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>
- <u>(and /or other agencies invited)</u> 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 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 200909 990.pdf

DLN: 93493228040100

179,790,956

199,792,878

OMB No 1545-0047

Open to Public Inspection

Form **990**

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Return of Organization Exempt From Income Tax

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

	ck if app	i icasc	C Name of organization ALASKA NATIVE TRIBAL HEALTH CONSORTIUM			lentification number
	ress cha	label or	Doing Business As		92-01627 E Telephone r	
•	ne chan	type. See	,		(907) 729	-1900
•	al return	Instruc-	Number and street (or P O box if mail is not delivered to stre	et address) Room/suite		pts \$ 411,149,615
Ter	mınatıon	tions.	4141 AMBASSADOR DRIVE			, ,
☐ Am	ended re	eturn	City or town, state or country, and ZIP + 4 ANCHORAGE, AK 99508	•	1	
☐ App	lication j	pending	ANCHORAGE, AK 99300			
		DON 4141	ame and address of Principal Officer KASHEVAROFF AMBASSADOR DRIVE HORAGE,AK 99508	affilia	s a group retur tes? I affiliates includ	⊤Yes ▼ No
I Ta	k-exemp	ot status 🔽 501(c) (3) 4 (insert no)			t See instructions)
J W	eb site	: ► www anthc or	rg		ip Exemption N	
К Тур	e of orga	inization 🔽 Corpora	ation trust association other 🕨	L Year of Fo	rmation 1998	1 State of legal domicile AK
Pa	1 I	Summary Briefly describe t	he organization's mission or most significant activities			
Activities & Govern	3 M 4 M 5 T 6 T	Number of voting Number of indepe Total number of e Total number of v Total gross unrel	rif the organization discontinued its operations or disposed members of the governing body (Part VI, line 1a) . Indent voting members of the governing body (Part VI, employees (Part V, line 2a)		3 . 4 5 6	15 14 1,988 150
	, n	vet umerateu bu.	siness taxable income noin roini 550 1, inie 54 .		or Year	Current Year
	8	Contributions as	nd grants (Part VIII, line 1h)		219,385,080	220,599,675
₽	9		e revenue (Part VIII, line 2g)		115,664,136	125,701,374
	10		ome (Part VIII, column (A), lines 3, 4, and 7d)		4,165,381	-4,931,134
걆	11		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11	e)	3,107,588	7,575,961
	12		add lines 8 through 11 (must equal Part VIII, column	(A), line	342,322,185	348,945,876
	13	Grants and sımı	lar amounts paid (Part IX, column (A), lines 1-3)		2,872,497	24,331,689
K Type	14	Benefits paid to	or for members (Part IX, column (A), line 4)			0
8	15	Salaries, other (compensation, employee benefits (Part IX, column (A),		154,527,168	168,923,910
Rev	16a	Professional fun	draising fees (Part IX, column (A), line 11e)			0
ਡੌ	b	(Total fundraising e	xpenses, Part IX, column (D), line 25 0)			
_	17	Other expenses	(Part IX, column (A), lines 11a-11d, 11f-24f)		174,514,138	140,944,876
	18	Total expenses	—add lines 13–17 (must equal Part IX, line 25, columi	n (A))	331,913,803	334,200,475
	19	Revenue less ex	openses Subtract line 18 from line 12		10,408,382	14,745,401
8 0 8				Beginn	ing of Year	End of Year
Party Earth	20	Total assets (Pa				
		`	art X, line 16)		257,408,776	293,078,640

žĪ	22	Net assets or fund balances Subtract line 21 from lin	e 20				
Par	t II	Signature Block					
Plea Sign		Under penalties of perjury, I declare that I have examined this re and belief, it is true, correct, and complete Declaration of prepare ****** Signature of officer					
Here	:	DON KASHEVAROFF CHIEF EXECUTIVE OFFICER Type or print name and title					
Paid		Preparer's signature KEY E GETTY CPA	Date				
Preparent Use	arer's Onlv	ıf self-employed),					
	y	address, and ZIP + 4 3601 C STREET SUITE 600 ANCHORAGE, AK 99503					

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

Part III Statement of Program Service Accomplishments (See the instructions.)

	Briefly describe the organization's mission			
	PROVIDING THE HIGHEST QUALITY HEALTH SER	VICES IN PARTNERSHIP WITH OUR PEOPLE AND	THE ALASKA TRIBAL HEALTH SYSTEM	
2	Did the organization undertake any sign the prior Form 990 or 990-EZ?	gnificant program services during the ye	ar which were not listed on	Yes ▼ No
	If "Yes," describe these new services	on Schedule O		
3	Did the organization cease conducting services?	g or make significant changes in how it c		Yes ✓ No
	If "Yes," describe these changes on S	chedule O		
4	Section 501(c)(3) and (4) organizatio	ments for each of the organization's thre ns and 4947(a)(1) trusts are required to ue, if any, for each program service repo	report the amount of grants and	
4a	(Code) (Expenses \$ ALASKA NATIVE MEDICAL CENTER - A 150 BE	201,575,159 including grants of \$ ED HOSPITAL PROVIDES IN-PATIENT, MEDICAL, AN	21,779) (Revenue \$ ND SUPPORT SERVICES	126,956,674)
4b	(Code) (Expenses \$	81,586,223 including grants of \$) (Revenue \$	1,936,603)
	ENVIRONMENTAL HEALTH AND ENGINEERING SANITARY WASTE DISPOSAL SYSTEMS, PROV	i - PROVIDES DIRECT ASSISTANCE AND SUPPORT IDES TECHNICAL ASSISTANCE FOR OCCUPATION. IBLE FOR TRANSFER OF FUNDS FOR RENOVATION	IN THE DEVELOPEMNT AND CONSTRUC AL HEALTH AND SAFETY, EMPLOYEE HEA	TION OF QUALITY WATER AND
4c	(Code) (Expenses \$ COMMUNITY HELATH SERVICES - OVERSEES, BASED HEALTH SERVICES FOR TRIBES AND T	TRAINS, ASSESSES AND PROVIDES TECHNICAL A	5,722,982) (Revenue \$ ASSISTANCE 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	Other program services (Describe ii	•) /D	
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses \$	325,751,039 Must equal Part I	X, Line 25, column (B).	

