,279,967
۳.	29	Permanently restricted net assets				, ,	29	
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 a	nd com	nlet e				
P F		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund					31	
¥.	32	Retained earnings, endowment, accumulated income, or other f	unds				32	
	33	Total net assets or fund balances				179,790,956	33	199,792,878
z	34	Total liabilities and net assets/fund balances				257,408,776	34	293,078,640
	t XI	Financial Statements and Reporting						

efi	le GF	RAPHIC pr	int - DO NOT	PROCESS As Filed	Data -				DL	.N: 9349	3228040100
sc	HEC	DULE A		Public Charity Sta	atus ar	nd Put	olic Su	oport		ОМЕ	3 No 1545-0047
(Foi 990	[.] m 99 EZ)	0 or	To be o	To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.						2008	
		ne Treasury e Service		Attach to Form 990 or For	m 990-EZ.	See sepa	rate instru	ictions.			pen to Public Inspection
Nam	e of ti	he organizat	ion LTH CONSORTIUM						• •	ent if icat io	n number
De		Deeger	for Dublic C	havitu Ctature /to bo oo	m nlata d	hu all ar			-016272		
	rt I			harity Status (to be co ation because it is (Please				A A	Instruct	tions)	
1				nurches, or association of ch					(A)(i)		
2	Ë	-		tion 170(b)(1)(A)(ii). (Atta			- Section .	1/0(D)(1)	(A)(I).		
	'						tion 170/I		···· / ^ ++ ~ ~	h Cahadul	
3 4		-	-	e hospital service organizati			-				-
4	I		-	zation operated in conjuncti	on with a	nospital d	escribed i	n section	1/0(D)(1)	(A)(III). ⊏	nter the
-	_		name, city, and								
5	I	-	-	or the benefit of a college or (Complete Part II)	universit	y owned o	roperated	i by a gove	ernmentai	unit desc	ridea in
6	Г	A federal, s	state, or local g	overnment or governmental	unıt descı	rıbed ın Se	ection 170	(b)(1)(A)	(v).		
7	ন	A n organız	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	unit or fror	m the gene	eral public
		described	In Section 170(B)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A commun	ıty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)				
9	Γ	An organız	ation that norm	ally receives (1) more than	331/3% c	of its supp	ort from c	ontributior	ns, membe	ership fees	, and gross
		receipts fro	om activities rel	lated to its exempt functions	s—subject	to certai	n exceptio	ns, and (2) no more	than 331/	'3% of
		its support	from gross inve	estment income and unrelate	ed busines	ss taxable	income (l	less sectio	on 511 ta	x) from bu	sinesses
		acquired b	y the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)		
10	Г	An organız	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509	(a)(4). (S	ee instruc	tions)
11	Г	one or mor	e publicly suppo at describes the	and operated exclusively fo orted organizations describe type of supporting organiza Type II c	d in secti tion and c	on 509(a) omplete l	(1) or sec	tıon 509(a hrough 11	a)(2) See	Section 5	
e f g	Г	other than section 50 If the orga check this	foundation man 9(a)(2) nization receive box	rtify that the organization is agers and other than one or d a written determination fro as the organization accepted	more publom the IRS	licly supp 5 that it is	orted orga a Type I,	nızatıons Type II o	described r Type III	in section	n 509(a)(1) or
9		following p			a any gire	or contrib		any or end	-		
		(i) a perso	n who dırectly o	r indirectly controls, either a	alone or to	ogether wi	th persons	s describe	d ın (ıı)		Yes No
		and (111) be	low, the governi	ng body of the the supported	d organıza	tion?				11g	(i)
		(ii) a famıl	y member of a p	erson described in (i) above	7					11g(ii)
		(iii) a 35%	o controlled enti	ty of a person described in ((I) or (II) a	bove?				11g(iii)
h		Provide the	e following infori	mation about the organizatio	ns the org	ganızatıon	supports				
	Supp	ame of ported nızatıon	ted (described on lines 1-9		organız col (i) your go	s the ation in listed in verning ment?	the orga in col (i	you notify anization i) of your port?	ion organizatio		(vii) A mount of support?
					Yes	No	Yes	No	Yes	No	
Tota	1										

For Paperwork Reduction Act Notice, see the Instructions for Form $990\,$

	Complete only if you check				(1)(A)(iv) a	nd 170(b)	(1)(A)(vi)
Ρ	ublic Support						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1		202,443,095		213,546,012	219,385,080	220,599,6	
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add line 1-3	202,443,095	200,425,552	213,546,012	219,385,080	220,599,6	75 1,056,399,414
5	The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6	Public Support subtract line 5 from line						1,056,399,414
	 otal Support						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	A mounts from line 4	202,443,095	5,558,810	213,546,012	219,385,080	220,599,6	
8	Gross income from interest, dividends,	,,	-,		,,		
0	payments received on securities loans, rents, royalties and income from similar sources	3,375,804	5,558,810	5,779,714	4,165,381	-4,931,1	34 13,948,575
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	5,626,296	7,054,063	9,281,932	3,107,588	7,575,9	61 32,645,840
11	Total Support (Add lines 7 through 10)						1,102,993,829
12	Gross receipts from related activities, etc	(See instruction	ıs)			12	581,319,820
13	First Five Years. If the Form 990 is for the organization, check this box and stop here		rst, second, thire	d, fourth, or fifth	tax year as a 5	01(c)(3)	▶
$\frac{14}{14}$	omputation of Public Support Perc Public Support Percentage for 2008 (line 6		led by line 11 cc	lumn (f)			05 700 0/
15	Public Support Percentage for 2007 Sched		-			14	95.780 %
	33 1/3% Test - 2008. If the organization di			and line 14 is 33	3 1/3% or more	15 check this bi	94.710 %
	and stop here. The organization qualifies a 33 1/3% Test - 2007. If the organization due box and stop here. The organization qualifi	s a publicly supp d not check the	oorted organizati box on line 13 o	on r 16a, and line 1			
17a	10% Facts and Circumstances Test - 2008.				3, 16a, or 16b a	and line 14 is	,
Ь	more, and if the organization meets the "fa organization meets the "facts and circums" 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fa	tances" test The If the organizati	e organızatıon qı on dıd not check	ualifies as a pub a box on line 1	licly supported 3, 16a, 16b, or	organızatıon 17a and lıne	▶ 15 is 10% or
	the organization meets the "facts and circu	umstances" test	The organization	on qualifies as a	publicly suppor	ted organizat	
18	Private Foundation. If the organization did instructions	not check the bo	ox on line 13, 16	5a, 16b, 17a or	17b, check this	box and see	▶┌╴

	Part IIII Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)							
		Public Support		1		1		
		(or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	, 5	nts, contributions, and						
		hıp fees receıved (Do not ny "unusual grants ")						
2		eipts from admissions,						
2		lise sold or services performed,						
		es furnished in any activity that						
	ıs related	to the organization's tax-						
	exempt p	urpose						
3		eipts from activities that are						
		related trade or business under						
	section 5							
4		nues levied for the						
	-	ion's benefit and either paid to						
-		led on its behalf of services or facilities						
5		by a governmental unit to the						
		ion without charge						
6		lines 1-5						
-		included on lines 1, 2, and 3				1	1	
7 d		from disgualified persons						
ь		included on lines 2 and 3						
_		from other than disqualified						
	persons t	hat exceed the greater of 1 % of						
	the total o	of lines 9, 10c, 11, and 12 for						
	the year o	or \$5,000						
С		nes 7a and 7b						
8		pport (Substract line 7c from						
-	line 6)							
	tal Supp		(-) 2004	(1) 2005	(-) 2000	(4) 2007	(-) 2000	
		(or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9		from line 6						
10a		ome from interest, dividends, received on securities loans,						
		alties and income from similar						
	sources	allies and meetine from similar						
Ь		l business taxable income (less						
_	section 5	11 taxes) from businesses						
	acquired	after 30 June, 1975						
с	Add lines	10a and 10b						
11	Net incon	ne from unrelated business						
	activities	not included in line 10b,						
		r not the business is regularly						
	carried or							
12		ome Do not include gain or loss						
		sale of capital assets n Part IV)						
13		port (Add lines 9, 10c, 11 and						
13	12)							
14		Years If the Form 990 is for the o	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	501(c)(3) org	anızatıon,
	check this	s box and stop here						▶
		on of Public Support Perce					- I - I	
15	Public Su	pport Percentage for 2008 (line 8	column (f) dıvı	ded by line 13 c	olumn (f))		15	
16	Public Su	pport Percentage for 2007 Sched	ule A , Part IV -	A, line 27g			16	
Co	mputati	on of Investment Income	Percentage	1				
17		nt Income Percentage for 2008 (II			ne 13 column (f))	17	
					-	· ·		
18		nt Income Percentage from 2007					18	
19a		Tests - 2008. If the organization d						
L		more than 33 1/3%, check this bo						
Ь		Tests - 2007. If the organization d						
20		not more than 33 1/3%, check thi oundation If the organization did r						

Part IV Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

efile GRAPHIC p	orint - DO NO	T PROCESS	As Filed Data -		DLN	: 93493228040100
SCHEDULE C		Political C	ampaign and	Lobbying	Activities	OMBNo 1545-0047
(Form 990 or 990-EZ) For Organi	izations Exemp	t From Income Tax	Under section	n 501(c) and section 527	2008
Department of the Treasury Internal Revenue Service	To be cor	npleted by organ	izations described be	low. Attach to F	Form 990 or Form 990-EZ	Open to Public Inspection
 Section 501(c)(3) or Section 501(c) (other Section 527 organization 	ganizations cor er than section 5 ations complete	mplete Parts I-A a 01(c)(3)) organiz Part I-A only	nd B Do not complete ations complete Parts	Part I-C I-A and C below	art VI, line 46 (Political Ca / Do not complete Part I-B rt VI, line 47 (Lobbying Ad	
 Section 501(c)(3) or 	ganizations that	t have NOT filed F s," to Form 990	orm5768 (election un , Part IV, Line 5 (Pro	der section 501(omplete Part II-A Do not con h)) Complete Part II-B Do no	•
Name of the organiz ALASKA NATIVE TRIBAL I	ation	· ·			Employer ident 92-0162721	ification number
Part I-A To be	completed b	y all organiz	ations exempt u	nder section	501(c) and section	527
			ns for Schedule C			
1 Provide a desci	rıptıon of the org	ganızatıon's dıreo	t and indirect politica	al campaıgn actı	vities in Part IV	
2 Political expense	dıtures					\$
3 Volunteer hours	5					
	completed b edule C for de		ations exempt u	nder section	501(c)(3). (See the I	nstructions
1 Enter the amou	nt of any excise	e tax incurred by	the organization unde	r section 4955		\$
2 Enter the amou	nt of any excise	e tax incurred by	organization manager	rs under section	4955	\$
	-		ax, dıd ıt file Form 47:			
4a Wasacorrectio			,	,		∏Yes ∏No
b If "Yes," descri	ibe in Part IV					, ,
Part I-C To be	completed b	y all organiz		nder section	501(c), except sect	ion 501(c)(3).
1 Enter the amou	nt directly expe	nded by the filing	g organization for sect	tion 527 exemp	t function activities	\$
2 Enter the amou 527 exempt fur		rganızatıon's ınt	ernal funds contribute	d to other organ	nzations for section	\$
3 Total of direct a 1120-POL, line		mpt function exp	enditures Add lines :	1 and 2 and ente	er here and on Form	\$
4 Did the filing or	ganızatıon file F	Form 1120-POL for	or this year?			🗌 Yes 🗌 No
were made Ent political contrib	er the amount p outions received	aid and indicate and promptly ai	If the amount was paind directly delivered t	d from the filing o a separate pol	i 527 political organization organization's own internal litical organization, such as , provide information in Par	funds or were a separate
(a) Nan	1e	(b)	Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
					1	

.

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P		organizations exempt under section 501(tion 501(h)). (See the instructions for Schedule		768
	Check 🚺 If the filing organization	belongs to an affiliated group checked box A and "limited control" provisions apply		
		bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe			
с	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter f columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is:		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- If line f is more than line c		
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	n 4720 reporting	∏Yes ∏No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a	<u>(a)</u>		(b)	
		Yes	No	/	A mou	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			<u> </u>		
а	V olunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		1		
с	Media advertisements?		No	1		
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				10,500
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No			
i	Other activities If "Yes," describe in Part IV		No			
j	Total lines 1c through					10,500
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	1		
Ь	If "Yes" enter the amount of any tax incurred under section 4912			1		
с	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6). (See the instructions for Schedule C for details.)	ection	501(c)(5), or	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		Γ	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		Γ	3		
	t III-B To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No question 3 is answered "Yes." (See the instructions for Schedule C for details.)	" OR if	Part			
1	Dues, assessments and similar amounts from members	_	1\$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politica expenses for which the section 527(f) tax was paid).	'				
а	Current Year	L	2a\$			
b	Carryover from last year		2b\$			
с	Total		2c\$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3\$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic					
	expenditure next year?	Ļ	4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5\$			

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1 Also, complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation

Schedule C (Form 990 or 990-EZ) 2008

art IV Supplemental Ir	formation	
Ident if ier	Ret urn Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

	orint - DO NOT PROCESS	s Filed Data -			N: 9349322804010
CHEDULE D					OMB No 1545-004
orm 990)	Suppleme	ental Financia	al Statements		2008
ntment of the Treasury nal Revenue Service		-	ed by organizations that ine 6, 7, 8, 9, 10, 11, or 12	2.	Open to Public Inspection
ame of the organi				Employer ide	entification number
ASKA NATIVE TRIBAL	HEALTH CONSORTIUM			92-016272	1
	izations Maintaining Donor A				
organiz	ation answered "Yes" to Form 9			(1) 5	
Tatal number of		(a) Donor	advised funds	(D) Fund	Is and other accounts
Total number at			8		
	tributions to (during year)		8,497,366		
	nts from (during year)		6,603,510		
Aggregate valu	,		15,029,967		
funds are the o	ation inform all donors and donor ad rganization's property, subject to th	e organızatıon's exc	lusive legal control?		🔽 Yes 🗌 No
used only for cl Impermissible	ation inform all grantees, donors, an haritable purposes and not for the be private benefit?	enefit of the donor or	donor advisor or other		🔽 Yes 🗌 No
rt II Conse	rvation Easements. Complete	e if the organizati	on answered "Yes" to	Form 990, I	Part IV, line 7.
Preservati	onservation easements held by the on of land for public use (e g , recrea of natural habitat	-	all that apply) Preservation of an h Preservation of cert		
🔽 Preservatı	on of open space				
	2a-2d if the organization held a qua of the tax year	alıfıed conservatıon	contribution in the form o		ion easement
Total number	of conservation easements			2a	
	restricted by conservation easemei	ntc		2b	
-				20 2c	
	nservation easements on a certified				
	nservation easements included in (c			2d	
	servation easements modified, trans	ferred, released, ext		by the organ	
Number of cons the taxable yea	ar 🕨		linguisned, or terminated	by the organ	zation during
the taxable yea	ar 🕨 es where property subject to conser	vation easement is		by the organi	
the taxable yea Number of stat Does the organ		ng the periodic mon	located 🕨		∏Yes ∏N
the taxable yea Number of stat Does the organ enforcement of Staff or volunte	es where property subject to conser nization have a written policy regardi the conservation easements it hold ter hours devoted to monitoring, insp	ng the periodic mon s? pecting and enforcin	located ► itoring, inspection, violati g easements during the y	ions, and ear 🕨	
the taxable yea Number of stat Does the organ enforcement of Staff or volunte	es where property subject to conser nzation have a written policy regardi the conservation easements it hold	ng the periodic mon s? pecting and enforcin	located ► itoring, inspection, violati g easements during the y	ions, and ear 🕨	
the taxable yea Number of stat Does the organ enforcement of Staff or volunte A mount of expe Does each con 170(h)(4)(B)(1)	es where property subject to conser nization have a written policy regardi the conservation easements it hold er hours devoted to monitoring, insp enses incurred in monitoring, inspec servation easement reported on line) and 170(h)(4)(B)(II)?	ng the periodic mon s? becting and enforcin ting, and enforcing e 2 (d) above satisfy	located itoring, inspection, violati g easements during the y easements during the yea the requirements of secti	ons, and ear ► r ► \$ on	ΓYes ΓNα ΓYes ΓNα
the taxable yea Number of stat Does the organ enforcement of Staff or volunte A mount of expe Does each con 170(h)(4)(B)(1) In Part XIV, de balance sheet,	es where property subject to conser ization have a written policy regardi the conservation easements it hold eer hours devoted to monitoring, inspec enses incurred in monitoring, inspec servation easement reported on line	ng the periodic mon s? becting and enforcin ting, and enforcing e 2 (d) above satisfy conservation easen f the footnote to the	located itoring, inspection, violati g easements during the y easements during the yea the requirements of section ments in its revenue and e	ions, and ear ► r ► \$ on expense state	「Yes 「No 「Yes 「No ment, and
the taxable yea Number of stat Does the organ enforcement of Staff or volunte A mount of expe Does each con 170(h)(4)(B)(I) In Part XIV, de balance sheet, the organizatio	es where property subject to conser inzation have a written policy regardi the conservation easements it hold er hours devoted to monitoring, inspe- enses incurred in monitoring, inspec servation easement reported on line) and 170(h)(4)(B)(ii)? escribe how the organization reports and include, if applicable, the text o	ng the periodic mon s? becting and enforcing ting, and enforcing e conservation easen f the footnote to the ements ions of Art, Hist	located itoring, inspection, violation g easements during the yean the requirements of section the	ons, and ear ► r ► \$ on expense state tatements th	∀es ►N Yes ►N ment, and at describes
the taxable yea Number of stat Does the organ enforcement of Staff or volunte A mount of expe Does each con 170(h)(4)(B)(I) In Part XIV, de balance sheet, the organizatio rt III Organi Comple If the organizat art, historical t	es where property subject to conser inzation have a written policy regardi the conservation easements it hold eer hours devoted to monitoring, inspec- enses incurred in monitoring, inspec- servation easement reported on line and 170(h)(4)(B)(ii)? escribe how the organization reports and include, if applicable, the text on n's accounting for conservation ease izations Maintaining Collect	ng the periodic mon s? becting and enforcing e a 2(d) above satisfy conservation easen f the footnote to the ements ions of Art, Hist <u>1 "Yes" to Form 99</u> S 116, not to report Id for public exhibition	located ► itoring, inspection, violati g easements during the y easements during the yea the requirements of secti nents in its revenue and e organization's financial s Orical Treasures, o i <u>20, Part IV, line 8.</u> t in its revenue statement on, education or research	ear ear r \$ on expense state tatements th r Other Sir t and balance in furtherance	Yes No Yes No Imment, and Imment, and at describes Imment, and milar Assets. Imment, and sheet works of Imment, and
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the taxable yea Number of stat Does the organ enforcement of Staff or volunte A mount of expe Does each con 170(h)(4)(B)(I) In Part XIV, de balance sheet, the organizatio rtill Organi Comple If the organizat art, historical t provide, in Part If the organizat historical treas provide the foll	es where property subject to conser- nization have a written policy regardi the conservation easements it hold er hours devoted to monitoring, inspec- enses incurred in monitoring, inspec- servation easement reported on line and 170(h)(4)(B)(ii)? escribe how the organization reports and include, if applicable, the text o n's accounting for conservation ease izations Maintaining Collection ete if the organization answered con elected, as permitted under SFA reasures, or other similar assets he is XIV, the text of the footnote to its four conservation elected, as permitted under SFA	ng the periodic mon s? becting and enforcing e e 2(d) above satisfy conservation easem f the footnote to the ements ions of Art, Hist I "Yes" to Form 99 Is 116, not to report ld for public exhibition financial statements S 116, to report in in r public exhibition, en	located ► itoring, inspection, violating g easements during the yea the requirements of section organization's financial s orical Treasures, of 20, Part IV, line 8. thin its revenue statement on, education or research that describes these iter its revenue statement and	ions, and ear ► r ► \$ on xpense state tatements th r Other Sir t and balance in furtheranc ms d balance she	Yes No Yes No ment, and No at describes No milar Assets. Sheet works of sheet works of of public service, set works of art, fpublic service,
the taxable yea Number of stat Does the organ enforcement of Staff or volunte A mount of expe Does each con 170(h)(4)(B)(I) In Part XIV, de balance sheet, the organizatio rtill Organ Comple If the organizat art, historical t provide, in Part If the organizat historical treas provide the foll (i) Revenues II	es where property subject to conser- nization have a written policy regardi the conservation easements it hold er hours devoted to monitoring, inspec- enses incurred in monitoring, inspec- servation easement reported on line and 170(h)(4)(B)(II)? escribe how the organization reports and include, if applicable, the text o n's accounting for conservation ease izations Maintaining Collecti ete if the organization answered tion elected, as permitted under SFA reasures, or other similar assets he XIV, the text of the footnote to its f con elected, as permitted under SFA sures, or other similar assets held fo owing amounts relating to these iter	ng the periodic mon s? becting and enforcing e e 2(d) above satisfy conservation easem f the footnote to the ements ions of Art, Hist I "Yes" to Form 99 Is 116, not to report ld for public exhibition financial statements S 116, to report in in r public exhibition, en	located ► itoring, inspection, violating g easements during the yea the requirements of section organization's financial s orical Treasures, of 20, Part IV, line 8. thin its revenue statement on, education or research that describes these iter its revenue statement and	ions, and ear r \$ on expense state tatements th r Other Sir t and balance in furtherance ms d balance she furtherance o	Yes No Yes No Imment, and at describes No milar Assets. Sheet works of e of public service, sheet works of art, f public service, Sheet works of art, sheet works of art, Sheet works of art, sheet works works
the taxable yea Number of stat Does the organ enforcement of Staff or volunte A mount of expe Does each con 170(h)(4)(B)(I) In Part XIV, de balance sheet, the organizatio rtIII Organi Comple If the organizat art, historical t provide, in Part If the organizat historical treas provide the foll (i) Revenues II (ii) Assets incl If the organizat	es where property subject to conser- nization have a written policy regardi the conservation easements it hold eer hours devoted to monitoring, inspec- enses incurred in monitoring, inspec- servation easement reported on line) and 170(h)(4)(B)(ii)? escribe how the organization reports and include, if applicable, the text o n's accounting for conservation ease izations Maintaining Collection ete if the organization answered con elected, as permitted under SFA reasures, or other similar assets he tion elected, as permitted under SFA cores, or other similar assets held for owing amounts relating to these iter included in Form 990, Part VIII, line	ng the periodic mon s? pecting and enforcing e e 2 (d) above satisfy conservation easem f the footnote to the ements ions of Art, Hist d "Yes" to Form 99 is 116, not to report ld for public exhibition financial statements is 5 116, to report in in r public exhibition, e ns 1 storical treasures, o	located ► itoring, inspection, violati g easements during the y easements during the yea the requirements of section nents in its revenue and e organization's financial s orical Treasures, or 20, Part IV, line 8. It in its revenue statement on, education or research that describes these iter its revenue statement and education, or research in for	ear ear r \$ on expense state tatements th r Other Sir t and balance in furtherance furtherance o \$ \$	Yes No Yes No ment, and No at describes No milar Assets. Sheet works of sheet works of art, Shublic service, set works of art, Shublic service, \$ Shublic service,
the taxable yea Number of stat Does the organ enforcement of Staff or volunte A mount of expe Does each con 170(h)(4)(B)(1) In Part XIV, de balance sheet, the organizatio rtiii Organizat art, historical t provide, in Part If the organizat historical treas provide the foll (i) Revenues in (ii) Assets incl If the organizat following amount	es where property subject to conser- nization have a written policy regardi the conservation easements it hold eer hours devoted to monitoring, inspec- enses incurred in monitoring, inspec- servation easement reported on line) and 170(h)(4)(B)(ii)? escribe how the organization reports and include, if applicable, the text o n's accounting for conservation ease izations Maintaining Collecti ete if the organization answered con elected, as permitted under SFA reasures, or other similar assets he XIV, the text of the footnote to its f con elected, as permitted under SFA ures, or other similar assets held fo owing amounts relating to these iter included in Form 990, Part VIII, line uded in Form 990, Part X cion received or held works of art, his	ng the periodic mon s? pecting and enforcing e e 2 (d) above satisfy conservation easem f the footnote to the ements ions of Art, Hist d "Yes" to Form 99 is 116, not to report ld for public exhibition financial statements is 5 116, to report in in r public exhibition, e ns 1 storical treasures, o	located ► itoring, inspection, violati g easements during the y easements during the yea the requirements of section nents in its revenue and e organization's financial s orical Treasures, or 20, Part IV, line 8. It in its revenue statement on, education or research that describes these iter its revenue statement and education, or research in for	ear ear r \$ on expense state tatements th r Other Sir t and balance in furtherance furtherance o \$ \$	Yes No Yes No Imment, and at describes No milar Assets. Sheet works of e of public service, set works of art, f public service, set works of art, f public service, \$ s, provide the \$

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I OF P APELWORK REDUCTION ACT NOTICE, SEE THE INTRUCTIONS FOF FORM 350	

Schedule D (Form 990) 2008

Sche	dule D (Form 990) 2008								Page 2
Part	IIII Organizations Maintaining Co	ollections of Art, His	stori	cal Treası	ires, or Othe	er Simila	r Asse	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	er records, check any of th	ne fol	lowing that ar	e a sıgnıfıcant ı	use of its co	llectio	n	
а	Public exhibition	d	Γ	Loan or exc	hange program:	5			
Ь	🔽 Scholarly research	e	Γ	Other					
с	Preservation for future generations								
4	Provide a description of the organization's c Part XIV	ollections and explain ho	w the	y further the o	organızatıon's e	xempt purp	ose in		
5	During the year, did the organization solicit					nılar	_		_
_	assets to be sold to raise funds rather than	•					,	Yes	∏ No
Par	t IV Trust, Escrow and Custodial Part IV, line 9, or reported an a				anization ansv	vered "Yes	s" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?	dıan or other ıntermedıary	for c	ontributions	or other assets	not	Г	Yes	∏ No
b	If "Yes," explain why in Part XIV and compl	ete the following table							
							Α ποι	unt	
С	Beginning balance				1c				
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on F	orm 990, Part X, line 21?					Г	Yes	∏ No
b	If "Yes," explain the arrangement in Part XI	V							
Pa	t V Endowment Funds. Complete								
		(a)Current Year (b)Prior	Year (c) Tw	vo Years Back (d	Three Years	3ack (e	:)Four Yo	ears Back
1a	Beginning of year balance								
Ь	Contributions								
с	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	ar end balance held as							
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment 🕨								
с	Term endowment 🕨								
3a	Are there endowment funds not in the posse organization by	ession of the organization	that	are held and a	admınıstered foi	the		Yes	No
	(i) unrelated organizations		• •				3a(i)		
	(ii) related organizations		•				3a(ii)	<u> </u>	
	If "Yes" to 3a(II), are the related organization				• • • • •		3b		
4	Describe in Part XIV the intended uses of the				art V luna 10				
Par	VI Investments—Land, Building	is, and Equipment. S					—		
	Description of investment		(a) bas	Cost or other is (investment)	(b) Cost or other basis (other)	(c) Deprec	ation	(d) Bo	ok value
1a	and				11,273,728			1	1,273,728
b I	Buildings				21,406,552	5,7	18,839	1	5,687,713
сΙ	easehold improvements						T		

d Equipment . . . 34,395,632 25,223,453 e Other . . . 13,831,802 9,798,484

9,172,179

4,033,318

40,166,938

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	.2.
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) 🕨		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
RECEIVABLE FROM CENTRAL WAREHOUSE	7,198,58
SOUTHCENTRAL FOUNDATION CONTRACT	4,211,52
OTHER RECEIVABLES	8,870,96
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	20,281,07

			= - /-
Part X Other Liabilities. See Form 990, Part X	, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
ACCRUED PAYROLL & RELATED LIABILITIES	11,816,202		
ACCRUED LEAVE	6,235,124		
SOUTHCENTRAL FOUNDATION CONTRACT PAYABLE	1,271,578		
LEASE PAYABLE	7,840		
		7	

 Total. (Column (b) should equal Form 990, Part X, col (B) line 25)
 Image: 19,330,744

 In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule D (Form 990) 2008 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements 1 1 348,945,876 Total revenue (Form 990, Part VIII, column (A), line 12) 2 2 334,200,475 Total expenses (Form 990, Part IX, column (A), line 25) 3 14,745,401 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 Investment expenses 7 7 Prior period adjustments 8 8 5,256,522 Other (Describe in Part XIV) 9 9 5,256,522 Total adjustments (net) Add lines 4 - 8 10 20,001,923 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XII 1 Total revenue, gains, and other support per audited financial 374,300,439 1 statements 2 A mounts included on line 1 but not on Form 990, Part VIII, line 12 а 2a 5,256,522 2Ь Donated services and use of facilities b Recoveries of prior year grants 2c С 2d d Other (Describe in Part XIV) 20.098.041 . . Add lines 2a through 2d e 2e 25,354,563 Subtract line **2e** from line **1** 3 З 348,945,876 4 A mounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a а 4b b С **4c** 0 . Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12) 5 5 348,945,876 . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Part XIII 1 Total expenses and losses per audited financial statements 1 354,298,516 - -2 A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a а 2Ь Prior year adjustments b Losses reported on Form 990, Part IX, line 25 2c С d Other (Describe in Part XIV) 2d 20.098.041 Add lines 2a through 2d 2e e 20,098,041 Subtract line 2e from line 1 3 3 334,200,475 4 A mounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a а Ь 4b с 4c 0 . Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18) 334,200,475 5 5 Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Ret urn Reference	Explanation
Part XI, Line 8 - Other Adjustments		NET UNREALIZED GAINS 5256522
Part XII, Line 2d - Other Adjustments		CENTRAL WAREHOUSE EXPENSES 20098041
Part XIII, Lıne 2d - Other Adjustments		CENTRAL WAREHOUSE EXPENSES 20098041

CHEDULE G Form 990 or 990-EZ) epartment of the Treasury ternal Revenue Service ame of the organization LASKA NATIVE TRIBAL H Part I Fundraising Indicate whether the or	Attach to Form 990 or Form 990 lines 17, 18, or 19, and IEALTH CONSORTIUM	draisin D-EZ. Must be	g or G	mation Regard Gaming Activitie by organizations that answer ter more than \$15,000 on For	''Yes" to Form 990, Part IV ,	омв No 1545-0047 2008 Open to Public
ame of the organization LASKA NATIVE TRIBAL H	lines 17, 18, or 19, and		-			Open to Public
LASKA NATIVE TRIBAL H					m 990-EZ, line 6a.	Inspection
Part I Fundraising					Employer ider	ntification number
	Activities Complete				92-0162721	
l Indicate whether the or	Activities. complete	e if the oi	rganızatı	ion answered "Yes" I	o Form 990, Part IV	, line 17.
 Mail solicitations Email solicitations Phone solicitations In-person solicitations 					ion-government grants government grants sing events	
If "Yes," list the ten hig to be compensated at l	ghest paid individuals or least \$5,000 by the orga		Form 990			
(i) Name of Individual or entity (fundraiser)	(ii) Activity	fundrais custo contr contribu	dy or ol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

			(a) Event #1 DINNER	(b) Event #2	(c) O ther Events	(d) Total Events (Add col (a) through col (c))
			(event type)	(event type)	(total number)	
₽N	1	Gross receipts	183,638	16,719		200,357
Revenue	2	Less Charitable contributions	0	19,000		19,000
	3	Gross revenue (line 1 minus line 2)	183,638	-2,281		181,357
	4	Cash Prizes	0	0		
ses Ses	5	Non-cash Prizes	76,025	19,230		95,255
Expenses	6	Rent/Facility costs	39,145	0		39,145
	7	Other direct expenses	163,397	19,995		183,392
Direct	8	Direct expense summary Add line	s 4 through 7 in column	(d)		317,792
	9	Net income summary Combine lin	es 3 and 8 in column (d).		🕨	-136,435

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) P ull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
	1	Gross revenue						
es	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
ច ស្ត	4	Rent/facility costs						
ă	5	Other direct expenses						
	6	Volunteer labor	└── Yes <u>%</u> └── No	┌─Yes%_ ┌─No	┌─Yes%_ ┌─No			
	7	Dırect expense summary Add lıne	s 2 through 5 in column	(d)	🕨			
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	🕨			
_	_						Yes	No
9 a		er the state(s) in which the organiza the organization licensed to operate				. 9a		
b						34		
10a	We	re any of the organization's gaming	icenses revoked, susper	nded or terminated during	g the tax year?	 10a		
b	If"	Yes," Explain						
11		es the organization operate gaming a				11		
12		he organization a grantor, beneficia: ned to administer charitable gaming	•	•	• •	12		

Schedule G (Form 990 or 990-EZ) 2008

Schedule G	(Form 990	or 990-EZ	2008

		Y	/es	No				
13	Indicate the percentage of gaming activity operated in							
а	The organization's facility							
b	An outside facility							
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records							
	Name 🕨							
	Address 🕨							
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a						
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the							
	amount of gaming revenue retained by the third party 🕨 \$							
с	If "Yes," enter name and address							
	Name 🏲							
	Address 🕨							
16	Gaming manager information							
	Name 🏲							
	Gaming manager compensation 🕨 \$							
	Description of services provided 🏲							
	Director/officer Employee Independent contractor							
17	Mandatory distributions							
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a						
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 🏲 💲	1/4						

Schedule G (Form 990 or 990-EZ) 2008

efile GRAPHIC print - D	O NOT PROCES	S As Filed Data	-				LN: 93493228040100	
Schedule I (Form 990)	Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.						омв № 1545-0047 2008	
Department of the Treasury Internal Revenue Service								
Name of the organization ALASKA NATIVE TRIBAL HE.	ALTH CONSORTIU	JM					tification number	
Part I General Infor	mation on Gra	nts and Assistance	3			92-0162721		
 Does the organization methe selection criteria use Describe in Part IV the criteria in the selection criteria in the selec	aıntaın records to s ed to award the graı organızatıon's proce	ubstantiate the amoun nts or assistance? edures for monitoring th	t of the grants or assist ne use of grant funds in t	the United States				
Form 990, Part Part IV and Sch	IV, line 21 for ar nedule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	000. Check this box	tes. Complete if the c if no one recipient rec	ceived more than \$5		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)		(h) Purpose of grant or assistance	
See Additional Data Table								
							_	
2 Enter total number of second and a second					•		36	
3 Enter total number of oth							► <u>15</u>	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. See Additional Data Table

Ident if ier	Ret urn Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 The monitoring of subawards ANTHC provides includes annual review of the organization's audited financial statements, review of program reports, and through on-going communications

Schedule I (Form 990) 2008

Software ID:

Software Version:

EIN: 92-0162721

Name: ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>			<u>s ana ergannaane</u>		 1
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	 (h) Purpose of grant or assistance
Alaska Industrial Coatings PO Box 56143 NORTH POLE,AK 99705	92-0130892		317,593			Water Tank Coating
Alaska Native Health Board 1840 Bragaw Street Suite 220 ANCHORAGE,AK 99508	92-0056272		316,210			Consumer Awareness
Aleutian Pribilof Island Assoc1131 E Intl Airport Road ANCHORAGE,AK 99518	92-0073013		200,792			BHA, HSS, Biomed, Electronic Key Access
Annette Island Service Unit PO Box 439 METLAKATLA,AK 99926	92-0014579		23,862			Biomed
ANTHC4000 Ambassador Dr ANCHORAGE, AK 99508	92-0162721		1,041,872			 Improvements
Architects Alaska900 W 5th Ave Ste 403 ANCHORAGE,AK 99501	92-0117504		305,506			Deep Look Survey
Arcitic Slope Native Assoc PO Box 1232 BARROW, AK 99723	91-0873623		779,543			BHA, Biomed, Radiology, Dental
Bristol Bay Area Health CorporationPO Box 130 DILLINGHAM,AK 99576	92-0044965		914,606			BHA, HSS, Biomed, Radiology, Hospital Design & Vacuum System
Chickaloon VillagePO Box 1105 CHICKALOON,AK 99674	92-0120907		155,001			PCC, HSS
Chitna Traditional Village CouncilPO Box 31 CHITINA,AK 99566	92-0068532		124,640			PCC, HSS, Biomed

(a) Name and address of (**b**) EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization section grant cash valuation (book, non-cash assistance or assistance if applicable FMV, appraisal, or government assistance other) 92-0046614 BHA, PCC, HSS, Chugachmiut1840 S 1,215,008 Biomed Bragaw Suite 110 ANCHORAGE, AK 99508 1,517,809 City of Brevig Mission 89-0084368 Clinic Related North Tutu St BREVIG MISSION, AK 99785 79,909 City of Cold BayPO Box 92-0090010 Clinic Related 10 COLD BAY, AK 99571 City of SkagwayPO Box Clinic Related 92-6000088 1,630,667 415 SKAGWAY,AK 99840 Water & sewer City of TogiakPO Box 270 92-0047402 146,690 Related TOGIAK, AK 99678 Copper River Native 92-0041638 114,834 BHA, HSS, Biomed AssociationDrawer H COPPER CENTER, AK 99573 Biomed, Clinic Council of Athbascan 92-0134670 142,754 Related Tribal GovernmentsPO Box 309 FORT YUKON, AK 99740 26-0024406 24,621 Replace Power CRW Engineering Group 3940 Arctic Blvd Ste 300 Services ANCHORAGE, AK 99503 Eastern Aleutian Tribes 92-0139107 BHA, HSS, Biomed, 147,409 3380 C Street Suite 100 Paulof Harbor ANCHORAGE, AK 99503 92-0160698 Juneau Family Birth 250,000 Clinic Related Center Inc1601 Salmon Creek Lane JUNEAU, AK 99801

(a) Name and address of (b) EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization section grant cash valuation (book, non-cash assistance or assistance FMV, appraisal, or government if applicable assistance other) 92-0069243 Kenaitze Indian Tribe 740,029 Tribal Shares, PCC, Kenai AK 99611 HSS, Biomed KENAI, AK 99611 92-6002696 11,408 HSS Ketchikan Indian Corporation2960 Tongass Avenue KETCHIKAN, AK 99901 92-0076275 PCC, HSS Knik Tribal CouncilPO 161,212 Box 871565 WASILLA, AK 99687 Kodiak Area Native 92-0038225 864,512 BHA, Patient Reimb, PCC, HSS, Association3449 E Rezanof Drive Biomed ANCHORAGE, AK 99615 Kodiak Island Health Care 92-0146203 Clinic Related 1,358,615 Foundation1915 E Rezanof KODIAK, AK 99615 20-0242442 Medical Gas Life Medical Networks Inc 28,546 5450 Dunwoody Mill Ct Training ATLANTA, GA 30360 Louden Tribal CoucilPO 92-0081515 1,290,849 Clinic Related Box 244 GALENA, AK 99741 Manulaq AssociationPO 92-0041461 553,664 BHA, HSS, Biomed Box 856 Injury Prevention, KOTZEBUE, AK 99752 Upgrade Hospital Depts - Design 92-0014579 HSS Metlakatla Indian 5,800 CommunityPO Box 439 METLAKATLA, AK 99926 92-0143492 PCC, HSS, Biomed, Mt Sanford Tribal 152,939 ConsortiumPO Box 357 Multı Media GAKONA, AK 99586

(a) Name and address of (b) EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant cash valuation (book, non-cash assistance or assistance If applicable FMV, appraisal, or government assistance other) Native Village of Eklutna PCC, HSS 92-0115246 155,143 26339 Eklutna Village Road CHUGIAK, AK 99567 Native Village of Kalskag 92-0073473 25,379 EPA PO Box 50 KALSKAG,AK 99607 92-0063781 Multi Media Native Village of Tununak 11,697 PO Box 77 TUNUNAK, AK 99681 Ninilchik Traditional 92-0069906 205,758 PCC, HSS, Biomed CouncilPO Box 39070 NINILCHIK, AK 99639 North Slope BoroughPO 92-0042378 70,044 Biomed Box 69 BARROW, AK 99723 Power Service Northern Powerlines775 51-0562465 208,787 E 100th Ave Replacement ANCHORAGE, AK 99515 Norton Sound Health 92-0041488 690,677 BHA, Injury Prevention, CorporationPO Box 966 NOME, AK 99762 Radiology, HSS, Biomed Port Graham Village 92-0064336 13,526 Multi Media CouncilPO Box 5510 PORT GRAHAM, AK 99603 Seldovia Village TribePO PCC, HSS, Injury 92-0134463 283,977 Prevention Drawer L SELDOVIA, AK 99663 2,141,071 BHA, PCC, Southcentral Foundation 92-0086076 Equipment PA, 4501 Diplomacy Drive ANCHORAGE, AK Injury Prevention, 99508 Rural ASU, RSSC, Directors Reserve

(a) Name and address of (b) EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant cash valuation (book, non-cash assistance or assistance If applicable FMV, appraisal, or government assistance other) 92-0056274 BHA, HSS, Biomed, Southeast Alaska 461,063 Regional Health Clinic Related Corporation3245 Hospital Drive JUNEAU, AK 99801 Multı Media St George Island 92-0063486 12,643 TraditionalPO Box 940 ST GEORGE ISLAND, AK 99591 State of Alaska333 92-6001185 2,384,654 Water & sewer & Willoughby Ave Clinic JUNEAU, AK 99801 Tanana Chiefs 92-0040308 638,593 BHA, Injury Conference122 1st Prevention Avenue Suite 300 FAIRBANKS, AK 99701 Tanana Health CenterPO 92-0063177 20,326 Clinic Window Box 77150 Replacement TANANA, AK 99777 Tanana Native CouncilPO 92-0063172 15,470 Biomed Box 77093 TANANA, AK 99777 Togiak Water and Sewer 92-0047402 61,749 Water & sewer PO Box 270 Related TOGIAK, AK 99678 Triple V ConstructionPO 84-1689462 18,782 Repair Dental Clinic Box 521307 BIG LAKE, AK 99652 92-6000147 550,000 BHA University of Alaska FairbanksPO Box 757880 FAIRBANKS, AK 99775 77,536 92-0058687 Clinic Related USKH Inc2515 A St ANCHORAGE, AK 99503

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Yukon Kuskokwim Health CorporationPO Box 3427 BETHEL,AK 99559			1,667,914				BHA, Clinic Related & Medical Waste Treatement Equipment Upgrade

efi	le GRAPHIC p	print - DO NOT PROCESS	As Filed	Data -		DLN: 93493	22	<u>8040</u>	100
Sch	nedule J	<u> </u>	mnonea	pensation Information					0047
(For	m 990)		rs, Directors,	Trustees,	Key Employees, and Highest	2	0	80	3
Departr	ment of the Treasury	In Attach to	-	sated Emp	loyees leted by organizations	Ope	n to	o Pul	olic
•	Revenue Service			•	90, Part IV, line 23.			ectio	
	me of the organi	zation				ident if icat ion	nur	nber	
		HEALTH CONSORTIUM			92-0162	721			
Ра	rt I Questi	ions Regarding Compensa	ation						
1a	990, Part VII,	Section A, line 1a Complete Pa		ide any rel	llowing to or for a person listed in Filevant information regarding these i	tems		Yes	No
	First class or charter travel Housing allowance or residence for personal use								
	•	companions		-	s for business use of personal reside	ence			
		ification and gross-up payments ary spending account			social club dues or initiation fees services (e g , maid, chauffeur, chef				
	I Discretion	ary spending account	I	Personal	services (e.g., maid, chauffeur, chef)			
Ь		ecked, dıd the organızatıon follow the expenses described above?			ling payment or reimbursement or III to explain		ь	Yes	
2		ation require substantiation prio						162	
Z	-	ors, trustees, and the CEO/Exec		-	• •	_	2	Yes	
3		, If any, of the following the organ CEO/Executive Director Check		/					
	_	ition committee	<u> </u>		mployment contract				
	· ·	ent compensation consultant			ation survey or study				
	Form 990	of other organizations	ম	Approval	by the board or compensation comr	nittee			
4	During the year	r, dıd any person lısted ın Form 9	90, Part VII	, Section /	A, line 1a				
а	Receive a seve	erance payment or change of con	trol payment	7		4	la		No
b	Participate in, o	or receive payment from, a suppl	emental non	qualified re	etirement plan?	4	ŀb		No
с	Participate in, e	or receive payment from, an equi	ty-based cor	mpensatio	n arrangement?	4	łc		No
	If "Yes" to any	of lines 4a-c, list the persons ar	nd provide th	e applicab	le amounts for each item in Part III				
	E(1/c)(3) and	E01(c)(4) or contractions only mu	ct complete i	lines E-9					
5	For persons lis	501(c)(4) organizations only mu ted in form 990, Part VII, Sectio contingent on the revenues of			ganization pay or accrue any				
а	The organizatio	on?				5	a		No
b	Any related org	ganization?				5	Бb		No
	If "Yes," to line	e 5a or 5b, describe in Part III							
6		ted in form 990, Part VII, Section contingent on the net earnings of		dıd the or	ganization pay or accrue any				
а	The organizatio	on?				6	ja		No
b	Any related org	ganization?				e	ib		No
	If "Yes," to line	e 6a or 6b, describe in Part III							
7		ted in form 990, Part VII, Sectio described in lines 5 and 6? If "Ye			ganızatıon provıde any non-fixed I		7		No
8		unts reported in Form 990, Part V initial contract exception describ			rsuant to a contract that was 4958-4(a)(3)? If "Yes," describe		8		No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 50053T

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(11) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation benefits		(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(1) (11)	181,390				8,797	190,187	
	(1) (11)	235,051				16,345	251,396	
	(1) (11)	194,802				12,977	207,779	
	(1) (11)	156,061				12,158	168,219	
Daniel E Jessop ((1) (11)	332,863				12,977	345,840	
	(1) (11)	925,000				17,643	942,643	
	(1) (11)	814,146				17,643	831,789	
	(1) (11)	506,854				10,112	516,966	
	(1) (11)	374,357				6,800	381,157	
	(1) (11)	447,907				9,808	457,715	
	(i) (ii)							
	(i)							
	(ii)							
	(i) (ii)							

Schedule J (Form 990) 2008

Part IIII Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation
		First class travel authorizing allows for the upgrade if the necessary schedules to/from Anchorage are otherwise full. The cost of the upgrade is compared to a full fare/reimbursable ticket as well as potential savings for leaving rather than staying over night. The scheduled to/from Anchorage from the East coast are challenging to align flights for appropriate times. The officers typically have an additional leg to remote sites in Alaska.
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Schedule J (Form 990) 2008

Software ID:

Software Version:

EIN: 92-0162721

Name: ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

				<u></u>			
(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	5C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
	1) 181,390				8,797	190,187	
Garvın Federenko (235,051				16,345	251,396	
	194,802)				12,977	207,779	
Timothy Gilbert (156,061)				12,158	168,219	
) 332,863				12,977	345,840	
	925,000)				17,643	942,643	
	814,146)				17,643	831,789	
) 506,854)				10,112	516,966	
James J Tiesinga () 374,357				6,800	381,157	
William A Paton (1) 447,907 1)				9,808	457,715	

Schedule L (Form 990 or 990-EZ)	Tr	ansactions w	ith Inte	rested I	Per	sons			ОМ		1545-	_
Department of the Treasury nternal Revenue Service	"Yes" o	► Attach to To be completed n Form 990, Part IV or Form 990-E	by organizat , lines 25a, 2	tions that a 25b, 26, 27,	nswe 28a, 3				O	pen	to Pu bectio	blic
Name of the organizat ALASKA NATIVE TRIBAL HEA						E	mploy	er ide	ntificat	ion nu	ımber	
Part I Excess Be	nefit Transactio	ne (section 501(c)(3) and s	ection 501	$\frac{1}{(c)}$		2-016 zatio					
	eted by organizations				• •							
1 (a) N	lame of disqualified p	person		(b) Des	crıptı	on of trans;	action			Ľ.	c) Corr Yes	rected [*] No
2 Enter the amount	oftax imposed on th	e organization mana	gers or dısq				vear u					
section 4958 . 3 Enter the amount	oftax. If any. on line	2. above. reimburse	d by the ora			· · ·		-	\$ \$			
	o and/or From I				-				т 			
To be com	pleted by organizatio	ons that answered "\	<u>(es" on Forr</u> 1	n 990, Part	IV, li I	ne 26, or F	orm 9 I	90-E			38a	
(a) Name of interes purpos	ted person and	(b) Loan to or from the organization?	(c)Original principal amount (d)Ba		alance due	(f) (e) In Approved default? by board o committee		oved ard or	or agreement?			
		To From					Yes	No	Yes	No	Yes	No
	r Assistance Be						27					
(a) Name of inte		(b)Relationshi							nt or ty	no of a	ccicta	nco
(a) Name of mo		and	the organiz	ation				Jiyia		peora	551510	ince
						_						
	Fransactions I npleted by organiz					Dart IV lu	20.28	- <u>2</u> 9	b or '	286		
(a) Name of Inter	<u> </u>	(b) Relationshij between interest	p ed (c) A mount of		(d) Desci				(rganız	iring o ation's
, ,		person and the organization	t	ransaction		, ,	,				reven Yes	ues? No
CAROLYN CROWDER		BOARD MEMBER		30,	000	INDEPEND	ENT	СОИТ	RACT			No
										-+		

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 50056A Schedule L (Form 990 or 990-EZ) 2008

efi	e GRAPHIC p	rint - DO NO	PROCES	S As Filed Data -		DLN: 93	849322804	40100
			N	Ion-Cash Cont	ributions	01	MBNo 1545	-0047
Departn	m 990) nent of the Treasury Revenue Service		To be o	completed by organizati es" on Form 990, Part IV Attach to Form	ions that answered /, lines 29 or 30.		200 Open to P Inspecti	ublic
Nam	e of the organiza					Employer identifie		
ALASK	A NATIVE TRIBAL HE	ALTH CONSORTIUM				92-0162721		
Ра	rtI Types	of Property	1	1	1	1		
			(a) Check ıf applıcable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method o	(d) f determining enues	l
_	Art—Works of ar		X	37	28,485	COST PRICE		
	Art—Historical t							
	Art—Fractional I Books and publi		x		35	COST PRICE		
	Clothing and ho							
-	goods		X		3,979	COST PRICE		
-	Cars and other v							
	Boats and plane							
	Intellectual prop	•						
	Securities—Pub Securities—Clos	sely held stock	.					
	Securities—Part or trust interest	nership, LLC,						
	Securities—Miso Qualified conser contribution (hi structures)	storic						
14	Q ualified consei contribution (ot	rvation						
	Real estate—Re							
	Real estate—Co							
	Real estate—Ot			2	1.55	COST PRICE		
	Collectibles . Food inventory		x	2		COST PRICE		
	Drugs and medic			10	2,175			
	Taxidermy .							
22	Historical artifa	cts						
23	Scientific specir	mens						
	-	rtıfacts						
	Other (describe							
GIFT CER	TIFICATES)		x	51	22,192	COST PRICE		
	·	SNOW						
	Other (describe		<u>×</u>	2	19,000	COST PRICE		
	Other (describe							
28 29	Other (describe			l anızatıon durıng the tax yea				
29	which the orgar		d Form 828	3, Part IV, Donee	ar for contributions for	29		
30a	During the year hold for at	, dıd the organıza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must	Ye	s No
	least three yea			contribution, and which is	not required to be used for	exempt purposes		
h		be the arrangem					30a	No
31					review of any non-standard	contributions?	31	No
32a	-	-			, to solicit, process, or sell			
	contributions?		•	-	••••••		32a	No
	If "Yes", descri If the organizat checked, descr	ion did not repor	t revenues i	n Column (c) for a type of p	property for which Column (a)ıs		

							_
For	· Paperwork	Reduction	Act Notice.	see the I	nstructions [·]	for Form 990.	

Schedule M (Form 990) 2008 Page 2							
32b, and 33. Also con	<u>mplete this part for any additiona</u>	provide the information required by Part I, lines 30b, I information.					
Identifier	ReturnReference	Explanation					
Method for Determining Number of Contributors	Part I, Column (b)	REPORTING THE NUMBER OF CONTRIBUTORS					

Schedule M (Form 990) 2008

efile GRAPHIC pr	efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93					
SCHEDULE O					OMBNo 1545-0047	
(Form 990)		Supplemental Information to Form 990 th to Form 990. To be completed by organizations to provide additional information for				
Department of the Treasury Internal Revenue Service	responses to specific quest	• • •	Open to Public Inspection			
Hame of the organization Employer identif					cation number	

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

92-0162721

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	TRIBAL SUPPORT SERVICES - PROVIDES PROFESSIONAL RECRUITING, AND BUSINESS OFFICE DEVELOPMENT SEVICES, SCHOLARSHIP PROGRAMS REGIONAL SUPPLY CENTER FOR MEDICAL AND PHARMACEUTICAL SUPPLIES TO HEALTH CARE FACILITIES AND PROVIDERS IN ALASKA, AND TELEMEDICINE - THIS PILOT PROGRAM IS TO DEVELOP TECHNICAL MEDICAL CARE AND ASSISTANCE VIA DISTANCE DELIVERY Expenses \$ 20995504 including grants of \$ 6824555 Revenue \$ 23365589

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The 990 is review ed by accounting staff and approved by senior finance officer. Copies are made and sent to the ANTHC board of directors

ldentifier	Return Reference	Explanation
Form990, Part VI, Section B, line 12c		ANTHC procurement policies are structured to have most items competed based on price and value. There are at least two signatures required on any transaction.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Market analysis is traditionally completed for each senior position at least annually. Salaries are compared against internal equity, size of the division managed, and other organizations of similar size and scope.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		ANTHC BY LAWS AND ANNUAL REPORTS ARE AVAILABLE ON THE COMPANY WEBSITE GOVERNING DOCUMENTS, INCLUDING CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST THROUGH THE COMPANY WEBSITE

ldentifier	Return Reference	Explanation
		Yes, more active role played by the committee Selection of auditors, for example, was previously a management function but was taken back by the committee

For Paperwork Reduction Act Notice, see the Instructions for Form 990

efile GRAPHIC print	- DO NOT PROCESS As Filed Data	a -				DLN: 93493228040100					
SCHEDULE R (Form 990)	Related	Related Organizations and Unrelated Partnerships									
Department of the Treasury Internal Revenue Service	Attach to Form 990. To be comp	leted by organizations that ▶ See separat		orm 990, Part IV, lin	es 33, 34, 35, 36, or	37. Open to Public Inspection					
Name of the organization ALASKA NATIVE TRIBAL HEALTH C					Employer identifi	cation number					
					92-0162721						
Part I Identificat	ion of Disregarded Entities										
Name, addres	(A) s, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity					
AFHCAN GLOBAL TELEHEALTH SC 4000 AMBASSADOR DRIVE RM 3 ANCHORAGE, AK 99508 27-0437842		Computer and computer peripheral equipment and software merchant wholesalers	АК	0	10,000	ANTHC					
Part II Identificat	ion of Related Tax-Exempt Organi	izations	[T	1						
Name, addres	(A) s, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity					
For Paperwork Reduction A	ct Notice, see the Instructions for Form 990).	Cat No 50135	5Y		Schedule R (Form 990) 2008					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H Disprop allocat) ortionate ions?	(I) Code V—UBI amount on Box 20 of K-1	Gene man par	(J) eral or naging tner?
							Yes	No	1	Yes	No

Part IV Identification of Related	l Organizations Taxable a	s a Corporation or T	rust				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total ıncome	(G) Share of end-of-year assets	(H) Percentage ownership

Schedule R (Form 990) 2008

Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		<u> </u>	
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b) Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e	+	No
f Sale of assets to other organization(s)	1f	+	No
g Purchase of assets from other organization(s)	1 g	,	No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1 i	<u> </u>	No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
I Performance of services or membership or fundraising solicitations by other organization(s)	11	+	No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	n	No
n Sharing of paid employees	1n	<u> </u>	No
	10		
• Reimbursement paid to other organization for expenses	10		No
p Reimbursement paid by other organization for expenses	1p		No
q O ther transfer of cash or property to other organization(s)	1q	<u>الــــــــــــــــــــــــــــــــــــ</u>	No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	AFHCAN GLOBAL TELEHEALTH SOLUTIONS LLC	В	10,000
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations	52	(E) Share of end-of-year assets	of-year allocations? Sets		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managıng partner?	
			Yes	No		Yes	No		Yes	No

Schedule R (Form 990) 2008

Software ID: Software Version: EIN: 92-0162721 Name: ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Form 990, Part VII - Section Aaa

	(C) Position (check all that apply)									(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Andrew Jimmie, DIRECTOR	5 0 0	х						10,500	0	0
Andrew Teuber , Chaırman/Presıdent	5 0 0	х		Х				0	0	0
Bernice Kaigelak , DIRECTOR	5 0 0	х						8,400	0	0
Carolyn Crowder , DIRECTOR	5 0 0	х						37,000	0	0
Charlene Nollner , DIRECTOR	5 0 0	х						12,809	0	0
Emily Hughes , Secretary	5 0 0	х		Х				26,950	0	0
Evelyn Beeter , Vıce Chaır	5 0 0	х		Х				21,700	0	0
Frederica Schaeffer , DIRECTOR	5 0 0	х						7,000	0	0
Gary Harrison , DIRECTOR	5 0 0	х						1,750	0	0
H Sally Smith , DIRECTOR	5 0 0	х						26,000	0	0
June Walunga , DIRECTOR	5 0 0	х						0	0	0
Lincoln Bean , DIRECTOR	5 0 0	х						30,302	0	0
Linda Clement , DIRECTOR	5 0 0	х						6,650	0	0
Mike Zacharof , DIRECTOR	5 0 0	х						13,300	0	0
Paul Brendible , DIRECTOR	5 00	х						5,746	0	0
Percy Ballot , DIRECTOR	5 0 0	х						0	0	0
Ray Alstrom , DIRECTOR	5 00	х						12,255	0	0
Rick Harrison , DIRECTOR	5 0 0	х						1,050	0	0
Robert Clark , DIRECTOR	5 0 0	х						0	0	0
Robert Henrichs , DIRECTOR	5 0 0	х						11,900	0	0
I Sylvester - SCF , DIRECTOR	5 0 0	х						0	0	0
Charles Clement HANF , Treasurer	5 0 0	х		Х				1,750	0	0
Don G Kashevaroff , CEO	40 00			Х				181,390	0	8,797
Garvın Federenko , CFO	40 00			Х				235,051	0	16,345
Steven Weaver , Senior Director, DEHE	40 00			х				194,802	0	12,977
Timothy Gilbert , Senior Director, DCHS	40 00			Х				156,061	0	12,158
Daniel E Jessop , Hospital Administrator	40 00			Х				332,863	0	12,977
Paul L Jensen , Physician - Neurosurgeon	40 00					Х		925,000	0	17,643
Kım B Wrıght , Physıcıan - Neurosurgeon	40 00					Х		814,146	0	17,643
Patricia A Shands , Medical Director - Ortho	40 00					х		506,854	0	10,112

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)							(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
James J Tiesinga , Medical Director - Patho	40 00					x		374,357	0	6,800
William A Paton , Physician - Orthopedic S	40 00					x		447,907	0	9,808

efil	e GR	APHIC	print - C	DO NOT PROCESS As	Filed	Data -		DLN	: 93493199000171
Form	99	0		Return of Organiz	zatio	n Exempt From	Income	Тах	OMB No 1545-0047
Department of the Treasury		Unde	r section 501(c), 527, or 4947 benefi	t black lung	2009				
Departme Internal F		•	► The or	ganization may have to use a	а сору	of this return to satisfy s	tate reporting	requirements	Open to Public Inspection
A Foi	rthe 2	2009 ca	endar yea	r, or tax year beginning 10-0	1-2009	and ending 09-30-2010	D	D Employer i	dentification number
		pplicable	Please	C Name of organization ALASKA NATIVE TRIBAL HEALTH	CONSOR	RTIUM		. ,	
∏ Add		_	use IRS label or	Doing Business As				92-01627 E Telephone	
∏ Nan —		_	print or type. See					(907) 729	9-1900
Initi —			Specific Instruc-	Number and street (or P O box 4000 AMBASSADOR DRIVE	r if mail is	s not delivered to street addre	ss) Room/suite		ts \$ 487,040,507
Terr			tions.						
		return pending		City or town, state or country, a ANCHORAGE, AK 99508	and ZIP +	+ 4			
I APP	lication	pending	E New		<i>66. a. a. u</i>				
				ne and address of principal o FEDERENKO	mcer		H(a) Is th affilia	is a group retu ites?	urn for Ves Ves No
				MBASSADOR DRIVE DRAGE,AK 99508					
			ANCIN	TRAGE, AR 33300				l affiliates inclu	
I Tax	-exem	pt status	7 501(c)) (3) ٵ (Insert no) 🔽 4947(a))(1) or	527		o," attach a lis ip exemption i	st (see instructions) number 🕨
JWe	ebsite	• • www	anthc org				11(0)		
				tion Trust Association Oth	ner 🕨		L Year of fo	rmation 1998	M State of legal domicile AK
-	rt I								
				e organization's mission or n					
e l		ALASKA	NATIVE	MEDICAL CENTER-A 150	BED FA	CILITY PROVIDES IN-	PATIENT, MI	DICALAND	SUPPORT SERVICES
anc									
en									
Governance			,	- if the organization disconti					
				nembers of the governing bo					3 15
ivities &				ident voting members of the)	•	4 <u>14</u> 5 1,988
ž				nployees (Part V, line 2a) .					5 <u>1,988</u> 6 85
Act	 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 						_		7a0
				ness taxable income from Fo			•		7b C
							Pric	or Year	Current Year
	8	Contrib	outions and	d grants (Part VIII, line 1h)				220,599,675	268,655,376
nue	9	Progra	m service	revenue (Part VIII, line 2g)				125,701,374	134,189,960
Revenue	10	Investi	ment incor	me (Part VIII, column (A), lır	nes 3,4	1, and 7d)		-4,931,134	2,530,474
Ξ.	11			art VIII, column (A), lines 5				7,575,961	9,569,054
	12			dd lınes 8 through 11 (must	•			348,945,876	414,944,864
	13			ar amounts paid (Part IX, col				24,331,689	42,238,002
	14	Benefit	s paid to c	or for members (Part IX, colu	mn (A),	, line 4)			0
ക	15		s, other co	ompensation, employee bene	fits (Pa	irt IX, column (A), lines 5			174 445 202
Expenses	16-	10) Desface		man face (Dent IV, column	- (^)			168,923,910	
e de	16a ⊾			raising fees (Part IX, column		ne 11e)			0
<u>ک</u>	ь 17			enses (Part IX, column (D), line 25 (Part IX, column (A), lines 1:		115 246		140,944,876	170,001,191
	18			Add lines 13–17 (must equa				334,200,475	
	19			penses Subtract line 18 from				14,745,401	, <u>,</u>
58							Beginning	g of Current	End of Year
Net Assets or Fand Balances								'ear	
Ass. Bal	20			rt X, line 16)				293,078,640	
e den la	21			Part X, line 26)				93,285,762	
	22 t III		ature Bl	d balances Subtract line 21	from II	ne 20		199,792,878	228,058,097
				rgury, I declare that I have examin	ned this r	eturn, including a			
				correct, and complete Declaration		,			
Sign		****	**						
Here			ture of office						
		GAVI	I FEDERENK	O SENIOR DIRECTOR					
			or print nam						
		Preparer's				Date			
Paid		signature	F KEY E	GETTY CPA		2011-07-15			
Prepa			me (or yours	MIKUNDA COTTRELL & CO CP	PA'S				
Use C	Dnly	If self-em	ployed), and ZIP + 4	3601 C STREET SUITE 600					
				ANCHORAGE, AK 99503					

1

May the IRS discuss this return with the preparer shown above? (see instructio

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

PROVIDING THE HIGHEST QUALITY HEALTH SERVICES IN PARTNERSHIP WITH OUR PEOPLE AND THE ALASKA TRIBAL HEALTH SYSTEM

2	-	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?									
	If "Yes," describe th	nese new services on S	chedule O								
3	Did the organization services?		make sıgnıfican	t changes in how it o	conducts, any program	└ Yes └ No					
	If "Yes," describe th	nese changes on Sched	lule O								
4	Section 501(c)(3) a		tions and section	on 4947(a)(1) trusts	ee largest program services l s are required to report the ar m service reported						
4a	(Code) (Expenses \$	207,157,890	including grants of \$) (Revenue \$	134,189,960)					
	ALASKA NATIVE MEDIC	AL CENTER - A 150 BED HO	SPITAL PROVIDES I	N-PATIENT, MEDICAL, AI	ND SUPPORT SERVICES						
4b	(Code) (Expenses \$	122,848,596	including grants of \$	42,238,002) (Revenue \$)					
	SANITARY WASTE DIS	POSAL SYSTEMS, PROVIDES	TECHNICAL ASSIST	ANCE FOR OCCUPATION	T IN THE DEVELOPEMNT AND CONS AL HEALTH AND SAFETY, EMPLOYEE N AND IMPROVEMENT OF HEALTH F						
	(Code) (Expenses \$	22,587,854	including grants of \$) (Revenue \$)					
		SERVICES - OVERSEES, TRA			ASSISTANCE IN THE AREAS OF PUB	LIC HEALTH AND COMMUNITY-					
4d	Other program ser	vices (Describe in Scl	hedule O) See a	also Additional Data	for Description						
	(Expenses \$	24,231,809 in	cluding grants o	f \$) (Revenue \$	623,025)					
4e	Total program serv	/ice expenses►\$	376,826,14	9							
_						Form 990 (2009)					

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A 😼	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🔁	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 🔀	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 🕏	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
11	Is the organization's answer to any of the following questions "Yes"? <i>If so,complete Schedule D,</i> Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 😨	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Page **3**

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? \ldots .	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \cdot .	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> " <i>Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28Ь		No
с	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV 🔞	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🐕	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

Ра	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 426			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
ſ	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
Ľ	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i>			
	Statements filed for the calendar year ending with or within the year covered by this return 2a 1,988			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	_		
		3a		No
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$. $$.	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
-	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
-	,			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		
-	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	_		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11				
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	vear [120]	i i		

Form 990 (2009)								
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b							
	below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances,							
	processes, or changes in Schedule O. See instructions.							

			Yes	No		
1a	Enter the number of voting members of the governing body 1a 15					
b	Enter the number of voting members that are independent 16 14					
2	Dıd any officer, dırector, trustee, or key employee have a famıly relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No		
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?					
5	Did the organization become aware during the year of a material diversion of the organization's assets? $$. $$.					
6	Does the organization have members or stockholders?					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?					
Ь	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot .					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No		
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)					
			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a		No		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes			

114	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	A re officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O $$ (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply └ O wn website └ A nother's website └ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of
- interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 GARVIN FEDERENKO SENIOR DIRECTOR 4000 AMBASSADOR DRIVE ANCHORAGE, AK 99508 (907)729-1903

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees. See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensided employee	Former	from the organızatıon (W- 2/1099-MISC)	from related organızatıons (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

🔽 Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

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1b	Total	3,171,614	0		111,930
2	Total number of individuals (including but not limited to those listed above) who re \$100,000 in reportable compensation from the organization 178	ceived more than			
				Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or h on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		oyee 3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and oth organization and related organizations greater than \$150,000? <i>If</i> " <i>Yes," complete sindividual</i>	•			
			• 4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelate rendered to the organization? If "Yes," complete Schedule J for such person	•			No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
NANA MANAGEMENT SERVICES LLC 5600 B STREET ANCHORAGE, AK 99518	JANITORIAL/CATERING SERVICES	2,099,457
NANA SERVICES LLC 1001 EAST BENSON ANCHORAGE, AK 99508	HOSPITAL FOOD TRAY PREP	1,819,763
CORNERSTONE CREDIT 3310 ARCTIC BLVD STE 200 ANCHORAGE, AK 99503	BILLING COLLECTION SERVICES	1,048,127
SONOSKY CHAMBERS SASCHSE MILLER 318 FOURTH STREET JUNEAU, AK 99801	LEGAL SERVICES	774,849
TRIPLE V CONSTRUCTION PO BOX 521307 BIG LAKE, AK 99652	CONSTRUCTION SERVICES	519,366
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ▶42	who received more than	Earm 000 (2000)

Form 99								Page 9
Part V		<u>Statement o</u>	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated cam	paıgns 1a					
Contributions, gifts, grants and other similar amounts	Ь	Membership dues 1b						
am, ç	с	Fundraising events 1c		34,650				
a dit	d Related organizations 1d							
ту,	e	Government grants	s (contributions) 1e	267,476,497				
er s	f	All other contributions similar amounts not	ons, gifts, grants, and 1f	1,144,229				ĺ
έξ.	g	Noncash contri	butions included in					
ĘĚ		lines 1a-1f \$ _	52,113					
<u>ه ک</u>	h	Total. Add lines	s1a-1f	· · · · •	268,655,376			
e				Business Code				
li en	2a	PATIENT REVENUE	S	621,400	134,189,960	134,189,960		
æ	Ь							
906	с							
Sery	d							
Ę	e							
Program Service Revenue	f	All other progra	am service revenue					
소	g	Total. Add lines	s2a-2f	►	134,189,960			
	3	Investment inc	ome (ıncludıng dıvıden	ds, interest				
			aramounts)		1,190,254			1,190,254
	4		stment of tax-exempt bond	proceeds				
	5	Royalties	(I) Real	(II) Personal				
	6a	Gross Rents		(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
		or (loss)	me or (loss)	<u> </u> ►				
	d	NetTentarmco	(I) Securities	(II) O ther				
	7a	Gross amount	52,973,964					
		from sales of assets other						
	ь	than inventory Less cost or	51,633,744					
		other basis and sales expenses						
	с	Gain or (loss)	1,340,220					
	d		s)	⊳	1,340,220			1,340,220
Other Revenue	8a	of contributions	luding ,650 s reported on line 1c)					
це		See Part IV , lın	ne 18 a					
ler.	ь	less directer	penses b	216,560 264,238				
ŧ	c		(loss) from fundraising		-47,678			-47,678
	9a	Gross income f	rom gaming activities					
		See Part IV , lın						
	ь	Loca director	penses b					
	c		penses b (loss) from gamıng actı	vities				
		Gross sales of						
	Ь	returns and allo	owances . a	20,820,686				
	c	-	oods sold b (loss) from sales of inv	20,197,661 entory 🕨	623,025	623,025		
		Miscellaneous		Business Code				
	11a	MISC REVENU	JES	900,099	8,993,707			8,993,707
	ь							
	с							
	d	All other reven	ue					
	е	Total. Add lines	s11a-11d	· · · •	8,993,707			
		T .4 1	C In the t					
	12	lotal revenue.	See Instructions .	• • •	414,944,864	134,812,985	0	11,476,503 Form 990 (2009)

Part IX Statement of Functional Expenses

A	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	42,238,002	42,238,002					
2	Grants and other assistance to individuals in the U S See Part IV , line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	1,263,670	1,043,033	220,637				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	117,951,462	97,357,092	20,594,370				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,883,167	4,030,564	852,603				
9	Other employee benefits	35,697,685	29,464,856	6,232,829				
10	Payroll taxes	14,649,218	12,091,459	2,557,759				
11	Fees for services (non-employees)							
а	Management							
b	Legal							
с	Accounting							
d	Lobbying							
e	Professional fundraising See Part IV, line 17 .							
f	Investment management fees							
g	Other	57,897,670	45,459,429	12,438,241				
12	Advertising and promotion							
13	Office expenses							
14	Information technology							
15	Royalties							
16	Occupancy	7,511,041	2,246,297	5,264,744				
17	Travel	9,938,433	8,538,973	1,399,460				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	4,771,841	2,890,535	1,881,306				
23	Insurance							
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	SUPPLIES & DRUGS	26,095,115	25,348,486	746,629				
Ь	OTHER DIRECT COSTS	20,646,336	18,335,844	2,310,492				
с	CONSTRUCTION MATERIALS	20,092,055	20,091,538	517				
d	MINOR EQUIPMENT	7,419,562	3,719,156	3,700,406				
e	CONSTRUCTION FREIGHT	6,234,243	6,234,239	4				
f	All other expenses	9,394,895	57,736,646	-48,341,751				
25	Total functional expenses. Add lines 1 through 24f	386,684,395	376,826,149	9,858,246	0			
26	Joint costs. Check here F if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							
				For	m 990 (2009)			

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Part X Balance Sheet

			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	149,931,911	2	168,835,130
	3	Pledges and grants receivable, net	38,671,800	3	40,505,389
	4	Accounts receivable, net	22,726,080	4	17,865,215
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
		Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use	4,413,480	8	3,984,401
A	9	Prepaid expenses and deferred charges	1,594,130	9	1,691,569
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> 86,414,615 <i>Part VI of Schedule D</i> 10a			
	Ь	Less accumulated depreciation 10b 45,180,134	40,166,938	10c	41,234,481
	11	Investments—publicly traded securities	15,293,231	11	58,636,922
	12	Investments—other securities See Part IV , line 11		12	3,934,652
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	20,281,070	15	21,966,972
	16	Total assets. Add lines 1 through 15 (must equal line 34)	293,078,640	16	358,654,731
	17	Accounts payable and accrued expenses .	31,676,332	17	37,559,320
	18	Grants payable		18	
	19	Deferred revenue	42,278,686	19	68,986,885
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Lia		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	19,330,744	25	24,050,429
	26	Total liabilities. Add lines 17 through 25	93,285,762	26	130,596,634
Ş		Organizations that follow SFAS 117, check here 🕨 🔽 and complete lines 27			
l Ce		through 29, and lines 33 and 34.			
ular	27	Unrestricted net assets	185,512,911		214,098,399
Ba	28	Temporarily restricted net assets	14,279,967	28	13,959,698
D	29	Permanently restricted net assets		29	
or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ┌┌ and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	199,792,878	33	228,058,097
~	34	Total liabilities and net assets/fund balances	293,078,640	34	358,654,731
	-			I	Form 990 (2009)

Part XI

Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .	2a		No
Ь	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
с	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	🔽 Separate basis 🔰 Consolidated basis 👘 Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A - 133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	
		_		12000

efi	le GR	АРНІС р	rint - DO	D NOT PROCESS	As Filed	d Data -			D	LN: 934931	99000171
		OULE A or 990EZ)		Public C	harity St	tatus an	d Public	: Suppo	rt		• 1545-0047
Departr	nent of th	e Treasury		Complete if the org	janization is 1947(a)(1) n				section		UUJ n to Public
				Attach to Feedback	orm 990 or Fo	orm 990-EZ.	See separa	ate instructio			spection
		e organiza VE TRIBAL HE		DRTIUM					Employer ic	lent if icat ion n	umber
									92-01627		
	rt I			olic Charity Stat						structions	
1 ne o 1	organı:			e foundation because on of churches, or as					()		
2				in section 170(b)(1)				(1)(4)(1).			
3	, L			perative hospital ser			-	n 170(b)(1)(A)(iii).		
4	ŗ	•		organization operate	-					L)(A)(iii).Ente	r the
	hospital's name, city, and state										
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	_			A)(iv). (Complete Pa	-						
6				local government or	-						
7	~	An organ described		t normally receives a	a substantial	part of its s	upport from	a governmen	tal unit or fro	om the general	public
		section 1	70(b)(1)(<i>1</i>	A)(vi) (Complete Pa	rt II)						
8		A commu	nıty trust	described in section	170(b)(1)(A)(vi) (Com	olete Part II)			
9				t normally receives							
		-		ties related to its ex	-	-					
				ss investment incon						ax) from busin	esses
10		•		anization after June 1				•			
10 11	Ļ	An organ one or mo the box_t	ization org	anized and operated anized and operated y supported organiza bes the type of suppo b Type II	exclusively tions describ orting organiz	for the benef bed in sectio ration and co	n 509(a)(1) mplete lines	orm the funct or section 5	ions of, or to 09(a)(2) Se	e section 509(a)(3). Check
e	Г	By check	ing this bo	x, I certify that the con managers and oth	-			-	•		
f		section 5 If the org check thi	anization r	received a written de	termination f	rom the IRS	that it is a T	уре I, Туре	II or Type II	II supporting (organization,
g		Since Au	gust 17, 2	006, has the organiz	ation accept	ed any gift c	or contributio	on from any o	fthe		,
		following	•	ectly or indirectly co	ntrole atha	ralana arta	aathar with r	arcone doce	ribad in (ii)		Yes No
				joverning body of the					nbed in (ii)	11g(i)	Tes No
				r of a person describ						11g(ii)	
				ed entity of a person			ove?			11g(iii)	
h		Provide t	he followın	g information about t	the supported	d organizatio	on(s)				<u> </u>
				(iii)	(iv)						
	(:)			Type of	Is the	9	(v) Did you no		(vi Ist	-	
	(i) Name		(ii)	organization (described on	organızatı col (ı) lıst		organiza		organiza		(vii)
	suppo		EIN	lines 1- 9 above	your gove		col (ı) o	•	col (i) or	-	A mount of support?
0	rganız	ation		or IRC section (see	docume	-	suppo	rt?	In the l	157	sapport
				(see instructions))	Yes	No	Yes	No	Yes	No	1
											ļ
T											ļ
Tota		1		1	1	1	1	1	1	1	1

For Paperwork Reduction Act Notice, see the Instructions for Form 990

	Part II Support Schedu (Complete only if	le for Organiza	ations Describ	ed in IRC 170 7. or 8 of Part	(b)(1)(A)(iv)	and 170(b)(1	L)(A)(vi)
S	ection A. Public Support	you onconce inc		<i>,,</i> ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,			
	endaryear (orfiscalyear	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	beginning in)	(4) 2000	(0)2000	(0) 2007	(4) 2000	(0) 2000	(1) 1000
1	Gifts, grants, contributions, and membership fees received (Do	200,425,552	213,546,012	219,385,080	220,599,675	268,655,376	1,122,611,695
	not include any "unusual	, ,					
2	grants ") Tax revenues levied for the						
-	organization's benefit and either						
	paıd to or expended on ıts behalf						
3	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3	200,425,552	213,546,012	219,385,080	220,599,675	268,655,376	1,122,611,695
5	The portion of total contributions						i <u> i i i i </u>
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5						1,122,611,695
	from line 4 Section B. Total Support						
_	lendar year (or fiscal year						
cui	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) ⊺otal
7	A mounts from line 4	200,425,552	5,779,714	219,385,080	220,599,675	268,655,376	1,122,611,695
8	Gross income from interest,						
	dividends, payments received	5,558,810	5,779,714	4,165,381	-4,931,134	2,530,474	13,103,245
	on securities loans, rents, royalties and income from	3,330,010	5,775,714	4,105,501	4,551,154	2,330,474	15,105,245
	similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss	7,054,063	9,281,932	3,107,588	7,575,961	8,946,029	35,965,573
	from the sale of capital	.,	-,,	_,,	.,	-,	
11	assets Total support (Add lines 7						
11	through 10)						1,171,680,513
12	Gross receipts from related activ	vities, etc (See ins	structions)			12	630,525,966
13	First Five Years If the Form 990 check this box and stop here	is for the organizat	cion's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) organı	zation,
S	ection C. Computation of P	ublic Support	Percentage				
14	Public Support Percentage for 20			11 column (f))		14	95 810 %
15	Public Support Percentage for 20					15	95 780 %
	33 1/3% support test—2009. If t			vonline 13 and	lune 14 is 33 1/30		
	and stop here. The organization 33 1/3% support test—2008. If	qualifies as a public the organization did	cly supported orga d not check the bo	anization x on line 13 or 16			
17a	box and stop here. The organizat 10%-facts-and-circumstances te				ne 13, 16a. or 16	b and line 14	PT
_/ u	is 10% or more, and if the organ		•				
	in Part IV how the organization n						
_	organization						▶
b	10%-facts-and-circumstances te						
	15 is 10% or more, and if the or Explain in Part IV how the organ						v
	supported organization		and chealls		gamzation que		′ ▶┌
18	Private Foundation If the organiz	zatıon dıd not chec	k a box on line 13	, 16a, 16b, 17a o	or 17b, check this	box and see	▶□
	Instructions						F

Schedule A (Form 990 or 990-EZ) 2009

Pa	Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)								
Se	ction A. P	Public Support	checked the		i i uit i.j				
		or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grant	ın) s, contributions, and							
-		p fees received (Do not							
	include any	/ "unusual grants ")							
2		ipts from admissions,							
		se sold or services							
	• •	or facilities furnished in							
		y that is related to the n's tax-exempt							
	purpose	no tax exempt							
3		ipts from activities that							
	are not an u	unrelated trade or							
		nder section 513							
4		ies levied for the							
	-	n's benefit and either expended on its							
	behalf	xpended on its							
5		of services or facilities							
	furnished b	y a governmental unit to							
	the organız	ation without charge					ļ		
6		lınes 1 through 5							
7a		ncluded on lines 1, 2,							
		ived from disqualified							
L	persons Amounts ir	ncluded on lines 2 and 3							
U		om other than							
		persons that exceed							
	the greater	of\$5,000 or 1% of the							
		line 13 for the year							
	Add lines 7								
8		ort (Subtract line 7c							
- 60	from line 6) otal Support							
-		or fiscal year beginning							
cuic		in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9	A mounts fr	· · · · · · · · · · · · · · · · · · ·							
10a	Gross inco	me from interest,							
		payments received on							
		loans, rents, royalties							
		e from sımılar							
Ь	sources	business taxable							
U		ss section 511 taxes)							
	•	esses acquired after							
	June 30, 1								
С	Add lines 1	LOa and 10b							
11		e from unrelated							
		ctivities not included							
		, whether or not the s regularly carried on							
12		me Do not include							
**		s from the sale of							
	capital ass	ets (Explain in Part							
	IV)								
13		ort (Add lines 9, 10c,							
14	11 and 12) Z ears If the Form 990 is fo	r the organizat	on's first second	third fourth or	l fifth tax year ac i	$\frac{1}{2}$ 501(c)(3) or gas		
14		box and stop here	n the organizat	ion s mst, second	, third, routin, or	intil tax year as a	a 501(c)(5) olgal		
		•							
Se		Computation of Publi							
15	Public Supp	oort Percentage for 2009	(lıne 8 column	(f) dıvıded by lıne	13 column (f))		15		
16	Public supp	oort percentage from 200	8 Schedule A , F	art III, line 15			16		
Se	ction D. C	Computation of Inve	stment Inco	ome Percenta	ae				
17		t income percentage for 2				n (f))	17		
18		t income percentage from	-						
						4 June 4 🗖 🖂	18		
19a		1pport tests—2009. If the 33 1/3%, check this box a					tnan 33 1/3% and	a iine 17 is not	
	organization	-	na stop nere. T	ne organization q	uannes as a publ	iciy supporteu			
Ь	-	upport tests—2008. If the	,	d not check a box	on line 14 or line	e 19a, and line 10	5 is more than 33	1/3% and line	
	18 is not m	ore than 33 1/3%, check	this box and st	op here. The organ	nızatıon qualıfıes	as a publicly sup	oported organizat		
20	Private Fou	Indation If the organization	on did not check	a box on line 14,	, 19a or 19b, che	ck this box and s	see instructions	▶	

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Page **4**

Part IV Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493199000171										
SCHEDULE C		Political C	ampaign and	Lobbying <i>I</i>	Activities	OMBNo 1545-0047				
(Form 990 or 990-EZ)			4 From Income Tex		E04(a) and a action E07	2000				
Department of the Treasury	For Organ	-	plete if the organizat		1 501(c) and section 527 pelow.	2003				
Internal Revenue Service			rm 990 or Form 990-E			Open to Public				
If the organization a	Inswered "Ye	s." to Form 990	. Part IV. Line 3. or I	Form 990-EZ. Pa	rt VI, line 46 (Political Ca	Inspection mpaign Activities).				
then										
▶ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C ▶ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B										
 Section 501(c) (other Section 527 organization 		· · · · · ·	ations Complete Parts	s FA and C below	Do not complete Part I-B					
f the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then										
Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A										
, , , ,	•		,	•	n)) Complete Part II-B Do no n 990-EZ, line 35a (regard	•				
 Section 501(c)(4), (5) 				, ,	· · · · · · · · · · · · · · · · · · ·					
Name of the organız ALASKA NATIVE TRIBAL I		UM			Employer ident	ification number				
					92-0162721					
Part I-A Comple	ete if the or	ganization is	exempt under s	ection 501(c) or is a section 527	organization.				
1 Provide a descr	uption of the or	ganızatıon's dırec	ct and indirect politic	al campaıgn activ	vities in Part IV					
2 Political expense	litures				►	\$				
3 Volunteer hours	5									
Part I-B Comple	ete if the or	ganization is	exempt under s	ection 501(c)(3).					
			the organization und		<u>,,,,</u> ,,	\$				
			organization manage		4955	\$				
			, dıd ıt file Form 4720							
4a Wasacorrectio				·		∏ Yes ∏ No				
b If "Yes," descri	be in Part IV									
Part I-C Comple	ete if the or	ganization is	exempt under s	ection 501(c) except section 501	(c)(3).				
1 Enter the amou	nt directly expe	ended by the filing	g organızatıon for sec	tion 527 exempt	function activities 🕨 🕨	\$				
2 Enter the amou exempt funtion		organızatıon's fun	ds contributed to oth	er organızatıons	for section 527	\$				
3 Total exempt fu	nction expendi	tures Add lines :	1 and 2 Enter here a	nd on Form 1120)-POL, line 17b 🕨	¢				
4 Did the filing or	ganızatıon file f	Form 1120-POL fo	or this year?			↓ 「Yes 「No				
were made For contributions re	each organizat ceived that we	ion listed, enter t re promptly and c	he amount paid from	the filing organiz separate politic	527 political organizations ation's funds Also enter th al organization, such as a s ormation in Part IV	e amount of political				
(a) Nam	le	(b) /	Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-				

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Cat No 50084S Schedule C (Form 990 or 990-EZ) 2009

Schedule	C	(Form	990	or	990-F7	12009
Schedule	<u> </u>		990	01.	990-LZ	12009

Sch	edule C (Form 990 or 990-EZ) 2009				Page 2
Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and file	ed Form 5768	(election
	Check 🦵 If the filing organization belongs to a	n affiliated group < A and "limited control" provisions apply			
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing Organization's Totals	(b) A ffiliated Group Totals	
1a	Total lobbying expenditures to influence public o				
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)			
с	Total lobbying expenditures (add lines 1a and 1b))			
d	Other exempt purpose expenditures				
е	Total exempt purpose expenditures (add lines 10	c and 1d)			
f	Lobbying nontaxable amount Enter the amount f columns	rom the following table in both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
		·			
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)			
h	Subtract line 1g from line 1a If zero or less, ente	er -0-			
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -			
j	If there is an amount other than zero on either lir section 4911 tax for this year?	ne 1h or line 1ı, dıd the organization file Form 4	4720 repo	rtıng	└ Yes │ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
с	Total lobbying expenditures									
d	Grassroots non-taxable amount									
e	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
с	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
е	Publications, or published or broadcast statements?	Yes		121	
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		21,829	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities? If "Yes," describe in Part IV		No		
j	Total lines 1c through 1i			21,950	
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No		
Ь	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ľ		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1						
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political							
	expenses for which the section 527(f) tax was paid).							
а	Current year	2a						
b	Carryover from last year	2b						
С	Total	2c						
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess							
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and							
	political expenditure next year?	4						
5	Taxable amount of lobbying and political expenditures (see instructions)	5						
Pa	Part IV Supplemental Information							

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation

efile GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -			DLN	: 934931990	000171
CHEDULE D						OMB No 154	15-0047
orm 990)	Supple	mental Financi	al Statements			200	na 🛛
	► Complet e if	the organization answ	ered "Yes," to Form 990	,		200	<u> </u>
artment of the Treasury nal Revenue Service		Part IV, line 6, 7, 8, 9, 10 to Form 990. ► See se		•		Open to Inspec	
ame of the organi		1 to Form 990. F See se		Emp	lover ident	tification numb	
	HEALTH CONSORTIUM			-	-		
art I Organi	izations Maintaining Done	or Advised Funds	or Other Similar Fi		0162721 or Acco l	unts. Comple	te if th
	ation answered "Yes" to For	m 990, Part IV, line	6.			•	
		(a) Dono	r advised funds	(b) Funds a	and other accou	unts
Total number at							
	ributions to (during year)						
	ts from (during year)						
	e at end of year						
funds are the o	ation inform all donors and dono rganization's property, subject to	o the organization's exc	lusive legal control?			∏ Yes	∏ No
used only for cl	ation inform all grantees, donors haritable purposes and not for th ermissible private benefit			-		☐ Yes	∏ No
	rvation Easements. Comp	lete if the organizat	on answered "Yes" to	o Forn	n 990, Pa		
	onservation easements held by						
Preservati	on of land for public use (e g , re	creation or pleasure)		histori	cally impo	rtantly land are	ea
Protection	of natural habitat		Preservation of a d	certifie	d historic s	structure	
Preservati	on of open space						
	2a–2d ıf the organızatıon held a ne last day of the tax year	qualified conservation	contribution in the form	ofaco	onservation	n	
					Held at	t the End of the	e Year
	f conservation easements			2a			
-	restricted by conservation easer			2b			
	servation easements on a certific			2c			
	servation easements included in		· I	2d	<u> </u>		
	servation easements modified, tr	ansferred, released, ex	tinguished, or terminate	d by th	e organiza	tion during	
the taxable yea	ar 🕨						
Number of stat	es where property subject to cor	iservation easement is	located 🕨				
	nzation have a written policy reg the conservation easements it h		itoring, inspection, hand	dling of	violations	, and FYes	∏ No
	teer hours devoted to monitoring						
	enses incurred in monitoring, ins				; the year	►\$	
170(h)(4)(B)(ı)	servation easement reported on) and 170(h)(4)(B)(11)?					∏ Yes	∏ No
balance sheet,	scribe how the organization repo and include, if applicable, the te n's accounting for conservation (xt of the footnote to the					
art IIII Organi	izations Maintaining Collection answe	ections of Art, Hist		or Otl	her Simi	lar Assets.	
	ion elected, as permitted under			nt and	balances	heet works of	
art, historical t	reasures, or other similar assets XIV, the text of the footnote to	held for public exhibiti	on, education or researd	ch in fu			e,
historical treas	ion elected, as permitted under ures, or other similar assets hel owing amounts relating to these	d for public exhibition,					
(i) _{Revenues I}	ncluded in Form 990, Part VIII,	line 1			►\$_		
(ii) _{Assets} incl	uded in Form 990, Part X				►\$_		
	ion received or held works of art nts required to be reported under			or finan			
Revenues inclu	ided in Form 990, Part VIII, line	1			►\$		
• Assets include	d ın Form 990, Part X						
					· · _		

For Privacy Act and Paperwork Reduction Act Notice, see the Intruction	s for Form 990 Cat No !	52283D Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009										Page 2
Par	t IIII Organizations Maintaining Co	llections of Art,	His	tori	cal Trea	sures, or	Othe	r Simila	r As	sets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	[•] records, check any	ofth	ie fol	owing tha	t are a signific	ant u	ise of its c	ollect	tion	
а	Public exhibition		d	Γ	Loan or e	exchange prog	grams				
b	Scholarly research		е	Γ	Other						
с	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	llections and explain	n hov	v the	y further t	he organizatio	n's ex	kempt pur	oose i	in	
5	During the year, did the organization solicit o assets to be sold to raise funds rather than t							nılar		∏ Yes	∏ No
Pai	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						ed "Y	'es" to Fo	orm 9	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	dıary	for c	ontributio	ns or other as	sets	not		∏ Yes	∏ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the f	ollow	ing t	able						
									An	nount	
с	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?							🗌 Yes	∏ No
Ь	If "Yes," explain the arrangement in Part XIV										
Ра	rt V Endowment Funds. Complete										
1-	Pegunning of year balance	(a)Current Year	(b)	Prior '	rear (o)Two Years Back	(a)	Three Years	Васк	(e) Four Y	ears Back
1a b	Beginning of year balance Contributions						_				
c	Investment earnings or losses										
d	Grants or scholarships						+				
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held a:	s		•						
а	Board designated or quasi-endowment 🕨										
Ь	Permanent endowment 🕨										
с	Term endowment 🕨										
3a	A re there endowment funds not in the posses organization by	sion of the organiza	tion	that a	are held ar	nd administer	ed for	the		Yes	No
	(i) unrelated organizations		• •	•					3a((i)	
_	(ii) related organizations						•		3a(
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th	•				• • •	• •	• • •	31	b	
4 Dati	t VI Investments—Land, Buildings					Dart Y lung	10				
	Description of investment		<u></u>	(a)	Cost or othe	er (b)Cost or	other	(c) Accum deprecia		(d) Bo	ok value
1a	Land					11.07	3,728				1,273,728
	Buildings			\vdash			3,728		022,02		1,415,244
	Leasehold improvements		-	-			9.279		703.43	_	3.265.840

Total. A dd lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)	otal. Add lines 1a-1e (C	Le (Column (d) should equal Form 990,	Part X, column (B), line 10(c).)	 F	41,234,481

. .

d Equipment

.

e Other .

15,279,669

38,454,666

53,734,335

Part VII Investments-Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b) Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		od of valuation
		Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X, II			
(a) Descri			(b) Book value
RECEIVABLE FROM CENTRAL WAREHOUSE			4,127,095
SOUTHCENTRAL FOUNDATION CONTRACT			4,101,822
OTHER RECEIVABLES			8,701,199
CONSTRUCTION IN PROGRESS			5,036,856
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		21,966,972
Part X Other Liabilities. See Form 990, Part 2			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
ACCRUED PAYROLL & RELATED LIABILITIES	15,254,405		

	10,201,100
ACCRUED LEAVE	6,571,675
SOUTHCENTRAL FOUNDATION CONTRACT PAYABLE	2,224,349
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	24,050,429

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements 1 1 414,944,864 Total revenue (Form 990, Part VIII, column (A), line 12) 2 2 386,684,395 Total expenses (Form 990, Part IX, column (A), line 25) 3 3 28,260,469 Excess or (deficit) for the year Subtract line 2 from line 1 4 4 4,750 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 Investment expenses 7 7 Prior period adjustments 8 8 Other (Describe in Part XIV) 4,750 9 9 Total adjustments (net) Add lines 4 - 8 10 10 28,265,219 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 434,948,787 2 A mounts included on line 1 but not on Form 990, Part VIII, line 12 4,750 а 2a b Donated services and use of facilities 2Ь . . . с Recoveries of prior year grants 2c 2d d Other (Describe in Part XIV) 20,461,899 . Add lines 2a through 2d 20,466,649 e 2e 3 414,482,138 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 462,726 а Other (Describe in Part XIV) 4b b 4c 462,726 С Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12) 414,944,864 5 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial 1 406,683,568 statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 а 2a b Prior year adjustments 2b Otherlosses 2c с 2d 20.461.899 d Add lines 2a through 2d 2e 20,461,899 e 3 3 Subtract line **2e** from line **1** 386,221,669 4 A mounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 462.726 4a а b 4b Add lines **4a** and **4b** 462,726 С . . . **4c** Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 386,684,395 5 Part XIV Supplemental Information

Schedule D (Form 990) 2009

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Ret urn Reference	Explanation
Part XII, Lıne 2d - Other Adjustments		CENTRAL WAREHOUSE EXPENSES 20197661 FUNDRAISING EXPENSES NETTED AGAINST REVENUE 264238
Part XIII, Line 2d - Other Adjustments		CENTRAL WAREHOUSE EXPENSES 20197661 FUNDRAISING EXPENSES NETTED AGAINST REVENUE 264238

Page 4

efile GRAPHIC print -	DO NOT PROCESS	As Filed Dat	a -	DLN	: 93493199000171
CHEDULE G Form 990 or 990-EZ)	омв №. 1545-0047 2009				
epartment of the Treasury ernal Revenue Service	Open to Public Inspection				
ame of the organization LASKA NATIVE TRIBAL H	IEALTH CONSORTIUM			Employer ide 92-0162721	ntification number
	Activities. Complet				
 Mail solicitations Internet and e-mail Phone solicitations In-person solicitat Did the organization had or key employees liste If "Yes," list the ten high 	s cions ave a written or oral agre d in Form 990, Part VII	e f g ement with any inc) or entity in conne entities (fundraise	Solicitation of no Solicitation of go Special fundraisi dividual (including office action with professional ers) pursuant to agreem	n-government grants vernment grants ng events ers, directors, trustees fundraising activities? nents under which the fu	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes No	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
otal		🕨			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2008 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other Events (d) Total Events (Add col (a) through DINNER RAFFLE col (c)) (event type) (event type) (total number) Revenue 216,560 34,650 251,210 1 Gross receipts Less Charitable 2 34,650 34,650 contributions Gross income (line 1 3 216,560 216,560 minus line 2) . 4 Cash prizes 34,650 34,650 5 60,033 60,033 Non-cash prizes Expenses 35,373 35,373 6 Rent/facility costs 7 Food and beverages Direct Entertainment 8 134,183 9 Other direct expenses 134,183 264,239 10 Direct expense summary Add lines 4 through 9 in column (d). 11 Net income summary Combine lines 3, column d, and line 10. Þ -47,679 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant (d) Total gaming Revenue (c) Other gaming bingo/progressive bingo (Add col (a) through col (c)) 1 Gross revenue 2 Cash prizes Direct Expenses Non-cash prizes 3 4 Rent/facility costs Other direct expenses 5 . ☐ Yes ┌ Yes ☐ Yes % % % Volunteer labor 6 Γ No Γ No Νo Direct expense summary Add lines 2 through 5 in column (d) 7 Net gaming income summary Combine lines 1, column d, and line 7 8 Yes No 9 Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states? . . . а 9a

b	If "No," Explain

10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax yea
Ь	If "Yes," Explain

		4
11	Does the organization operate gaming activities with nonmembers?	11
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	12

10a

12

r?

Schedule G	G (Forr	n 990	or 990-EZ)	2009

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🕨		
	Address 🕨		
152	Does the organization have a contract with a third party from whom the organization receives gaming		
134	revenue?	-	
Ь	If "Yes," enter the amount of gaming revenue received by the organization 🏲 \$ and the	5a	
_	amount of gaming revenue retained by the third party 🕨 \$		
с	If "Yes," enter name and address		
	Name 🌬		
	Address 🕨		
16	Gaming manager information		
	Name 🕨		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state daming license?	7a	
Ь	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year 🕨 \$		

efile GRAPHIC print - DO N	OT PROCESS As	Filed Data -				DLN: 9	3493199000171
Schedule I (Form 990) Department of the Treasury	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.						
Internal Revenue Service	Employer identificati	Inspection on number					
ALASKA NATIVE TRIBAL HEALTH	H CONSORTIUM					92-0162721	
Part I General Informat	tion on Grants and	l Assistance					
 Does the organization mainta the selection criteria used to Describe in Part IV the organ 	award the grants or as	sıstance? 					🔽 Yes 🗌 No
	line 21 for any recip	ient that received n	nore than \$5,000. Ch	United States. Con eck this box if no one	recipient receive	ed more than \$5,000	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Addıtıonal Data Table							
 2 Enter total number of section 3 Enter total number of other or 							41

 Use Schedule I-1 (Form 990) if additional space is needed.

 (a)Type of grant or assistance
 (b)Number of recipients
 (c)Amount of cash grant
 (d)Amount of non-cash assistance
 (e)Method of valuation (book, FMV, appraisal, other)
 (f)Description of non-cash assistance

 Image: Im

Part III Grants and Other Assistance to Individuals in the United States. Complete of the organization answered "Yes" to Form 990, Part IV, line 22.

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Ret urn Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The monitoring of subawards ANTHC provides includes annual review of the organization's audited financial statements, review of program reports, and through on-going communications

Page **2**

Schedule I (Form 990) 2009

Software ID:

Software Version:

EIN: 92-0162721

Name: ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

						1	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alaska Native Health Board 1840 Bragaw Street Suite 220 ANCHORAGE,AK 99508	92-0056272	501(c)3	264,192				Consumer A wareness
Aleutian Pribilof Island Assoc1131 E Intl Airport Road ANCHORAGE,AK 99518	92-0073013	501(c)3	133,318				BHA, BIO MED
ALGAACIQ TRIBAL GOVERNMENTPO Box 48 ST MARYS,AK 99658	92-0068785		16,124				MULTI MEDIA
Annette Island Service Unit PO Box 439 METLAKATLA,AK 99926	92-0014579		107,597				Biomed, MAINTENANCE & IMPROVEMENTS
Architects Alaska900 W 5th Ave Ste 403 ANCHORAGE,AK 99501	92-0117504		750,239				MAINTENANCE AND IMPROVEMENTS
Arctic Slope Native AssocPO Box 1232 BARROW, AK 99723	91-0873623	501(c)3	409,170				BHA, Biomed, Radiology
Bristol Bay Area Health CorporationPO Box 130 DILLINGHAM,AK 99576	92-0044965	501(c)3	2,789,115				BHA, Biomed, Radiology, Hospital Design & IMPROVEMENTS
Chickaloon VillagePO Box 1105 CHICKALOON,AK 99674	92-0120907		222,804				PCC
ChitIna Traditional Village CouncilPO Box 31 CHITINA,AK 99566	92-0068532		127,431				PCC, Biomed
Chugachmiut1840 S Bragaw Suite 110 ANCHORAGE,AK 99508	92-0046614	501(c)3	1,259,516				BHA, PCC, Biomed

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

<u> </u>	· · · · · · · · · · · · · · · · · ·						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of CHIGNIK BAYPO BOX 110 CHIGNIK BAY,AK 99564	92-0094970		100,000				Clinic Related
City of FORT YUKONPO BOX 269 FORT YUKON, AK 99732	92-6001566		102,034				Clinic Related
City of GALENAPO BOX 149 GALENA, AK 99741	92-0044429		294,055				Clinic Related
CITY OF KLAWOCKPO BOX 469 KALWOCK,AK 99925	92-0047641		526,598				WATER AND SEWER
CITY OF NUNAM IQUAPO BOX 26 NUNAM IQUA,AK 99666	92-0079441		85,448				WATER AND SEWER
City of TogiakPO Box 270 TOGIAK,AK 99678	92-0047402		118,707				Water & sewer Related
Copper River Native AssociationDrawer H COPPER CENTER, AK 99573	92-0041638	501(c)3	152,042				BHA, Biomed
Council of AthAbascan Tribal GovernmentsPO Box 309 FORT YUKON,AK 99740	92-0134670		20,534				Biomed, Clinic Related
Eastern Aleutian Tribes3380 C Street Suite 100 ANCHORAGE,AK 99503	92-0139107		161,275				BHA, HSS, Biomed, Paulof Harbor
Kenaitze Indian TribePO BOX 988 KENAI,AK 99611	92-0069243		756,167				Tribal Shares, PCC, Biomed

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

· •···· • • • • • • • • • • • • • • • •				ana ergannaanen	<u>,</u>		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ketchikan Indian Corporation 2960 Tongass Avenue KETCHIKAN, AK 99901	92-6002696		21,317				CHEF
Knık Tribal CouncilPO Box 871565 WASILLA,AK 99687	92-0076275		165,306				PCC
Kodiak Area Native Association3449 E Rezanof Drive ANCHORAGE, AK 99615	92-0038225	501(c)3	1,770,843				BIOMED, BHA, PCC, CHEF, MAINTENANCE AND IMPROVEMENTS
Life Medical Networks Inc 5450 Dunwoody Mill Ct ATLANTA,GA 30360	20-0242442		28,546				MAINTENANCE AND IMPROVEMENTS
Manulaq AssociationPO Box 856 KOTZEBUE,AK 99752	92-0041461	501(c)3	967,867				BHA, Biomed, MAINTENANCE & IMPROVEMENTS
Mt Sanford Tribal Consortium PO Box 357 GAKONA,AK 99586	92-0143492	501(c)3	153,728				РСС, Biomed, Multi Media
Native Village of Eklutna 26339 Eklutna Village Road CHUGIAK,AK 99567	92-0115246		158,948				PCC, MULTI MEDIA
NATIVE VILLAGE OF PAIMIUTPO BOX 240084 ANCHORAGE,AK 99510	92-0163486		13,240				MULTI MEDIA
Native Village of TununakPO Box 77 TUNUNAK,AK 99681	92-0063781		11,268				Multı Media
Nınılchık Traditional Council PO Box 39070 NINILCHIK,AK 99639	92-0069906		210,083				PCC, Biomed

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

	it II, Grants an			and organization			1
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
North Slope BoroughPO Box 69 BARROW, AK 99723	92-0042378		72,271				Biomed
Norton Sound Health CorporationPO Box 966 NOME,AK 99762	92-0041488	501(c)3	810,509				BHA, Radiology, BIOMED, MAINTENANCE AND IMPROVEMENTS
PORT GRAHAM CORPORATIONPO BOX 5569 PORT GRAHAM,AK 99603	92-0047422		79,973				CLINIC
Port Graham Vıllage Councıl PO Box 5510 PORT GRAHAM,AK 99603	92-0064336		6,312				Multı Media
Seldovia Village TribePO Drawer L SELDOVIA,AK 99663	92-0134463		286,107				PCC
Southcentral Foundation 4501 Diplomacy Drive ANCHORAGE,AK 99508	92-0086076	501(c)3	3,641,557				BIOMED, BHA, PCC, Equipment PA, Injury Prevention, Rural ASU, RSSC, Directors Reserve, MAINTENANCE AND IMPROVEMENTS
Southeast Alaska Regional Health Corporation3245 Hospital Drive JUNEAU,AK 99801	92-0056274	501(c)3	3,503,966				BHA, Biomed, CHEF, INJURY PREVENTION, MAINTENANCE AND IMPROVEMENTS
St George Island Traditional PO Box 940 ST GEORGE ISLAND,AK 99591	92-0063486		7,482				Multı Media
ST MARYS NATIVE CORPORATIONPO BOX 149 ST MARYS,AK 99658			57,726				WATER AND SEWER
State of Alaska333 Willoughby Ave JUNEAU, AK 99801	92-6001185		14,003,672				Water AND SEWER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tanana Chiefs Conference 122 1st Avenue Suite 300 FAIRBANKS,AK 99701	92-0040308	501(c)3	2,452,193				BIOMED
Tanana Native CouncilPO Box 77093 TANANA,AK 99777	92-0063172		15,962				Biomed
TRADITIONAL COUNCIL OF TOGIAKPO BOX 110 TOGIAK,AK 99678	92-0113855		16,125				MULTI MEDIA
University of Alaska FairbanksPO Box 757880 FAIRBANKS,AK 99775	92-6000147	501(c)3	550,000				ВНА
Yukon Kuskokwim Health CorporationPO Box 3427 BETHEL,AK 99559	92-0041414	501(c)3	4,075,885				BIOMED, BHA, INJURY PREVENTION, CLINIC, MAINTENANCE AND IMPROVEMENTS

efil	le GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -		DLN: 93	349319	9000)171
Sch	edule J	Co	mpensation In	formation	0	MBNo 1	545-0	047
(Fori	m 990)	For certain Office	rs, Directors, Trustees, Compensated Emp the organization answ	Key Employees, and Highe loyees rered "Yes" to Form 990,	st	20 Open t	09	
	Revenue Service	► Attach	Part IV, questio to Form 990. ► See se			Insp		
	ne of the organi			•	Employer identific	at ion nu	mber	
ALAS	SKA NATIVE TRIBAL	HEALTH CONSORTIUM			92-0162721			
Ра	rt I Questi	ions Regarding Compensa	ntion		92-0102721			
							Yes	No
1a	Check the app	ropiate box(es) if the organization	n provided any of the fo	llowing to or for a person li	sted in Form			
		Section A, line 1a Complete Pa	· ·	-	-			
	_	s or charter travel		allowance or residence for j				
		companions		s for business use of perso				
	•	ification and gross-up payments	·	social club dues or initiation				
	Discretion	ary spending account	Personal	services (e g , maid, chauf	feur, chef)			
L								
D		exes in line 1a are checked, did t corprovision of all the expenses				16	Yes	
2		ation require substantiation prio				10	165	
_	-	ors, trustees, and the CEO/Exec	-	• • •		2	Yes	
3	Indicate which	, if any, of the following the organ	ization uses to establi	sh the compensation of the				
-		CEO/Executive Director Check		·····				
	🔽 Compensa	ition committee	🔽 Written e	mployment contract				
		ent compensation consultant		ation survey or study				
	Form 990	of other organizations	🔽 Approval	by the board or compensat	ion committee			
4	During the yea or a related org	r, dıd any person lısted ın Form 9 janızatıon	90, Part VII, Section ,	A, line 1a with respect to th	ne filing organizati	on		
а	Receive a seve	erance payment or change-of-co	ntrol payment?			4a		No
ь		or receive payment from, a suppl		etirement plan?		4b		No
с		or receive payment from, an equi				4c		No
-	• •	of lines 4a-c, list the persons ar	•	-	n Part III			
	Only 501(c)(3)	and 501(c)(4) organizations onl	y must complete lines	5-9.				
5		ted in form 990, Part VII, Sectio contingent on the revenues of	n A, line 1a, did the or	ganızatıon pay or accrue ar	ıy			
а	The organization	۶nç				5a		No
Ь	Any related or	janization?				5b		No
	If "Yes," to line	e 5a or 5b, describe in Part III						
6		ted in form 990, Part VII, Sectio contingent on the net earnings of		ganızatıon pay or accrue ar	ıy			
а	The organization	n ²				6a		No
b	Any related org	Janization?				6b		No
	If "Yes," to line	e 6a or 6b, describe in Part III						
7		ted in Form 990, Part VII, Section described in lines 5 and 6? If "Ye			ı-fıxed	7		No
8		unts reported in Form 990, Part V initial contract exception describ				8		No
9	If "Yes" to line section 53 495	8, dıd the organızatıon also follo 58-6(c)?	w the rebuttable presu	mption procedure describe	d ın Regulatıons	9		

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 50053T Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(11) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and		(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported ın prior Form 990 or Form 990-EZ
Don G Kashevaroff	(1) (11)	344,095 0	0 0	0	0	9,328 0	353,423 0	0
Garvın Federenko	(1) (11)	240,786 0	0 0	0	0	17,328 0	258,114	0
Steven Weaver	(I) (II)	186,664 0	0 0	0	0		200,415	0
patrıcıa A Shands	(I) (II)	471,500 0	0 0	0	0	1	482,233 0	0
James J Tiesinga	(I) (II)	458,885 0	0 0	0	0	,	469,618 0	0
MARK T CAYLOR	(I) (II)	409,000 0	0 0	0	0	18,733 0	427,733 0	0
KYLE E BLACK	(I) (II)	410,000 0	0 0	0	0	· · · · · ·	420,733	0
William A Paton	(1) (11)	411,500 0	0	0	0		422,233 0	0

Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
		First class travel authorizing allows for the upgrade if the necessary schedules to/from Anchorage are otherwise full. The cost of the upgrade is compared to a full fare/reimbursable ticket as well as potential savings for leaving rather than staying over night. The scheduled to/from Anchorage from the East coast are challenging to align flights for appropriate times. The officers typically have an additional leg to remote sites in Alaska.

Schedule J (Form 990) 2009

efile GRAPHIC pr	int - DO NO)T PRC	CESS	As Filed D	Data -				D	DLN: 9349	31990	00171
Schedule L (Form 990 or 990-EZ)		"Yes"	► on Form c	Complete if the 990, Part IV, lin Form 990-EZ, 970 Form 990-EZ,	e organiz nes 25a, Part V li	zation answer 25b, 26, 27, 2 ines 38a or 40	red 28a, 2 b.	8b, or 28c,			No 1545 200 en to P	9
nternal Revenue Service		FALL		5111 990 61 P0111	1990-LZ	. F See Separa		structions.			inspecti	
Name of the organiza ALASKA NATIVE TRIBAL HE		UM						Er	nployer i	dent if icat ic	on numbe	r
									2-01627			
				ection 501(c)(Yes" on Form 99							40b	
	Name of disq							on of transa		<u> </u>		rrected?
			·			(2) 5 6 6 6					Yes	No
											_	<u> </u>
2 Enter the amount	oftax impos	ed on th	ne organ	ization manager	rs or dis	qualified pers	ons d	urıng the y	ear unde	r		
section 4958 .		• •	• •		• •	• • • •	• •	• • •	•	• \$		
3 Enter the amount	oftax, If any	, on line	2, abov	/e, reimbursed b	y the or	rganızatıon .	• •		►	• \$		
				sted Person								
Complete	if the organiz	ation a	nswered	l "Yes" on Form	990, Pa	art IV, line 26	, or F	orm 990-E	Z, Part V			
(a) Name of interester	d person and		oan to m the	(c)Original	(e) In App		Approv	ved	,			
purpose			zation?	principal amou	unt (d))Balance due	def	ault?	by boar			
		То	From				Yes	No	Yes	No	Yes	No
Total				🕨								
				ing Intereste		sons.						
			n answ	vered "Yes" or	n Form	990, Part IV		e 27.				
(a) Name of in	terested pers	on	(1	Relationship b) and th	etween e organi		rson	(c) A m	ount of g	rant or type	eofassis	tance
					5							
				ing Interesto vered "Yes" or			/ lin/	- 78- 79	h or 29	c		
Complete	en die orga	mzaut		Relationship		550, Fait IV	<u>, nne</u>	20a, 20	0, 01 20	с. 	(e) Sh	aring of
(a) Name of interested person between inte		een interested		c) A mount of		(d) Descr	iption of	transactior	organı	zation's nues?		
			I .	rson and the rganızatıon		transaction					reve Yes	No No
CAROLYN CROWDER			BOARD	MEMBER		20,0	00 I	NDEPEND	ENT CO	NTRACTO	R	No
											_	
					-							+

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 50056A

Schedule L (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493199000171 SCHEDULE M OMB No 1545-0047 **NonCash Contributions** (Form 990) 2 09 ►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990. Department of the Treasury Open to Public Internal Revenue Service Inspection Name of the organization **Employer identification number** ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 92-0162721 Part I Types of Property (a) (b) (c) (d)

		Check If	Number of Contributions	Revenues reported on Form 990, Part VIII, line	Method of determining revenues			
		applicable		1g				
1	Art—Works of art	Х	18	17,525	COST PRICE			
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х		789	COST PRICE			
5	Clothing and household	x		620				
-	goods			020	COST PRICE			
	Cars and other vehicles							
	Intellectual property							
	Securities—Publicly traded							
	Securities—Closely held stock							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Realestate-Residential .							
16	Realestate—Commercial							
17	Realestate—Other							
18	Collectibles	X	2	8,084	COST PRICE			
19	Food inventory	X	16	2,150	COST PRICE			
20	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	GIFT		51	700	COST PRICE			
	Other►(<u>CERTIFICATES</u>)	x	8		COST PRICE			
	Other \blacktriangleright (<u>SERVICES</u>) Other \blacktriangleright (<u>EVENTS</u>)	x	8	,	COST PRICE			
	Other \blacktriangleright (TRAVEL)	x	22		COST PRICE			
	Number of Forms 8283 received							
	for which the organization compl				29			
						[Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	late of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entir	re holdıng p	eriod?			30a		No
Ь	If "Yes," describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif	t acceptano	ce policy that requires the r	eview of any non-standard	contributions?	31		No
32a	Does the organization hire or use contributions?	e thırd part	es or related organizations	to solicit, process, or sell i	non-cash 	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report	revenuesı	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II		,, ,,F		. ,			
For P	rivacy Act and Paperwork Reduction	Act Notice,	see the Instructions for Forr	n 990. Cat No 51227J	Schedule	M (For	m 990) 2009

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier Ret urn Reference Explanat ion

Schedule M (Form 990) 2009

efile GRAPHIC pri	nt - DO NOT PROCESS	As Filed Data -		DLN: 93493199000171
SCHEDULE O				OMBN0 1545-0047
(Form 990)	2009			
Department of the Treasury Internal Revenue Service	Open to Public Inspection			
Name of the organizatio ALASKA NATIVE TRIBAL HEALT			Employ 92-01	ver identification number

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The 990 is review ed by accounting staff and approved by the senior finance officer. Copies are made and sent to the ANTHC board of directors

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		ANTHC procurement policies are structured to have most items competed based on price and value. There are at least two signatures required on any transaction.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15b		Market analysis is traditionally completed for each senior position at least annually. Salaries are compared against internal equity, size of the division managed, and other organizations of similar size and scope.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		ANTHC BY LAWS AND ANNUAL REPORTS ARE AVAILABLE ON THE COMPANY WEBSITE GOVERNING DOCUMENTS, INCLUDING CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST THROUGH THE COMPANY WEBSITE

ldentifier	Return Reference	Explanation
990 Part XI line 2c		No change to the audit oversight process from the prior year

efile GRAPHIC print	- DO NOT PROCESS As Filed Data -					DLN: 93493199000171
SCHEDULE R (Form 990)	► Complete if the orga	rganizations an nization answered "Yes" ttach to Form 990.		v, line 33, 34, 35, 36		омв No 1545-0047 2009 Open to Public
Internal Revenue Service Name of the organization					Employer identific	
ALASKA NATIVE TRIBAL HEALTH C	CONSORTIUM					
Part I Identificat	tion of Disregarded Entities (Complete	If the organization a	nswered "Yes" on	Form 990, Part I	92-0162721 V, line 33.)	
Name, addres	(a) is, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AFHCAN GLOBAL TELEHEALTH SO 4000 AMBASSADOR DRIVE RM 3 ANCHORAGE, AK 99508 27-0437842		Computer and computer perpheral equipment and software merchant wholesalers	АК	156,689	166,162	
Part II Identificat or more rel	tion of Related Tax-Exempt Organization of Related Tax-Exempt organizations during the	tions (Complete ıf th tax year.)	e organization ans	swered "Yes" on	Form 990, Part IV,	line 34 because it had one
Name, addres	(a) s, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
For Privacy Act and Papers	work Reduction Act Notice, see the Instructions	for Form 990.	Cat No 50135	 ;Y		Schedule R (Form 990) 2009

Part III Identific because i	ation of Related t had one or more	Organiz related	zations Taxable as	s a Partnership (Co d as a partnership du	omplete if the org iring the tax year	anızatıon ans .)	wered "	Yes" c	on For	m 990, I	Part IV, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) Share of end-of-year assets (h) Disproprionate allocations? ar		oprtionate Code V		V—UBI 1 box 20 of ule K-1	(j Gener mana partr	alor ging
								Yes	No			Yes	No
				s a Corporation or treated as a corport				nswer	ed "Yo	es" on Fo	orm 990, Pa	art IV,	
(a) Name, address, and EIN o	f related organization	(b) Primary a	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of Incon	f total	Sh end-	(g) hare of -of-year ssets	(h) Percentage ownership		

		i u	ge o
Part V Transactions With Related Organizations (Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
			I
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1 i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
I Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
			[
• Reimbursement paid to other organization for expenses	10		No
p Reimbursement paid by other organization for expenses	1p		No
			(
q O ther transfer of cash or property to other organization(s)	1q		No
r O ther transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	ang covered relationships and transaction time	eshields
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) AFHCAN GLOBAL TELEHEALTH SOLUTIONS LLC	В	10,000
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)			Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		end-of-year assets) irtionate ions?	20 of Schedule K-1 (Form 1065)		i) ral or aging ner?
			Yes			Yes	No		Yes	No						

Schedule R (Form 990) 2009

Software ID:

Software Version:

EIN: 92-0162721

Name: ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code)(Expenses \$	24,231,809	including grants of \$) (Revenue \$	623,025)
				SS OFFICE DEVELOPMENT SEVI	
				EUTICAL SUPPLIES TO HEALTH	
FACILITIES AND	PROVIDERS IN ALASKA, ANI	D TELEMEDI	CINE - THIS PILOT PROGRA	M IS TO DEVELOP TECHNICAL	MEDICAL
CARE AND ASSIS	TANCE VIA DISTANCE DELI	VERY			

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) A verage hours		tion (that a	(che				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W- 2/1099-MISC)				
A ndrew Jimmie DIRECTOR	5 0 0	х						7,000	0	0		
Bernice Kaigelak DIRECTOR	5 0 0	х						5,250	0	0		
CAROLYN CANNON DIRECTOR	5 00	х						0	0	0		
Carolyn Crowder DIRECTOR	5 00	×						28,340	0	0		
Charlene Nollner DIRECTOR	5 00	х						8,750	0	0		
Gary Harrison DIRECTOR	5 0 0	x						7,700	0	0		
H Sally Smith DIRECTOR	5 00	х						14,350	0	0		
June Walunga DIRECTOR	5 00	х						700	0	0		
Lincoln a Bean Sr DIRECTOR	5 00	х						19,600	0	0		
Lında Clement DIRECTOR	5 0 0	x						5,950	0	0		
LOUIS COMMACK DIRECTOR	5 00	х						0	0	0		
Mıke Zacharof DIRECTOR	5 00	х						7,000	0	0		
Paul Brendible DIRECTOR	5 00	х						5,250	0	0		
Percy Ballot DIRECTOR	5 00	х						4,200	0	0		
Ray Alstrom DIRECTOR	5 00	х						5,950	0	0		
Robert Henrichs DIRECTOR	5 00	х						9,100	0	0		
CHARLES CLement HANF TREASurer	5 0 0	х		x				0	0	0		
Emily Hughes Secretary	5 0 0	x		x				15,750	0	0		
Evelyn Beeter Vıce Chaır	5 00	х		x				10,500	0	0		
A ndrew Teuber Chairman/President	32 00	х		x				83,794	0	9,858		
Don G Kashevaroff CEO	40 00			x				344,095	0	9,328		
Garvın Federenko CFO	40 00			x				240,786	0	17,328		
Steven Weaver Senior Director, DEHE	40 00			x				186,664	0	13,751		
patricia A Shands Physician -Orthopedic Surgeon	40 00					x		471,500	0	10,733		
James J Tiesinga Medical Director - Patholo	40 00					x		458,885	0	10,733		

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and	Independ					·					
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organızatıon (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
MARK T CAYLOR PHYsician - Orthopedic Sur	40 00					x		409,000	0	18,733	
KYLE E BLACK PHYsician - Orthopedic Sur	40 00					x		410,000	0	10,733	
William A Paton MEDICAL DIRECTOR - Orthopedic Sur	40 00					x		411,500	0	10,733	

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUPPLIES & DRUGS	26,095,115	25,348,486	746,629	
OTHER DIRECT COSTS	20,646,336	18,335,844	2,310,492	
CONSTRUCTION MATERIALS	20,092,055	20,091,538	517	
MINOR EQUIPMENT	7,419,562	3,719,156	3,700,406	
CONSTRUCTION FREIGHT	6,234,243	6,234,239	4	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

efil	e GR/	APHIC print - DO NOT PROCESS As Filed Data -		DLN:	93493199004302		
	00	Return of Organization Exempt From Ir	ncome T	ax	OMBNo 1545-0047		
Form 990 195			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung				
	nent of the Revenue \$	Le The eventues were hours to use a convertise veture to estudy of the	e reporting	requirements	Open to Public Inspection		
		010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011 C Name of organization		D Employer i	dentification number		
	eck ıf ap	ALASKA NATIVE TRIBAL HEALTH CONSORTIUM					
	dress cha	Doing Business As		92-01627	/21		
	me chan	-		E Telephone	number		
	tial returi	Number and street (of P of box in main's not delivered to street address)	Room/suite	(907)729-1900			
	minated			C Crocc rocoin	tc # 450 356 013		
∏ Am	ended re	etum City or town, state or country, and ZIP + 4 ANCHORAGE, AK 99508		Gioss receip	ts \$ 459,256,012		
Г Ар	plication	pending					
			H(a) Is this a	group return for affili	ates? Ves V No		
		GARVIN FEDERENKO 4000 AMBASSADOR DRIVE					
		ANCHORAGE,AK 99508	H(b) Are all affiliates included?				
				, attach a lisi exemption ni	t (see instructions) umber 🕨		
I Ta	x-exemp	pt status 🔽 501(c)(3) 🔽 501(c) () ◀ (Insert no) 🔽 4947(a)(1) or 🔽 527					
J W	ebsite:	► WWWANTHCORG					
K For	n of org	anization 🔽 Corporation 🗍 Trust 🗍 Association 🗍 Other 🕨	L Year of for	nation 1998	M State of legal domicile AK		
	rt I	Summary			-		
Activities & Governance	3 N 4 N 5 T	Theck this box F if the organization discontinued its operations or disposed of r number of voting members of the governing body (Part VI, line 1a) number of independent voting members of the governing body (Part VI, line 1b) fotal number of individuals employed in calendar year 2010 (Part V, line 2a) .		5% of its net a 3 4 5 6	assets 15 14 2,278 85		
ă.	7 a ⊤	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0		
	ЬΝ	let unrelated business taxable income from Form 990-T, line 34		7b	0		
			Prior	Year	Current Year		
_	8	Contributions and grants (Part VIII, line 1h)	2	68,655,376	264,926,309		
Revenue	9	Program service revenue (Part VIII, line 2g)	1	34,189,960	151,673,487		
lev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,530,474	2,797,764		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,569,054	8,400,350		
	12	otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 2)		14,944,864	427,797,910		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		42,238,002	32,859,025		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0		
\$	15	Salarıes, other compensatıon, employee benefits (Part IX, column (A), lınes 5–10)	1	74,445,202	197,074,843		
SIK.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0		
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 316,099					
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1	70,001,191	173,246,773		
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3	86,684,395	403,180,641		
	19	Revenue less expenses Subtract line 18 from line 12		28,260,469	24,617,269		
Net Assets or Fund Balances				of Current ar	End of Year		
SSe Jafa	20	Total assets (Part X, line 16)	3	58,654,731	381,445,797		
A De	21	Total liabilities (Part X, line 26)	1	30,596,634	132,323,439		
	1	Not people or fund halanges. Culture at lung 21 from lung 20					
ź2	22	Net assets or fund balances Subtract line 21 from line 20	2	28,058,097	249,122,358		

Under penalties of perjury, I declare that I have examined this return, including acco knowledge and belief, it is true, correct, and complete. Declaration of preparer (othe knowledge.

Sign Here	****** Signature of officer GARVIN FEDERENKO SENIOR DIRECTOR Type or print name and title		
	Print/Type preparer's name KEY E GETTY CPA	Preparer's signature	KEY E GETTY
Paid Preparer	Firm's name 🕨 MIKUNDA COTTRELL & CO CF	A'S	
Preparer Use Only	Firm's address 3601 C STREET SUITE 600		
	ANCHORAGE, AK 99503		

May the IRS discuss this return with the preparer shown above? (see instruction

Form	n 990 (2	010)						Page 2
Par	t III		t of Program Se edule O contains a i			Part III		ম
1	Briefly	/ describe the	e organization's miss	sion				
PRO SYS		G THE HIGHE	ST QUALITY HEAL	TH SERVICES IN	I PARTNERSH	P WITH C	OUR PEOPLE AND THE	ALASKA TRIBAL HEALTH
2	the pri	or Form 990	or990-EZ?		ervices during t	he year w	hich were not listed on	∏Yes I No
3	Did the servic	e organizatior es?	nese new services o n cease conducting,	or make sıgnıfıcar		owit cond	lucts, any program	∏Yes ☑No
4	Descri Sectio	be the exemp n 501(c)(3) a		nents for each of th Izations and section	on 4947(a)(1)	trusts are	rgest program services required to report the a rvice reported	
4 a	(Code ALASK)) (Expenses \$ AL CENTER - A 150 BED	231,898,254 HOSPITAL PROVIDES	including grants IN-PATIENT, MEDI) (Revenue \$ JPPORT SERVICES	151,673,487)
4b	SANIT	ONMENTAL HEAL ARY WASTE DISF	OSAL SYSTEMS, PROVID	ES TECHNICAL ASSIST	ANCE FOR OCCUP	IPPORT IN T PATIONAL HE	19,012,487) (Revenue \$ THE DEVELOPEMNT AND CONS EALTH AND SAFETY, EMPLOYE D IMPROVEMENT OF HEALTH F	TRUCTION OF QUALITY WATER AND E HEALTH, RECRUITING, AND
4c		UNITY HEALTH S) (Expenses \$ SERVICES - OVERSEES, T SES FOR TRIBES AND TR			VICAL ASSIS	5,150,714) (Revenue \$ STANCE IN THE AREAS OF PUB) LIC HEALTH AND COMMUNITY-
4d		r program ser enses \$	vices (Describe in 24,819,867	Schedule O) See including grants o			Descript ion 24) (Revenue \$	793,678)
4e	Total	program serv	/ice expenses⊫\$	389,599,80	4			
								Form 990 (2010)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😕 🔒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. 🕏	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .	11b		No
с	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," complete Schedule D, Part IX.	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 🔞	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States? \ldots .	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Dıd the organızatıon report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a		No
Ь	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form	20b		

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990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 😨	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 🕲 [Yes [Yes [No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔞	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	•		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	,		
D	1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable]		
a -	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3 , <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
_	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		No
b				
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
Fa	We the ergenization a party to a prohibited tay chalter transaction at any time during the tay year?	_		No
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?			
	If `Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	70 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
-	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	1		
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
4.7	year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			<u> </u>
-	in which the organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand 13c	1		
142	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		<u> </u>		

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 71 a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or char O. See instructions. Check if Schedule O contains a response to any question in this Part VI			
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 1a 15			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct	,		
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was	3		No
	filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? $$.	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114	res	
12-	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		res	
с	to conflicts?	12b		No
17	describe in Schedule O how this is done	12c 13	Yes Yes	
13 14	Does the organization have a written document retention and destruction policy?	13	Yes	
14 15	Did the process for determining compensation of the following persons include a review and approval by	14	Tes	
а	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		No
		15a 15b	Yes	110
U	O ther officers or key employees of the organization	150	165	
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		No
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	164		
60	ection C. Disclosure	16b		
<u> </u>	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website V upon request			

19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of
	interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► GARVIN FEDERENKO SENIOR DIRECTOR 4000 AMBASSADOR DRIVE ANCHORAGE,AK 99508 (907) 729-1903

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's current key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) A verage hours	verage Position (check all hours that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organızatıon (W- 2/1099-MISC)	from related organızatıons (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) ANDREW JIMMIE DIRECTOR	5 00	х						32,500	0	0
(2) ANDREW TEUBER CHAIRMAN/PRESIDENT	32 00	х		х				91,781	0	16,550
(3) BERNICE KAIGELAK DIRECTOR	5 00	х						30,600	0	0
(4) CAROLINE CANNON DIRECTOR	5 00	х						8,850	0	0
(5) CAROLYN J CROWDER DIRECTOR	5 00	х						44,609	0	0
(6) CHARLENE NOLLNER DIRECTOR	5 00	х						32,300	0	0
(7) CHARLES CLEMENT TREASURER	5 00	х		х				36,500	0	0
(8) EMILY HUGHES SECRETARY	5 00	х		х				47,100	0	0
(9) EVELYN BEETER VICE CHAIR	5 00	х		х				47,300	0	0
(10) GARY HARRISON DIRECTOR	5 00	х						23,250	0	0
(11) H SALLY SMITH DIRECTOR	5 00	х						42,700	0	0
(12) JUNE WALUNGA DIRECTOR	5 00	х						0	0	0
(13) LINCOLN A BEAN SR DIRECTOR	5 00	х						47,950	0	0
(14) LINDA CLEMENT DIRECTOR	5 00	х						0	0	0
(15) LOUIS COMMACK DIRECTOR	5 00	х						20,000	0	0
(16) MIKE ZACHAROF DIRECTOR	5 00	х						32,650	0	0

🦵 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours	Average Position (check all hours that apply)						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organızatıons (W- 2/1099- MISC)	compensation from the organization and related organizations
(17) PAUL BRENDIBLE DIRECTOR	5 00	x						32,800	0	0
(18) PERCY BALLOT DIRECTOR	5 00	х						3,850	0	0
(19) RAY ALSTROM DIRECTOR	5 00	х						31,150	0	0
(20) ROBERT HENRICHS DIRECTOR	5 00	х						36,250	0	0
(21) DON G KASHEVAROFF CEO	40 00			х				378,025	0	43,246
(22) GARVIN FEDERENKO CFO	40 00			х				282,304	0	43,235
(23) STEVEN WEAVER SENIOR DIRECTOR	40 00			х				235,844	0	36,705
(24) SUSANNE E FIX PHYSICIAN - NEUROSURGEON	40 00					х		1,212,612	0	44,634
(25) JAMES TIESINGA MEDICAL DIRECTOR - PATHOLOGY	40 00					х		440,867	0	30,435
(26) WILLIAM A PATON PHYSICIAN - ORTHOPEDIC SURGEON	40 00					х		417,154	0	22,703
(27) JOHN M MIDTHUN MEDICAL DIRECTOR - IMAGING SERVICES	40 00					х		404,369	0	45,202
(28) GEORGE J GILSON PHYSICIAN - PERINOTOLOGIST	40 00					x		454,532	0	19,600
1b Sub-Total			•				►			
c Total from continuation sheets	o Part VII, Sect	ionA.	•	•	•	•				
d Total (add lines 1b and 1c) .							¥	4,467,847	0	302,310
2 Total number of individuals (incli										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization \$212

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CERNER CORPORATION PO BOX 412702 KANSAS CITY, MO 64141	COMPUTER SOFTWARE/INSTALLATION/LICENSING	4,693,714
NANA MANAGEMENT SERVICES LLC 5600 B STREET ANCHORAGE, AK 99518	JANITORIAL/CATERING SERVICES	2,027,387
LEVERAGE INFORMATION SYSTEM PO BOX 630 WOODINVILLE, WA 98072	COMPUTER SOFTWARE/INSTALLATION	1,373,480
FEDERAL NATIONAL COMMERCIAL PO BOX 403826 ATLANTA, GA 30384	LOCUM TENENS	1,201,111
BRECHAN ENTERPRISES 2705 MILL BAY ROAD KODIAK, AK 99615	GENERAL CONTRACTING	1,042,296
2 Total number of independent contractors (including but not limited to those listed abor \$100,000 in compensation from the organization ►59	ve) who received more than	

		2010)					Pag	e 9
art	VIII	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt	(C) Unrelated business	
						function revenue	revenue	from tax under section
								512, 513,o 514
and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	. 1b					
al a	с	Fundraising events	1c	148,097				
llar.	d	Related organizations	. 1d					
Sim.	е	Government grants (contributions)	1e	264,354,165				
jų.	f	All other contributions, gifts, grants	s, and 1f	424,047				
đ		similar amounts not included abov Noncash contributions included in I						
2	-				264,926,309			
æ	h	Total. Add lines 1a-1f	• • • • • •	Business Code	264,926,309			
Program Service Revenue	2a			Busiliess Code				
e K	ь	PATIENT REVENUES		621400	151,673,487	151,673,487		
⊑ ب	c							
	d							
5	e							
		All other program service re	venue					
Ĩ								
-		Total. Add lines 2a-2f .			151,673,487			
	3	Investment income (includii	-	-	2,062,514			2,062,5
	4	and other similar amounts) Income from investment of tax-ex			2,002,511			2,002,5
		Royalties		-				
			(1) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	с	Rental income						
	d	or (loss) Net rental income or (loss)	<u> </u>					
			(I) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	11,508,321					
	Ь	Less cost or other basis and	10,773,071					
		sales expenses Gaın or (loss)	735,250					
		Net gain or (loss)			735,250			735,2
		Gross income from fundraisi			,			,
		(not including						
		\$ <u>148,097</u> of contributions reported on	line 1c)					
		See Part IV, line 18	•					
	.		a	267,992				
		Less direct expenses . Net income or (loss) from fu		465,870	-197,878			-197,8
			activities See Part IV, line 19	a				
			· · · · · · · · · · · · ·	b				
	с	Net income or (loss) from ga	aming activities 🕨					
	10a	Gross sales of inventory, les returns and allowances	5S					
	Ь	Less cost of goods sold .	- . b	21,012,839 20,219,161				
		Net income or (loss) from sa		20,219,101	793,678	793,678		
	L	Miscellaneous Revenue		Business Code				
	11a	MISC REVENUES		900099	7,804,550			7,804,5
	Ь)						
	c							
	d	All other revenue						
		Total. Add lines 11a-11d			7,804,550			
		Total revenue. See Instruct		ŀ				

	990 (2010)				Page 10
Part	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations muse I other organizations must complete column (A) but are not required to c			(ח)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) (B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21 $$	32,859,025	32,859,025		<u> </u>
2	Grants and other assistance to individuals in the U S See Part IV , line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,980,098	1,641,501	338,597	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	164,420,787	137,758,458	26,662,329	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,160,692	4,278,394	882,298	
9	Other employee benefits	16,634,922	12,707,351	3,927,571	
10	Payroll taxes	8,878,344	6,996,172	1,882,172	
а	Fees for services (non-employees) Management				
b	Legal	900,269	258,203	642,066	
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	386,790		386,790	
g	Other	58,082,755	46,456,633	11,626,122	
12	Advertising and promotion	583,373	384,609	198,764	
13	Office expenses	48,043,510	38,550,834	9,492,676	
14	Information technology	840,045	142,734	697,311	
15	Royalties				
16	Occupancy	7,834,388	2,735,558	5,098,830	
17	Travel	11,334,206	9,410,124	1,924,082	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	943,674	738,060	205,614	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,633,648	3,408,253	2,225,395	
23	Insurance	685,372	500	684,872	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	CONSTRUCTION MATERIALS	15,181,063	15,177,909	3,154	
b	OTHER DIRECT COSTS	15,064,625	14,896,297	168,328	
с	CONSTRUCTION FREIGHT	5,170,555	5,169,997	558	
d	CONSTRUCTION SUPPLEMENT	905,133	905,133		
е	DUES & SUBSCRIPTIONS	620,670	105,062	515,608	
f	All other expenses	1,036,697	55,018,997	-54,298,399	316,099
25	Total functional expenses. Add lines 1 through 24f	403,180,641	389, 599, 804	13,264,738	316,099
26	Joint costs. Check here 🕨 🦵 If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				
				For	rm 990 (2010)

Part X Balance Sheet

Ге		Datatice Silect				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1	-
	2	Savings and temporary cash investments		168,835,130	2	172,502,623
	3	Pledges and grants receivable, net		40,505,389	3	27,756,959
	4	Accounts receivable, net	17,865,215	4	17,536,541	
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of				
		Schedule L		5		
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$, and contributing exponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)				
șts		Schedule L		6		
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use		3,984,401	8	4,539,858
	9	Prepaid expenses and deferred charges		1,691,569	9	1,317,305
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	101,667,621			
	Ь	Less accumulated depreciation	10b 51,031,025	6 41,234,481	10c	50,636,596
	11	Investments—publicly traded securities		58,636,922	11	64,758,994
	12	Investments—other securities See Part IV, line 11	3,934,652	12	2,356,643	
	13	Investments—program-related See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11 \ldots		21,966,972	15	40,040,278
	16	Total assets. Add lines 1 through 15 (must equal line 34) .		358,654,731	16	381,445,797
	17	Accounts payable and accrued expenses .		59,385,400	17	58,082,894
	18	Grants payable			18	
	19	Deferred revenue		68,986,885	19	73,550,881
	20	Tax-exempt bond liabilities		20		
je.	21	Escrow or custodial account liability Complete Part IV of Schedul	leD		21	
iabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D	•	2,224,349	25	689,664
	26	Total liabilities. Add lines 17 through 25		130,596,634	26	132,323,439
ses		Organizations that follow SFAS 117, check here F 🔽 and comp through 29, and lines 33 and 34.	olete lines 27			
anc	27	Unrestricted net assets		214,098,399	27	236,485,291
Bal	28	Temporarily restricted net assets		13,959,698	28	12,637,067
Ĕ	29	Permanently restricted net assets			29	
Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ► ┌─ ar lines 30 through 34.	nd complete			
0 5	30	Capital stock or trust principal, or current funds			30	
Şet	31	Paid-in or capital surplus, or land, building or equipment fund			31	
As:	32	Retained earnings, endowment, accumulated income, or other fu			32	
Net	33	Total net assets or fund balances		228,058,097	33	249,122,358
Z	34	Total liabilities and net assets/fund balances		358,654,731	34	381,445,797
				I		Form 990 (2010)

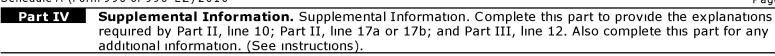
orm=	990	(2010)	

Pa	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			ন.	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		427,7	'97,910
2	Total expenses (must equal Part IX, column (A), line 25)	2		403,1	.80,641
3	Revenue less expenses Subtract line 2 from line 1	3		24,6	517,269
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\ .$.	4		228,0	58,097
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-3,5	53,008
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		249,1	.22,358
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			ম	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		2a		No
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
с	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	issued			
	🔽 Separate basis 🛛 🗌 Consolidated basis 👘 Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ie	Зa	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

efil	e GR	APHIC P	<u>print - D</u>	O NOT PROCESS	As File	d Data -					3199004302	
		OULE A		Public C	Charity S	Status ai	nd Publi	c Suppo	ort		2010	
Departri	nent of th	e Treasury	'	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. See separate instructions.						0	pen to Public	
Nam	a of th	ie organiza		Attach to F	Form 990 or F	⁻ orm 990-EZ.	See separ	ate instruct		identificatio	Inspection	
		VE TRIBAL H		GORTIUM					Linployer		ii iidiiibei	
_		_							92-0162			
	rt I			Iblic Charity Stant te foundation becaus		-				nstructions		
1			-	ion of churches, or as	-			-	-			
2	'r			d in section 170(b)(1								
3	Ē			perative hospital se				n 170(b)(1)((A)(iii).			
4	Ē	A medica	al researc	h organization operat ity, and state						(1)(A)(iii). E	nter the	
5	Г			erated for the benefi		or universit	y owned or o	perated by a	governmen	tal unit desc	ribed in	
6				(A)(iv). (Complete P		al unit docci	ubad un conti	n 170/h)/1	\ (A \ (\)			
6 7	' য		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
	1.	describe				in pure or ies .	apporenom	u governine.		form the gene		
				(A)(vi) (Complete P								
8				described in sectior				-				
9	I			at normally receives								
				vities related to its ex								
			ts support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									
	_			-								
LO		_		ganized and operated							h	
11	I	one or m the box t	ore public	ganized and operated ly supported organiz ibes the type of supp b Type I	ations descr	ibed in section and c	on 509(a)(1)) or section 5 s 11e throug	509(a)(2) S gh 11h	ee section 5		
e	Γ	other tha		ox, I certify that the ion managers and otl								
f		If the org check th	organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, this box August 17, 2006, has the organization accepted any gift or contribution from any of the									
g			persons?		zation accep	oted any gift	or contribution	on from any	ofthe			
				rectly or indirectly c	ontrols, eithe	er alone or to	gether with j	persons des	cribed in (ii)		Yes No	
		and (III)	pelow, the	governing body of th	e the suppor	ted organıza	tion?			11g	(i)	
		(ii) a fan	nly memb	er of a person descrı	bed in (i) abo	ve?				11g(ii)	
				lled entity of a perso						11g(iii)	
h		Provide	the followi	ng information about	the supporte	ed organızatı	on(s)					
				(iii)	(iv)							
	~~~			Type of	Is the		(v) Did you not	tify the	(vi) Is th	•		
	(i) Name		(ii)	organization (described on	organizati		organizat		organiza		(vii)	
5	suppo		EIN	lines 1- 9 above	col (I) list your gove		col (I) of	•	col (ı) org		A mount of	
01	rganız	ation		or IRC section	docume		suppor	t?	in the U	JS?	support	
				(see instructions))	Yes	No	Yes	No	Yes	No	4	
											+	
Tota	1											

	Part II Support Sched (A)(vi)	ule for Organiz	ations Describ	ed in Section	s 170(b)(1)(/	A)(iv) and 17	)(b)(1)
	(Complete only i						
	under Part III. If	the organization	fails to qualify	under the tests	listed below, p	lease complete	Part III.)
	ection A. Public Support endar year (or fiscal year beginni	na					
Cur	in) 🏲	(a) 2008	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual		2 219,385,080	220,599,675	268,655,376	264,926,309	1,187,112,452
2	grants ") Tax revenues levied for the organization's benefit and eithe paid to or expended on its	r					
3	behalf The value of services or facilitie furnished by a governmental un to the organization without charge						
4	Total. Add lines 1 through 3	213,546,01	2 219,385,080	220,599,675	268,655,376	264,926,309	1,187,112,452
5	The portion of total contribution by each person (other than a governmental unit or publicly supported organization) include on line 1 that exceeds 2% of th amount shown on line 11, colum (f)	d e					
6	Public Support. Subtract line 5 from line 4						1,187,112,452
	ection B. Total Support endar year (or fiscal year						
Car	beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
7	Amounts from line 4	213,546,012	219,385,080	220,599,675	268,655,376	264,926,309	1,187,112,452
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,779,714	4,165,381	-4,931,134	2,530,474	2,797,764	10,342,199
9	Net income from unrelated business activities, whether or not the business is regularly carried on				-47,678	-197,878	-245,556
10	O ther income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	9,281,932	3,107,588	7,575,961	8,993,707	7,804,550	36,763,738
11	<b>Total support</b> (Add lines 7 through 10)						1,233,972,833
12	Gross receipts from related act					12	681,564,180
13	First Five Years If the Form 990 check this box and stop here	) is for the organiza	tion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) organ	ization, ▶
S	ection C. Computation of						
14	Public Support Percentage for 2			11 column (f))		14	96 200 %
15	Public Support Percentage for 2	2009 Schedule A, P	art II, line 14			15	95 810 %
	33 1/3% support test—2010. If and stop here. The organization 33 1/3% support test—2009. If box and stop here. The organization	i qualifies as a publ f the organization di	icly supported orga d not check the bo	anization ox on line 13 or 10		-	
	<b>10%-facts-and-circumstances t</b> is 10% or more, and if the orga in Part IV how the organization organization <b>10%-facts-and-circumstances t</b> 15 is 10% or more, and if the o	est—2010. If the or nization meets the meets the "facts a est—2009. If the or rganization meets t	ganization did not "facts and circums nd circumstances" ganization did not the "facts and circ	check a box on li stances" test, che test The organiz check a box on li umstances" test,	eck this box and s zation qualifies as ne 13, 16a, 16b, check this box a	<b>stop here.</b> Explain a publicly suppo or 17a and line nd <b>stop here.</b>	rted ▶
18	Explain in Part IV how the orga supported organization <b>Private Foundation</b> If the organ instructions						^{IY} ►Γ ►Γ

Sche	dule A (Form 990 or 990-EZ) 2010						Page <b>3</b>
Pa	Support Schedule					с	
	(Complete only if you Part II. If the organiz						
Se	ction A. Public Support		uality under th	e lesis listed bi	elow, please co		
	ndar year (or fiscal year beginning	()))	(1) 2007	() 2000	(1) 2000	())))())	
	in) 🕨	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants ")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
-	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its						
	behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
~	the organization without charge		+				
6 70	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2,		+	+			+
7a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support			1		1	
cale	<b>ndar year</b> (or fiscal year beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	(e) 2010	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
Ь	Unrelated business taxable						
_	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
С 11	Add lines 10a and 10b Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gaın or loss from the sale of capıtal assets (Explaın ın Part						
	IV)						
13	Total support (Add lines 9, 10c,						
	11 and 12 )						
14	<b>First Five Years</b> If the Form 990 is t	for the organization	on's first, second	l, third, fourth, or	fifth tax year as a	a section501(c)	(3) organization,
	check this box and <b>stop here</b>						<b>F</b> 1
Se	ction C. Computation of Pub	lic Support Po	ercentage				
15	Public Support Percentage for 2010			13 column (f))		15	
16	Public support percentage from 200	9 Schedule A, P	art III, lıne 15			16	
		·-··, ·	,				
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for 1				ר (f))	17	
18	Investment income percentage from	•	.,	•		18	
	33 1/3% support tests—2010. If the				lune 15 ic more		d line 17 is not
тад	more than 33 1/3%, check this box					unan 35 1/3% ar	iu iiie 17 is not
	organization		genization q		.,		►
Ь	<b>33 1/3% support tests—2009.</b> If the						
20	18 is not more than 33 1/3%, check <b>Private Foundation</b> If the organization						tion P
		and not check	a box on me 14	, _ , _ , _ , _ , _ , _ , _ , _ , _ , _	er and box and s		- I



Schedule A (Form 990 or 990-EZ) 2010

efil	e GRAPHIC pr	int - DO NO	T PROCESS	As Filed Data -				DLN: 93493199004302			
SCI	HEDULE C		Political C	ampaign and	Lobbying <i>A</i>	Activitie	es	OMB No 1545-0047			
	n 990 or 990-EZ)							2010			
(		For Organi	-	t From Income Tax dete if the organizat		• •	nd section 527				
	nent of the Treasury		-	m 990 or Form 990-E			ons.	<b>Open to Public</b>			
	Revenue Service							Inspection			
If the	-	nswered "Ye	s," to ⊦orm 990	, Part IV, Line 3, or I	-orm 990-EZ, Pa	rt V, line 4	6 (Political Car	mpaign Activities),			
		janizations Co	mplete Parts I-A a	nd B Do not complete	e Part I-C						
• Sec	ction 501(c) (other	than section 5	01(c)(3)) organiz	ations Complete Parts		Do not co	mplete Part I-B				
	tion 527 organization	•	•	Dent IV Line 4 or I		nt VI line	17 (Labbying A	ativities) then			
	-			, Part IV, Line 4, or I 5768 (election under s				•			
				orm 5768 (election ur				•			
	-			Part IV, Line 5 (Pro	oxy Tax) or Form	n 990-EZ, P	Part V, line 35a	(Proxy Tax), then			
	ction 501(c)(4), (5) me of the organiza		zations Complete	Part III			Employer (dep	tification number			
	SKA NATIVE TRIBAL HE		UM				Employer iden				
Dow					action FO1(a	) er is e	92-0162721				
Par			_	exempt under s		-		organization.			
1			ganızatıon's dırec	t and indirect politic	al campaıgn actıv	/ities in Pa	rt IV				
2	Political expendi	tures					•	\$			
3	Volunteer hours										
Part	I-B Comple	te if the or	ganization is	exempt under s	ection 501(c	)(3).					
1				the organization und			•	\$			
2	Enter the amoun	t of any excise	e tax incurred by	organization manage	rs under section	4955	▶	\$			
3	If the organizatio	on incurred a s	ection 4955 tax	, dıd ıt file Form 4720	) for this year?			∏Yes ∏No			
4a	Was a correction	n made?						🗌 Yes 🗌 No			
b	If "Yes," describ	e in Part IV									
Part			ganization is	exempt under s	ection 501(c	) except	section 501	(c)(3).			
1	Enter the amoun	t directly expe	ended by the filing	g organization for sec	tion 527 exempt	function a	ctivities 🕨	\$			
2			rganızatıon's fun	ds contributed to oth	er organızatıons	for section	527				
	exempt funtion a	ctivities					▶	\$			
3	Total exempt fun	nction expendi	tures Add lines	1 and 2 Enter here a	nd on Form 1120	-POL, line	17b 🕨	\$			
4	Dıd the filing org	anızatıon file <b>F</b>	Form 1120-POL fo	or this year?				🗌 Yes 🗌 No			
5	organization mad amount of politic	de payments al contributior	For each organizans received that	tification number (EI tion listed, enter the were promptly and dii ommittee (PAC) If a	amount paid from rectly delivered to	n the filing o a separat	organization's fi te political orga	unds Also enter the nızatıon, such as a			
	(a) Name	2	(b)	Address	<b>(c)</b> EIN	filing or	ount paid from rganization's none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-			

ا For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Sc	hedule C (Form 990 or 990-EZ) 2010			Page <b>2</b>
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	nd filed Form 5768	(election
	Check 🔽 If the filing organization belongs to a Check 🔽 If the filing organization checked bo	in affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		<b>(a)</b> Filing O rganization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	atıve body (dırect lobbyıng)		
с	Total lobbying expenditures (add lines 1a and 1	)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1			
f	Lobbying nontaxable amount Enter the amount f			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er-0-		
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -		
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form 47.	20 reporting	∏Yes ∏No

## 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(election under section 501(h)).	(	a)	Τ	(b)	
		Yes	No	1	Amoun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			1		
а	Volunteers?		No			
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?	Yes	No	-		
d	Mailings to members, legislators, or the public?		No	+		
e	Publications, or published or broadcast statements?	Yes		+		3,081
f	Grants to other organizations for lobbying purposes?		No	+		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		+	2	25,400
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	+		
i	O ther activities? If "Yes," describe in Part IV		No	+		
j	Total lines 1c through 1i				2	28,481
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)^{2}$		No			
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
			1			

c Total

**3** Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and
	political expenditure next year?

5 Taxable amount of lobbying and political expenditures (see instructions)

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

2c 3

> 4 5

efile GRAPHIC p	rint - DO NOT PROCESS	As Filed Data -			DLN:	934931990	04302
CHEDULE D						OMB No 154	5-0047
orm 990)	Supplemental Financial Statements					201	0
	•	-	ered "Yes," to Form 990	),			•
artment of the Treasury mal Revenue Service		°art IV, line 6, 7, 8, 9, 1 1 to Form 990. ► See se				Open to I Inspec	
lame of the organiz				Emp	loyer ident	ification numb	
LASKA NATIVE TRIBAL I	HEALTH CONSORTIUM				.1 1		
art I Organi	zations Maintaining Done	or Advised Funds	or Other Similar F		0162721 or Accou	Ints. Comple	te ıf th
	ation answered "Yes" to For						
		(a) Dono	r advised funds	(	( <b>b)</b> Funds a	nd other accou	nts
Total number at							
	ributions to (during year)						
	ts from (durıng year)						
Aggregate value							
	ation inform all donors and dono rganization's property, subject to			nor advı	sed	∏ Yes	∏ No
used only for cl	ation inform all grantees, donors naritable purposes and not for th						
9 1	rmissible private benefit •vation Easements. Comp	lata if the areas	ion answered Weell +	ю Гатт	000 De	F Yes	No
					1 990, Pal	rt IV, line 7.	
	onservation easements held by on of land for public use (e g , rea	-	rail that apply)	n histor	ically impo	rtantly land are	а
_	of natural habitat		Preservation of a				-
Preservation	on of open space						
Complete lines	2a-2d if the organization held a	qualified conservation	contribution in the form	nofaco	onservatior	1	
easement on th	e last day of the tax year						
					Held at	the End of the	Year
	f conservation easements			2a			
5	estricted by conservation easen ervation easements on a certifie		aludad up (a)	2b			
-	ervation easements included in			2c 2d			
	ervation easements modified, tr	ansterred, released, ex	tinguisned, or terminate	ea by tr	ie organizai	tion during	
the taxable yea	r ▶						
Number of state	es where property subject to cor	iservation easement is	located 🕨				
	ization have a written policy regi the conservation easements it h		ntoring, inspection, han	dlıng of	violations,	, and <b>[ Yes</b>	∏ No
	eer hours devoted to monitoring						
	enses incurred in monitoring, ins				g the year I	►\$	
170(h)(4)(B)(ı)	servation easement reported on and 170(h)(4)(B)(II)?					∏ Yes	
balance sheet,	scribe how the organization repo and include, if applicable, the te n's accounting for conservation (	xt of the footnote to the					
art IIII Organi	zations Maintaining Collecter of the organization answe	ections of Art, His	torical Treasures, 90, Part IV, line 8.	or Ot	her Simil	lar Assets.	
If the organizat art, historical ti	ion elected, as permitted under reasures, or other similar assets XIV, the text of the footnote to	SFAS 116, not to repor held for public exhibit	t in its revenue stateme on, education or resear	ch ın fu			e,
historical treas	ion elected, as permitted under ures, or other similar assets hel owing amounts relating to these	d for public exhibition,					
(i) Revenues ir	ncluded in Form 990, Part VIII,	line 1			►\$_		
(ii) Assets incl	uded in Form 990, Part X						
If the organizat	ion received or held works of art nts required to be reported under			or finan			
Revenues inclu	ded ın Form 990, Part VIII, lıne	1			►\$_		
	d in Form 990, Part X						

		·
For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990	Cat No 52283D	Schedule D (Form 990) 2010

Sch	edule D (Form 990) 2010									Page <b>2</b>
Par	tIII Organizations Maintaining Collections of	Art, His	tori	cal Tre	asure	s, or Othe	r Similar	Asse	<b>ts</b> (coi	ntinued)
3	Using the organization's accession and other records, chec items (check all that apply)	k any of th	ne fol	lowing th	at are a	sıgnıficant u	se of its co	llectior	I	
а	Public exhibition	d	Γ	Loan or	r exchan	ge programs				
b	Scholarly research	e	Γ	Other						
с	Preservation for future generations									
4	Provide a description of the organization's collections and e Part XIV	explain hov	w the	y further	the orga	nızatıon's ex	cempt purpo	ose in		
5	During the year, did the organization solicit or receive dona assets to be sold to raise funds rather than to be maintaine						nılar	Г	Yes	∏ No
Ра	rt IV Escrow and Custodial Arrangements. Co Part IV, line 9, or reported an amount on Forr					nswered "Y	'es" to For	m 990	,	
1a	Is the organization an agent, trustee, custodian or other int included on Form 990, Part X?				ions or o	ther assets	not	Г	Yes	∏ No
b	If "Yes," explain the arrangement in Part XIV and complete	e the follow	/ing t	able						
								Amou	nt	
c	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Form 990, Part >	X, line 21?						ļ	Yes	No
b	If "Yes," explain the arrangement in Part XIV					000 5		10		
Pa	rt V Endowment Funds. Complete if the organiz (a)Current Yea		)Prior			m 990, Par ears Back (d)			)Four Ye	ars Back
1a	Beginning of year balance		,		(-)					
b	Contributions									
с	Investment earnings or losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year end balance h	neld as								
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
с	Term endowment 🕨									
3a	Are there endowment funds not in the possession of the org organization by	ganızatıon	that a	are held a	and adm	inistered for	the		Yes	No
	(i) unrelated organizations	• • •	•	• •				3a(i)		
_	(ii) related organizations							3a(ii)	<u> </u>	
ь 4	If "Yes" to 3a(II), are the related organizations listed as rec Describe in Part XIV the intended uses of the organization'	•			• • •	• • •	$\cdot \cdot \cdot  $	3b	<u>i                                    </u>	
_	rt VI Investments—Land, Buildings, and Equip				0 Part					
	Description of investment	inchi.	(a)	Cost or ot s (investm	ther (b)	Cost or other asıs (other)	(c) Accumu depreciati		( <b>d</b> ) Boc	ok value
1a	Land					11,273,728			11	,273,728
	Buildings					22,963,243	2,85	3,910		),109,333
	Leasehold improvements					7,969,279		2,433		2,616,846
d	Equipment					44,836,329	32,79	7,657	12	2,038,672

Total. Add lines 1a-1e	(Column (d) should equal Form 990,	. Part X. column (B). line 10(c).)	-		

. . . . .

4,598,017

50,636,596

10,027,025

. . 🕨

14,625,042

	-	· _	1	
Schedule	D	Form	990)	2010

Part VII Investments-Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)200000000	Cost or end-of-year market value	
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIIII Investments—Program Related. See	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, Irr			
(a) Descrip		(b) Book value	2
(1) RECEIVABLE FROM CENTRAL WAREHOUSE		5	,487,658
(2) SOUTHCENTRAL FOUNDATION CONTRACT		7	,713,106
(3) OTHER RECEIVABLES		7	,718,477
(4) CONSTRUCTION IN PROGRESS		19	,121,037
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5)	· · · · · · • 40	,040,278
Part X Other Liabilities. See Form 990, Part X			10 10 12 10
1 (a) Description of Liability	(b) Amount		
Federal Income Taxes			
SOUTHCENTRAL FOUNDATION CONTRACT PAYABLE	689,664		

 Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )
 689,664

 2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements 427,797,910 1 1 Total revenue (Form 990, Part VIII, column (A), line 12) 2 2 403,180,641 Total expenses (Form 990, Part IX, column (A), line 25) 3 3 24,617,269 Excess or (deficit) for the year Subtract line 2 from line 1 4 4 -3,553,008 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 Investment expenses 7 7 Prior period adjustments 8 8 Other (Describe in Part XIV) 9 9 -3,553,008 Total adjustments (net) Add lines 4 - 8 10 10 21,064,261 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XII Total revenue, gains, and other support per audited financial statements . . . . . . . 1 1 444,427,696 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 а 2a -3,553,008 2b b Donated services and use of facilities . . . . . . . . . С Recoveries of prior year grants 2c 2d d Other (Describe in Part XIV) . . . . . 20,569,584 Add lines 2a through 2d 17,016,576 e . . . . . . . . . . . . . . . 2e 3 3 427,411,120 -4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 386,790 а 4b b **4c** 386,790 С 427,797,910 Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12) . . . . . 5 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial 1 423,363,435 statements . . . . . . . . . . . 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 а 2a 2b b Prior year adjustments Otherlosses . . . . . . . . . . . 2c С Other (Describe in Part XIV) 2d 20.569.584 d 20,569,584 е 2e . . . . 3 402,793,851 3 Subtract line **2e** from line **1** . . . . . . . . . . . . . . . . . 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 4a 386.790 а Other (Describe in Part XIV) b 4b . 386,790 С - -4c Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) . . . . . 403,180,641 5 5

#### Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS		CENTRAL WAREHOUSE EXPENSES 20,219,161 FUNDRAISING EXPENSES NETTED AGAINST REVENUE 350,423
PART XIII, LINE 2D - OTHER ADJUSTMENTS		CENTRAL WAREHOUSE EXPENSES 20,219,161 FUNDRAISING EXPENSES NETTED AGAINST REVENUE 350,423

Subplemental mitror mattor Regarding Fundraising or Gaming Activities       2010         Department of the Treasury Internal Revence Service       Open to Public Inspection         Name of the organization ALASKA NATIVE TRIBAL HEALTH CONSORTIUM       Employer identification number 92-0162721         Part I       Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.         1       Indicate whether the organization raised funds through any of the following activities Check all that apply         a       Mail solicitations         b       Internet and e-mail solicitations         c       Phone solicitations         d       In-person solicitations         2a       Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes         b       If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table         (i) Name and address of       (ii) Activity       (iii) Did       (iv) Gross receipts       (v) Amount paid to	efile GRAPHIC prin	t - DO NOT PROCESS	As Filed Da	ta -	DLN	: 93493199004302
Department of the Treasury internal Revenue Service       Complete if the organization answered "Yes" to Form 990, Part IV, Lines 17, 18, or 19, or if the organization enternal network than \$15,000 on Form 990-EZ. Ine 6a.       Department of the organization answered "Yes" to Form 990, Part IV, Line 17, Implementation answered "Yes" to Form 990, Part IV, Line 17, Implementation answered "Yes" to Form 990, Part IV, Line 17.         Name of the organization account of the organization answered "Yes" to Form 990, Part IV, Line 17.       Employer identification number 92-0162721         Part I       Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, Line 17.         1       Indicate whether the organization raised funds through any of the following activities Check all that apply         a       Mail solicitations         b       Internet and e-mail solicitations         c       Phone solicitations         g       Special fundraising services?         2a       Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?         b       If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table         (i) Name and address of individuals or entities (fundraiser have custody or control of con		Suppl	emental Inf	ormation Regar	ding	OMB No 1545-0047
Complete if the organization answered "Ves" to Form 990, Part IV, lines 17, 18, or 19, or if the organization answered "Ves" to Form 990-EZ, line 6a.       Open to Public Inspection         Name of the organization       Employer identification number 92-0162721       92-0162721         Part I       Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.       Employer identification number 92-0162721         Part I       Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.       Indicate whether the organization raised funds through any of the following activities Check all that apply         a       Mail solicitations       e       Solicitation of government grants         b       Internet and e-mail solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising services?       Yes         2a       Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes       Yes         b       If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table       (vi) Amount paid to (or retained by) fundraiser listed in coil (i)         (i) Name and address of indiv	Form 990 or 990-EZ)	Fun	draising or	Gaming Activiti	es	2010
Name of the organization       Employer identification number         ALASKA NATIVE TRIBAL HEALTH CONSORTIUM       92-0162721         Part I       Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.         1       Indicate whether the organization raised funds through any of the following activities Check all that apply         a       Mail solicitations       e         b       Internet and e-mail solicitations       f         c       Phone solicitations       g         d       In-person solicitations       g         2a       Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       res         b       If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table         (i) Name and address of individual or entities (fundraiser have custody or control of contributions?       (iv) Amount paid to (or retained by) fundraiser listed in col (i)		or if the orga	- anization entered more	e than \$15,000 on Form 990-EZ	, line 6a.	Open to Public
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM       92-0162721         Part I       Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply         a       Mail solicitations       e         b       Internet and e-mail solicitations       f         c       Phone solicitations       g         d       In-person solicitations       g         2a       Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes         b       If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table         (i) Name and address of individual or entity (fundraiser have custody or control of contributions?       (iv) Gross receipts from activity       (v) Amount paid to (or retained by) organization of control of contributions?			to Form 990 or Form 9	990-EZ. 🏲 See separate instruc		
Part I       Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.         1       Indicate whether the organization raised funds through any of the following activities Check all that apply         a       Mail solicitations       e       Solicitation of non-government grants         b       Internet and e-mail solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events         d       In-person solicitations       g       Special fundraising services?       Yes         2a       Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes       T         b       If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table         (i) Name and address of individual or entity (fundraiser have custody or control of contributions?       (iv) Amount paid to (or retained by) fundraiser listed in col (i)       (vi) Amount paid to (or retained by) organization					Employer ide	intification number
<ul> <li>Indicate whether the organization raised funds through any of the following activities Check all that apply</li> <li>a Mail solicitations</li> <li>e Solicitation of non-government grants</li> <li>b Internet and e-mail solicitations</li> <li>f Solicitation of government grants</li> <li>c Phone solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>f "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table</li> <li>(i) Name and address of individual or entities (fundraiser have custody or control of contributions?</li> <li>(ii) Activity (fundraiser)</li> <li>(iii) Activity (iiii) Did fundraiser have custody or control of contributions?</li> </ul>						
<ul> <li>a Mail solicitations</li> <li>b Internet and e-mail solicitations</li> <li>f Solicitation of non-government grants</li> <li>f Solicitation of government grants</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table</li> <li>(i) Name and address of individual or entity (fundraiser)</li> <li>(ii) Activity</li> <li>(iii) Did fundraiser have custody or contributions?</li> <li>(iv) Gross receipts from activity fundraiser is to be complete this table</li> </ul>	Part I Fundraisir	ng Activities. Complet	e if the organiz	ation answered "Yes"	to Form 990, Part I	/, line 17.
b       Internet and e-mail solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events         d       In-person solicitations       g       Special fundraising events         2a       Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       res         b       If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table         (i) Name and address of individual or entity (fundraiser have custody or entity (fundraiser)       (ii) Activity       (iii) Did fundraiser have custody or control of contributions?       (iv) Gross receipts from activity       (v) A mount paid to (or retained by) organization         or entity (fundraiser)       (iii) Activity       (iii) Did fundraiser have custody or control of contributions?       (iv) Gross receipts from activity       (v) A mount paid to (or retained by) organization	<ul> <li>Indicate whether th</li> </ul>	e organization raised funds	through any of th	e following activities Ch	neck all that apply	
c       □ Phone solicitations       g       □ Special fundraising events         d       □ In-person solicitations       g       □ Special fundraising events         a       □ Id the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       □ Yes       □         b       If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table         (i) Name and address of individual or entitive (fundraiser have custody or entity (fundraiser)       (ii) Activity       (iii) Did fundraiser have custody or control of contributions?       (v) Amount paid to (or retained by) fundraiser listed in col (i)       (vi) Amount paid to (or ganization or ganization)	_					
<ul> <li>d</li></ul>	·			_		
<ul> <li>Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table</li> <li>(i) Name and address of individual or entity (fundraiser)</li> <li>(ii) Activity</li> <li>(iii) Did fundraiser have custody or control of contributions?</li> <li>(iv) Gross receipts from activity</li> <li>(v) A mount paid to (or retained by) fundraiser listed in col (i)</li> </ul>				g   Special fundraisi	ng events	
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes         b       If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization       Form 990-EZ filers are not required to complete this table         (i) Name and address of individual or entity (fundraiser)       (ii) Activity       (iii) Did fundraiser have custody or control of contributions?       (iv) Gross receipts from activity fundraiser listed in col (i)       (vi) Amount paid to (or retained by) fundraiser listed in col (i)	<b>a</b> i in-person sonc	Itations				
to be compensated at least \$5,000 by the organization       Form 990-EZ filers are not required to complete this table         (i) Name and address of individual or entity (fundraiser)       (ii) Activity       (iii) Did fundraiser have custody or control of contributions?       (iv) Gross receipts from activity       (v) A mount paid to (or retained by) fundraiser listed in col (i)       (vi) A mount paid to (or retained by) fundraiser listed in col (i)       (vi) A mount paid to (or retained by)						Γ _{Yes} Γ _{No}
Individual       fundraiser have       from activity       (or retained by)       (or retained by)         or entity (fundraiser)       custody or       fundraiser listed in       organization         control of       contributions?       col (i)						
Image: state of the state of	individual		fundraiser have custody or control of contributions?		(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
Image: Sector of the sector						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2010

			(a) Event #1 DINNER	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))	
			(event type)	(event type)	(total number)		
өгж	1	Gross receipts	350,789	65,300		416,089	
Кеvение	2	Less Charitable contributions	115,447	32,650		148,097	
-	3	Gross income (line 1 minus line 2)	235,342	32,650		267,992	
	4	Cash prizes		32,650		32,650	
S	5	Non-cash prizes	96,157			96,157	
Expenses	6	Rent/facility costs	37,776			37,776	
ă Ă	7	Food and beverages					
Direct	8	Entertainment					
2	9	Other direct expenses .	299,287			299,287	
	10	Dırect expense summary Add lınes 4 through 9 ın column (d) 🕨					
	11	L Net income summary Combine lines 3 and 10 in column (d)					

Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 (	Gross revenue				
ses	2 (	Cash prizes				
Direct Expenses	3 [	Non-cash prizes				
ចា ស្ត	<b>4</b> F	Rent/facility costs				
D	5 (	Other direct expenses				
	6 \	Volunteer labor	┌──Yes% ┌─No	☐ Yes%_ ☐ No	∏ Yes%_ ∏ No	
	7 [	Direct expense summary Add line	s 2 through 5 ın column	(d)	►	
	8	Net gaming income summary Com	nbine lines 1 and 7 in col	umn (d)	🕨	
9 a b	Is th	er the state(s) in which the organiz ne organization licensed to operate lo," Explain	e gaming activities in eac	h of these states?		· 「Yes 「No
	Were	e any of the organization's gaming 'es," Explain	licenses revoked, suspe	nded or terminated during	the tax year?	
						]

Schedule G (Form 990 or 990-EZ) 2010

11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г _{No}
12	Is the organization a grantor, bei	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable g	jaming?		🔽 Yes 🔽 No
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
14		f the person who prepares the organiza	tion's gaming/special events books	and
	records			
	Name 🕨			
	Address 🕨			
15a	Does the organization have a coi	ntract with a third party from whom the	organization receives gaming	
	-			Γγες ΓΝο
b		ning revenue received by the organizat		
		ied by the third party 🏲 \$		
с	If "Yes," enter name and address	5		
	Name 🕨			
	Address 🕨			
16	Gaming manager information			
	Name 🕨			
	Gaming manager compensation	▶ \$		
	Description of services provided	▶		
	-	F	F	
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions	er state law to make charitable distribu	tions from the gaming proceeds to	
а				· · ΓΥες ΓΝο
h		required under state law distributed to		
5		activities during the tax year 🕨 \$	o other exempt organizations of spe	
Par	t IV Complete this part to p	provide additional information for	responses to question on Sche	dule G (see
	instructions.)			
	Identifier	ReturnReference	Explanat	ion

Schedule G (Form 990 or 990-EZ) 2010

efile GRAPHIC print -	DO NOT P	ROCESS As	Filed Data -				DLN:	93493199004302
Schedule I (Form 990) Department of the Treasury		Gov	ernments and e if the organization a	Individuals in t	Organizations, he United State 1990, Part IV, line 21 or	s		No 1545-0047 2010 pen to Public
Internal Revenue Service				Attach to Form 990			Employer identificat	Inspection
ALASKA NATIVE TRIBAL H	IEALTH CON	ISORTIUM					92-0162721	
Part I General Info	ormation o	on Grants and	Assistance				52 0102721	
1 Does the organization the selection criteria u	maintain rec used to award	ords to substantia I the grants or ass	te the amount of the quint stance?		e grantees' eligibility for ed States			🗹 Yes 🥅 No
Form 990, Pa	rt IV, line 2	1 for any recipi	ent that received m	nore than \$5,000. Ch	United States. Con eck this box if no one	recipient receive	d more than \$5,000	
<b>1 (a)</b> Name and address of organization or government	of	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Addıtıonal Data Tabl	le							
								43

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

<b>(a)</b> Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.							
Identifier	Return Reference	Explanation					
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 THE MONITORING OF SUBAWARDS ANTHC PROVIDES INCLUDES ANNUAL REVIEW OF THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, REVIEW OF PROGRAM REPORTS, AND THROUGH ON-GOING COMMUNICATIONS					

Schedule I (Form 990) 2010

#### Software ID:

#### Software Version:

**EIN:** 92-0162721

Name: ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
ALASKA NATIVE HEALTH BOARD1840 BRAGAW STREET SUITE 220 ANCHORAGE,AK 995083463	92-0056272	501(C)3	328,382				CONSUMER AWARENESS
ALEUTIAN PRIBILOF ISLAND ASSOC1131 E INTL AIRPORT ROAD ANCHORAGE,AK 99518	92-0073013	501(C)3	143,151				BIOMED, BHA, HSS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALGAACIQ TRIBAL GOVERNMENTPO BOX 48 ST MARYS,AK 99658	92-0068785	501(C)1	5,465				MULTI MEDIA
ARCTIC SLOPE NATIVE ASSOCIATIONPO BOX 1232 BARROW,AK 99723	91-0873623	501(C)3	434,847				BIOMED, BHA, RADIOLOGY, HSS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRISTOL BAY AREA HEALTH CORPORATIONPO BOX 130 DILLINGHAM,AK 99576	92-0044965	501(C)3	1,917,639				BHA, BIOMED, RADIOLOGY, HSS, INJURY PREVENTION, MAINTENANCE & IMPROVEMENT, WATER & SEWER
CENTRAL COUNCIL OF T&H OF AK9097 GLACIER HWY JUNEAU,AK 99801	92-0036505	501(C)1	29,938				MULTI MEDIA

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICKALOON VILLAGEPO BOX 1105 CHICKALOON,AK 99674	92-0120907	501(C)1	160,962				PCC, HSS
CHITINA TRADITIONAL VILLAGE COUNCILPO BOX 31 CHITINA,AK 99566	92-0068532	501(C)1	128,608				BIOMED, PCC, HSS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHUGACHMIUT1840 S BRAGAW SUITE 110 ANCHORAGE,AK 99508	92-0046614	501(C)3	1,273,107				BIOMED, BHA, PCC, HSS
CITY OF BREVIG MISSION NORTH TUTU ST BREVIG MISSION, AK 99785	89-0084368	501(C)1	92,546				WATER & SEWER

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
CITY OF NUNAM IQUAPO BOX 26 NUNAM IQUA,AK 99666	92-0079441	501(C)1	85,448				WATER & SERWER
CITY OF NUNAM IQUAPO BOX 26 NUNAM IQUA,AK 996660026	92-0079441	501(C)1	548,659				WATER & SEWER

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assıstance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF ST MARYSPO BOX 209 ST MARYS,AK 99658	92-0031426	501(C)1	1,887,442				WATER & SEWER
CITY OF TOGIAKPO BOX 270 TOGIAK,AK 99678	92-0047402	501(C)1	57,263				WATER & SEWER

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COPPER RIVER NATIVE ASSOCIATIONDRAWER H COPPER CENTER,AK 99573	92-0041638	501(C)3	134,282				BIOMED, BHA, HSS
COUNCIL OF ATHBASCAN TRIBAL GOVERNMENTSPO BOX 309 FT YUKON,AK 99740	92-0134670	501(C)1	57,270				BIOMED, MAINTENANCE & IMPROVEMENT

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN ALEUTIAN TRIBES3380 C STREET SUITE 100 ANCHORAGE,AK 995033949	92-0139107	501(C)1	171,787				BIOMED, BHA, PAULOF HARBOR, HSS
HOLY CROSS TRIBAL COUNCILPO BOX 89 HOLY CROSS,AK 99602	92-0007352	501(C)1	29,870				MULTI MEDIA

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of grant or assistance
KENAITZE INDIAN TRIBE PO BOX 988 KENAI,AK 99611	92-0069243	501(C)1	786,565				BIOMED, PCC, TRIBAL SHARES, MULTI MEDIA, HSS
KETCHIKAN INDIAN CORPORATION2960 TONGASS AVENUE KETCHIKAN, AK 999015742	92-6002696	501(C)1	23,992				HSS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
KNIK TRIBAL COUNCILPO BOX 871565 WASILLA,AK 99687	92-0076275	501(C)1	167,418				PCC,HSS
KODIAK AREA NATIVE ASSOCIATION3449 E REZANOF DRIVE ANCHORAGE,AK 99615	92-0038225	501(C)3	782,004				BIOMED, BHA, PCC, CHEF, MAINTENANCE & IMPROVEMENTS, HSS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
MANIILAQ ASSOCIATION PO BOX 856 KOTZEBUE,AK 99752	92-0041461	501(C)3	1,148,392				BIOMED, BHA, HSS, INJURY PREVENTION, MAINTENANCE & IMPROVEMENT, WATER & SEWER
METLAKATLA INDIAN COMMUNITYPO BOX 8 METLAKATLA,AK 99926	92-0014579	501(C)1	40,043				HSS

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MT SANFORD TRIBAL CONSORTIUMPO BOX 357 GAKONA,AK 99586	92-0143492	501(C)3	152,537				BIOMED PCC, HSS
NATIVE VILLAGE OF EKLUTNA26339 EKLUTNA VILLAGE ROAD CHUGIAK,AK 99567	92-0115246	501(C)1	161,245				PCC, HSS

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIVE VILLAGE OF GAKONAPO BOX 102 GAKONA,AK 99586	13-4267032	501(C)1	22,050				MULTI MEDIA
NATIVE VILLAGE OF NAPAIMUTEPO BOX 1301 BETHEL,AK 99559	92-0164979	501(C)1	20,000				MULTI MEDIA

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
NATIVE VILLAGE OF PAIMIUTPO BOX 240084 ANCHORAGE,AK 99510	92-0163486	501(C)1	13,871				MULTI MEDIA
NEWTOK VILLAGEPO BOX 5545 NEWTOK,AK 99559	92-0074328	501(C)1	15,253				MULTI MEDIA

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NINILCHIK TRADITIONAL COUNCILPO BOX 39070 NINILCHIK,AK 99639	92-0069906	501(C)1	212,311				BIOMED, PCC, HSS
NORTH SLOPE BOROUGH PO BOX 69 BARROW,AK 99723	92-0042378	501(C)1	72,270				BIOMED

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
NORTON SOUND HEALTH CORPORATIONPO BOX 966 NOME,AK 99762	92-0041488	501(C)3	732,503				BIOMED, BHA, RADIOLOGY, HSS
ORGANIZED VILLAGE OF KASAANPO BOX 26 KETCHIKAN,AK 99950	92-0119632	501(C)1	38,446				WATER & SEWER

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
SELDOVIA VILLAGE TRIBE PO DRAWER L SELDOVIA,AK 996630250	92-0134463	501(C)1	326,314				PCC, HSS, INJURY PREVENTION, MAINTENANCE & IMPROVEMENT
SOUTHCENTRAL FOUNDATION4501 DIPLOMACY DRIVE ANCHORAGE,AK 99508	92-0086076	501(C)3	2,441,938				BIOMED, BHA, PCC, EQUIPMENT, PA, RURAL ASU, RSSC, HSS, MAINTENANCE & IMPROVEMENT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEAST ALASKA REGIONAL HEALTH CORPORATION3245 HOSPITAL DRIVE JUNEAU,AK 99801	92-0056274	501(C)3	639,587				BIOMED, BHA, CHEF INJURY PREVENTION, HSS, MAINTENANCE & IMPROVEMENT
STATE OF ALASKA333 WILLOUGHBY AVE JUNEAU,AK 99801	92-6001185	501(C)1	13,576,029				WATER & SEWER

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of grant or assistance
SUNSHINE COMMUNITY HEALTH CTRMILE 74 PARKS HWY TALKEETNA,AK 99676	92-0117838	501(C)3	303,592				WATER & SEWER
TANANA CHIEFS CONFERENCE122 1ST AVENUE SUITE 300 FAIRBANKS,AK 99701	92-0040308	501(C)3	1,236,704				BIOMED, BHA, HSS, CHEF

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TANANA NATIVE COUNCILPO BOX 77093 TANANA,AK 99777	92-0063172	501(C)1	15,962				BIOMED
UNIVERSITY OF ALASKA FAIRBANKSPO BOX 757880 FAIRBANKS,AK 997757880	92-6000147	501(C)3	471,246				вна

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
YUKON KUSKOKWIM HEALTH CORPORATIONPO BOX 3427 BETHEL,AK 99559	92-0041414	501(C)3	1,972,087				BIOMED, BHA, HSS, INJURY PREVENTION, MAINTENANCE & IMPROVEMENT

efil	e GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -		DLN: 93	49319	9004	302
Sch	edule J	Co	mpensation In	formation	OM	IBNo 1	.545-0	047
(For	m 990)	For certain Office	- rs, Directors, Trustees, Compensated Emp	Key Employees, and Highes lovees	t	20	10	
<b>.</b> .		► Complete if	the organization answ	vered "Yes" to Form 990,				
	nent of the Treasury Revenue Service	► Attach	Part IV, questio to Form 990. ► See se			)pen t Insp		
	ne of the organi		1010111350. F See Se	-	mployer ident if ica			
		HEALTH CONSORTIUM						
Da	at T Questi	ons Regarding Compensa	tion	g	2-0162721			
Γa	Questi	ons Regarding compensa					Yes	No
1a	Check the appr	opiate box(es) if the organization	n provided any of the fo	ollowing to or for a person lis	sted in Form			
		Section A, line 1a Complete Par						
	First-class	s or charter travel		allowance or residence for p	ersonal use			
	•	companions		s for business use of persor				
		ification and gross-up payments	·	social club dues or initiatio				
	Discretion	ary spending account	Personal	services (e g , maid, chauff	eur, chef)			
h	If any of the be	xes in line 1a are checked, did th	a arganization follows	written policy regarding pa	umant or			
U		orprovision of all the expenses of				1b	Yes	
2	Did the organiz	ation require substantiation prior	r to reimbursing or allo	wing expenses incurred by	all			
	officers, directo	ors, trustees, and the CEO/Exec	utive Director, regardi	ng the items checked in line	1a?	2	Yes	
3		, if any, of the following the organ		sh the compensation of the				
		CEO/Executive Director Check						
		tion committee nt compensation consultant	_	mployment contract ation survey or study				
		of other organizations	<u> </u>	by the board or compensat	ion committee			
	1 10111 330			by the board of compensat				
4	During the year or a related org	r, dıd any person lısted ın Form 9 Ianızatıon	90, Part VII, Section	A , line 1a with respect to th	e filing organizatioi	ו		
а	Receive a seve	rance payment or change-of-cor	ntrol payment from the	organization or a related or	ganızatıon?	4a		No
b	Participate in, o	or receive payment from, a suppl	emental nonqualified r	etirement plan?		4b		No
с	Participate in, o	or receive payment from, an equi	ty-based compensatio	n arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons ar	nd provide the applicat	le amounts for each item in	Part III			
	$O_{mb} = E01(c)(2)$	and EQ1(c)(4) organizations on	v must complete lines	5.0				
5		and 501(c)(4) organizations onl ted in form 990, Part VII, Sectio			v			
-		contingent on the revenues of		g	,			
а	The organizatio	002				5a		No
b	Any related org	janization?				5b		No
	If "Yes," to line	e 5a or 5b, describe in Part III						
6		ted in form 990, Part VII, Sectio contingent on the net earnings of		ganızatıon pay or accrue an	У			
а	The organization	ν <b>η</b> ?				6a		No
b	Any related org	janization?				6b		No
	If "Yes," to line	e 6a or 6b, describe in Part III						
7		ted in Form 990, Part VII, Section described in lines 5 and 67 If "Ye			-fixed	7		No
8		ints reported in Form 990, Part V nitial contract exception describ				8		No
9		8, did the organization also follo	w the rebuttable procu	motion procedure described				
9	section 53 495		w the reputtable presu	mption procedure described	i in Regulations	9		

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 50053T Schedule J (Form 990) 2010

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) DON G KASHEVAROFF	(1) (11)	378,025 0	0 0	0	19,600 0	23,646 0	421,271 0	0 0
	(1) (11)	282,304 0	0 0	0	19,600 0	23,635 0	3 2 5 , 5 3 9 0	0
	(1) (11)	2 3 5 ,8 4 4 0	0 0	0	19,600 0	17,105 0	272,549 0	0
(4) SUSANNE E FIX	(1) (11)	1,212,612 0	0 0	0		25,034 0	1,257,246 0	0 0
(5) WILLIAM A PATON	(1) (11)	417,154 0	0 0	0	19,600 0	3,103 0	4 3 9,8 5 7 0	0 0
(6) JOHN M MIDTHUN	(1) (11)	404,369 0	0 0	0	19,600 0	2 5 ,6 0 2 0	449,571 0	0 0
(7) GEORGE J GILSON	(1) (11)	454,532 0	0 0	0	19,600 0	0	474,132 0	0
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Page **2** 

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Ret urn Reference	Explanation
	1A	FIRST CLASS TRAVEL AUTHORIZING ALLOWS FOR THE UPGRADE IF THE NECESSARY SCHEDULES TO/FROM ANCHORAGE ARE OTHERWISE FULL THE COST OF THE UPGRADE IS COMPARED TO A FULL FARE/REIMBURSABLE TICKET AS WELL AS POTENTIAL SAVINGS FOR LEAVING RATHER THAN
		STAYING OVER NIGHT THE SCHEDULED TO/FROM ANCHORAGE FROM THE EAST COAST ARE CHALLENGING TO ALIGN FLIGHTS FOR APPROPRIATE TIMES THE OFFICERS TYPICALLY HAVE AN ADDITIONAL LEG TO REMOTE SITES IN ALASKA

efile GRAPHIC pr	int - DO NC	)t pro	DCESS	As File	ed Data	a –			D	LN: 93	493199	004302	
Schedule L		Т	ransa	actions v	with l	nterested F	Perso	ns		OM	OMBN0 1545-0047		
(Form 990 or 990-EZ)		"Yes"	n Forn	▶ Complete if the organization answered Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or Form 990-EZ, Part V lines 38a or 40b.			, or 28c,			201	-		
Department of the Treasury Internal Revenue Service		► Atta	ach to F	Form 990 or F	Form 990	-EZ. ⊫See separa	te instr	uct ions.			Open to Inspec		
Name of the organiza ALASKA NATIVE TRIBAL HE		шм						E	mployer i	dent if ica	ition numb	er	
									2-01627				
						nd section 501 art IV, line 25a					una 40h		
	the organizat		wereu	Tes UIFUI		alt IV, ille 25a (	JI 250,		990-LZ,	rait v, i		(c)	
1 (a) Name of disqualified person					<b>(b)</b> Desc	ription	oftrans	action			rected?		
											Yes	No	
2 Enter the amoun section 4958 .						disqualified pers				r • \$			
3 Enter the amount	t of tax, if any,	, on line	2,abo	ve, reimburs	ed by th	e organızatıon .			🕨	• \$			
Part II Loans t	to and/or F	rom	Intere	ested Pers	sons.								
Complete	e if the organiz	ation a	nswere	d "Yes" on F	orm 990	, Part IV, line 26	, or For	m 990-E			а		
(a) Name of intereste purpose	d person and	or fro	_oan to om the <b>(c)</b> O rig ization? principal a			(d)Balance due	(e) In default?					<b>(g)</b> Written agreement?	
		То	From				Yes	No	Yes	No	Yes	No	
					▶ \$								
Part III Grants	or Assistan				ested F	<b>Persons.</b> rm 990, Part IV	Line 2	27.					
(a) Name of In				<b>b)</b> Relatıonsh	np betwe	en interested per ganization			nount of g	rant or ty	ype of assi	stance	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

# Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	<b>(c)</b> A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
(1) CAROLYN CROWDER	BOARD MEMBER	84,609	INDEPENDENT CONTRACTOR		No

#### Part V

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation	
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**Supplemental Information** 

Schedule L (Form 990 or 990-EZ) 2010

efil	e GRAPHIC print - DO	NOT PROCES	S As Filed Data -		DLN:	93493199004302
	EDULE M		IonCash Contr	ributions		OMBNo 1545-0047
Departri	m 990) nent of the Treasury Revenue Service	►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.				
	e of the organization				Employer ident	Inspection ification number
ALASK	A NATIVE TRIBAL HEALTH CONSO	RTIUM				
Pa	rt I Types of Prope	rtv			92-0162721	
		(a) Check ıf applıcable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of detern amounts	(d) nining oncash contribution
1	Art—Works of art	x	37	1g 26,777	COST PRICE	
2	Art—Historical treasures			, ,		
3	Art—Fractional interests					
	Books and publications	X		330	COST PRICE	
	Clothing and household					
good	-	. <u>×</u>		6,189	COST PRICE	
6	Cars and other vehicles .					
	Boats and planes					
	Intellectual property					
	Securities—Publicly traded					
	Securities—Closely held stock					
.1	Securities—Partnership, LLC, or trust interests					
.2	Securities—Miscellaneous					
.3	Qualified conservation contribution—Historic structures					
.4	Qualified conservation contribution—Other					
.5	Real estate—Residential					
6	Real estate—Commercial					
7	Real estate—O ther					
8	Collectibles	. x	24	20,105	COST PRICE	
9	Food inventory	. X	4	569	COST PRICE	
	Drugs and medical supplies					
21	Taxıdermy	X	1	295	COST PRICE	
2	Historical artifacts					
3	Scientific specimens					
4	Archeological artifacts .					
	GIFT					
	Other►( <u>CERTIFICATES</u> )		43		COST PRICE	
	Other►( <u>SERVICES</u> )	X	14		COST PRICE	
	Other►( <u>EVENTS</u> )	X	27		COST PRICE	
	Other►( <u>TRAVEL</u> )	L X	9		COST PRICE	
29	Number of Forms 8283 rec for which the organization				29	
30a	During the year, did the or	ganization receive	e by contribution any prope	erty reported in Part I lines	s 1-28 that it	Yes No
u	must hold for at least three					
	for exempt purposes for th					- <b>30a</b> No

b If "Yes," describe the arrangement in Part II	b	If "Yes,"	describe	the	arrangement ın	Part II
-------------------------------------------------	---	-----------	----------	-----	----------------	---------

31 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? No 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash -. . -. . -. . 32a No **b** If "Yes," describe in Part II 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

efile GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -		DLN: 93493199004302	
SCHEDULE O				OMBN0 1545-0047	
(Form 990 or 990-EZ)	Supplementa	al Information to	o Form 990 or 990-EZ	2010	
Department of the Treasury	Complete to provide information for responses to specific questions			Open to Public	
Internal Revenue Service	Form 9	Form 990 or to provide any additional information.			
Name of the organization ALASKA NATIVE TRIBAL HEALTH CONSORTIUM			Employe	r identification number	
			92-016	2721	

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		BOARD MEMBER, LINDA CLEMENT, IS THE MOTHER OF BOARD MEMBER, CHARLES CLEMENT

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE 990 IS REVIEWED BY ACCOUNTING STAFF AND APPROVED BY THE SENIOR FINANCE OFFICER COPIES ARE MADE AND SENT TO THE ANTHC BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANTHC PROCUREMENT POLICIES ARE STRUCTURED TO HAVE MOST ITEMS COMPETED BASED ON PRICE AND VALUE. THERE ARE AT LEAST TWO SIGNATURES REQUIRED ON ANY TRANSACTION

ldentifier	Return Reference	Explanation
	, ,	MARKET ANALY SIS IS TRADITIONALLY COMPLETED FOR EACH SENIOR POSITION AT LEAST ANNUALLY SALARIES ARE COMPARED AGAINST INTERNAL EQUITY, SIZE OF THE DIVISION MANAGED, AND OTHER ORGANIZATIONS OF SIMILAR SIZE AND SCOPE

ldentifier	Return Reference	Explanation
	SECTION C, LINE 19	ANTHC BY LAWS AND ANNUAL REPORTS ARE AVAILABLE ON THE COMPANY WEBSITE. GOVERNING DOCUMENTS, INCLUDING CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST THROUGH THE COMPANY WEBSITE.

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -3,553,008

ldentifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	NEITHER THE OVERSIGHT PROCESS NOR SELECTION PROCESS HAS CHANGED FROM THE PRIOR YEAR

efile GRA	APHIC print - [	OO NOT PROCESS As Filed Data	-								DLN: 9349	31990	<u>04302</u>
SCHED	ULE R	Related (	Organizations	and	l Inrolato	d D	artnorshir	າຍ			OMBN	o 1545-	0047
(Form 9		► Complete if the org	-	'Yes" 1		art IV,	۔ 1 line 33, 34, 35		, or 37.		2	010	)
Department of the Internal Revenue S	•				-							n to Pul spectio	
	e organization E TRIBAL HEALTH CON	SORTIUM							Employer ident	ificatio	on number		
									92-0162721				
Part I	Identificatio	n of Disregarded Entities (Comple	te if the organization	on an	swered "Yes	" on F	orm 990, Pai	rt I\	/, line 33.)				
	Name, address, a	(a) nd EIN of disregarded entity	<b>(b)</b> Primary activity		<b>(c)</b> Legal domicile ( or foreign cour	(state ntry)	<b>(d)</b> Total income		<b>(e)</b> End-of-year assets		<b>(f)</b> Dırect controllır entıty	ng	
	GLOBAL TELEHEALTH S ADOR DRIVE RM 332 AK 99508	OLUTIONS LLC	COMPUTER AND COMI PERIPHERAL EQUIPME SOFTWARE MERCHAN WHOLESALERS	NT AND	D AK		435,0	035	318,0	39			
Part II		n of Related Tax-Exempt Organiz ed tax-exempt organizations during th		ıf the	e organizatioi	n ansv	wered "Yes" o	on F	Form 990, Part	IV, lın	e 34 becaus	e it had	one
	Name, address, and	(a) EIN of related organization	<b>(b)</b> Primary activity		<b>(c)</b> domicile (state preign country)	Exem	<b>(d)</b> pt Code section		<b>(e)</b> Dic charity status ection 501(c)(3))	Dire	<b>(f)</b> cct controlling entity	Section 5 cont	<b>g)</b> 12(b)(13) rolled ızatıon
												Yes	No

<b>(a)</b> ie, address, and EIN of elated organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		<b>(g)</b> f end-of-year assets	(h Disprop allocat	ortionate	(i) Code V– amount in bo Schedule (Form 10	ox 20 of K-1	(j Gene mana part	ral or aging	<b>(k)</b> Percentag ownership
								Yes	No			Yes	No	
				ble as a Corpora ations treated as a						swered "Y	'es" on	Form	990,	Part IV,
line 34 b		ne or mo				ust dur ) ntrolling		year	.)	swered "Y (f) total income	(e Sha end-o	Form g) re of of-year sets	990,	Part IV, (h) Percentage ownership
line 34 b	ecause it had or	ne or mo	re related organiz	cations treated as a (c) Legal domicile (state or foreign	a corporation or tr (c Direct co	ust dur ) ntrolling	ing the tax (e) Type of el (C corp, S	year	.)	(f)	(e Sha end-o	<b>g)</b> re of of-year	990,	<b>(h)</b> Percentage
line 34 b	ecause it had or	ne or mo	re related organiz	cations treated as a (c) Legal domicile (state or foreign	a corporation or tr (c Direct co	ust dur ) ntrolling	ing the tax (e) Type of el (C corp, S	year	.)	(f)	(e Sha end-o	<b>g)</b> re of of-year	990,	(h) Percentage
line 34 b	ecause it had or	ne or mo	re related organiz	cations treated as a (c) Legal domicile (state or foreign	a corporation or tr (c Direct co	ust dur ) ntrolling	ing the tax (e) Type of el (C corp, S	year	.)	(f)	(e Sha end-o	<b>g)</b> re of of-year	990,	(h) Percentage
line 34 b	ecause it had or	ne or mo	re related organiz	cations treated as a (c) Legal domicile (state or foreign	a corporation or tr (c Direct co	ust dur ) ntrolling	ing the tax (e) Type of el (C corp, S	year	.)	(f)	(e Sha end-o	<b>g)</b> re of of-year	990,	<b>(h)</b> Percentage

Page **2** 

		гс	aye J
Part V Transactions With Related Organizations (Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35, 3	5A, or 36.)		
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		
<b>b</b> Gift, grant, or capital contribution to other organization(s)	1b		
<b>c</b> Gift, grant, or capital contribution from other organization(s)	1c		
<b>d</b> Loans or loan guarantees to or for other organization(s)	1d		
e Loans or loan guarantees by other organization(s)	1e		
<b>f</b> Sale of assets to other organization(s)	1f		
g Purchase of assets from other organization(s)	<b>1</b> g		
<b>h</b> Exchange of assets	1h		
i Lease of facilities, equipment, or other assets to other organization(s)	1i		
j Lease of facilities, equipment, or other assets from other organization(s)	<b>1</b> j		
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)	<b>1</b> k		
I Performance of services or membership or fundraising solicitations by other organization(s)	11		
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets	1m	ı	
<b>n</b> Sharing of paid employees	<b>1</b> n		
• Reimbursement paid to other organization for expenses	10		
<b>p</b> Reimbursement paid by other organization for expenses	1p		
<b>q</b> Other transfer of cash or property to other organization(s)	1q		
<b>r</b> Other transfer of cash or property from other organization(s)	1r		

## 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

		•	
(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

#### Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d</b> Are partr sect 501(c organiz	all ners non c)(3) rations?	<b>(e)</b> Share of end-of-year assets	(f) Disprop allocat	) rtionate ions?	<b>(g)</b> Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	<b>h)</b> eral or aging :ner?
			Yes			Yes	No		Yes	No

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation
-----------------------------------------

#### Software ID:

#### Software Version:

**EIN:** 92-0162721

Name: ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code ) (Expenses \$ 24,819,867 including grants of \$ 8,695,824 ) (Revenue \$ 793,678 ) TRIBAL SUPPORT SERVICES - PROVIDES PROFESSIONAL RECRUITING, AND BUSINESS OFFICE DEVELOPMENT SEVICES, SCHOLARSHIP PROGRAMS REGIONAL SUPPLY CENTER FOR MEDICAL AND PHARMACEUTICAL SUPPLIES TO HEALTH CARE FACILITIES AND PROVIDERS IN ALASKA, AND TELEMEDICINE - THIS PILOT PROGRAM IS TO DEVELOP TECHNICAL MEDICAL CARE AND ASSISTANCE VIA DISTANCE DELIVERY