art IV	Checklist o	f Required	Schedules
	CHCCKHSLO	ı ive dülle e	Schodules

			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? 🕏	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		Νο
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? If "Yes," complete Schedule D, Part I	6	Yes	
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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? If "Yes," 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		Νο
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		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
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 ? If "Yes," complete Schedule F, Part I	14b		Νο
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		Νο
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? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, 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		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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 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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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?	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

Part VI

Part IV Checklist of Required Schedules (Continued)

			res	NO
8	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)? If "Yes," complete Schedule L, Part IV	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		Νο
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		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νo
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
4	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		Νο
5	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		Νο
6	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
7	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,	37		No

Pa	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 428			
D	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 to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?		.,	
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	2b	Yes	
	return?	3a		No
Ь	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
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, 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
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i> Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
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 provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		No
d	file Form 8282?	76		NO
_	za resp. marsate the names of rolling size and daring the year.			
е	Did the organization, during the year, 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?	7f		Νo
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 file a Form 1098-C as required?	7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have 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		
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	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

10

11

Yes

Νo

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations

Se	ction 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.			
a	Enter the number of voting members of the governing body 1a 15			
b	Enter the number of voting members that are independent 14			
	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
;	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?	3		No
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
,	Does the organization have members or stockholders?	6		Νo
a	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		Νo
,	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	
а	Does the organization have local chapters, branches, or affiliates?	9a		Νo
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		

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		Νο
c	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		Νo
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		Νο
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.

 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 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 i	not compens	ate any	offic	er, d	lirec	tor, tru	uste	e or key employee		
		(C) Position (check all that apply)								(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		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
			\vdash			-				
							1			<u> </u>

(A) Name and Title (B) A verage hours per week (C) A verage compensation from the organizations (W- 2/1099-MISC) (W- 2/1099-MISC) (W- 2/1099-MISC) (W- 2/1099-MISC)	
	other tion e n and
1b Total	125,260

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►169

			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		Νο		
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο		

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 SERVICES LLC 1001 EAST BENSON ANCHORAGE, AK 99508	PROFESSIONAL SERVICES	1,940,852
NANA MANAGEMENT SERVICES LLC 5600 B STREET ANCHORAGE, AK 99518	PROFESSIONAL SERVICES	1,528,028
UNITED HUMAN CAPITAL SOLUTIONS ONE CENTERPOINTE DRIVE STE 345 CHICAGO, IL 60693	PROFESSIONAL SERVICES	1,452,587
QUEST DIAGNOSTICS INC FILE BOX 91514 ANCHORAGE, AK 99508	PROFESSIONAL SERVICES	813,635
INUIT DEVELOPMENT DIVERSIFIED 903 W NORTHERN LIGHTS BLVD STE 210 SEATTLE, WA 981041256	SPACE RENT	721,215
2 Total number of independent contractors (including those in 1) who re from the organization	, ,	7

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
						Revenue		512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a		npaigns 1a					
	Ь	Membership d	ues					
ಕ್ಷಕ್ಷ	С	Fundraising ev	vents	19,000				
چ. ع£			1c					
gifts lara	d	Related organ	ızatıons1d					
<u>∞</u> [E	e	Government gran	nts (contributions) 1e	220,285,376				
돌ळ	f	All other contribu	tions, gifts, grants, and	295,299				
100円		sımılar amounts ı	not included above					
重豆	g	Noncash cont	ributions included in					
ŞΞ	_							
O 4	h		es 1a-1f)		220,599,675			
				Business Code				
<u> 9</u>	3-	DATIENT DEVENU	IFC		105 701 071	125 721 271		
en	2a	PATIENT REVENU	JES	621,400	125,701,374	125,701,374		
Se Se	ь							
9	С							
35	d							
Ŧ	e							
an an	f	All other prog	ram service revenue					
Program Service Revenue	g		es 2a-2f					
		> \$ 125,701,3	374					
	3		come (including divi	·				
		other sımılar a	amounts)		1,644,084			1,644,084
	4	Income from inve	estment of tax-exempt be	ond proceeds				
			·	•				
	5	Royalties .						
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	С	Rental income						
	d	or (loss)	lome or (loss)					
		Net rental inc	onie or (1033) : :	· · · · ·				
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	35,212,688					
		assets other						
	ь	than inventory Less cost or	41,787,906					
		other basıs and sales expenses						
	c	Gain or (loss)	-6,575,218					
	d	Net gain or (lo	L		-6,575,218			-6,575,218
				. •				
	8a		from fundraising					
		events (not in						
<u> </u>		Ψ	1,357 ns reported on line					
댦		1c) See Part						
Š			le G ıf total exceeds					
œ.		\$15,000	a	19,000				
Other Revenue	Ь		xpensesb					
퓽	С	Net income or	(loss) from fundrais	ıng events ►	-136,435			-136,435
	9a	Gross income	from gaming					
		activities See	part IV, line 19					
		Complete Sche exceeds \$15,00						
			a					
	ь	Less directe	xpensesb					
	c		· (loss) from gaming a					
			. ,	>				
	10a		finventory, less					
		returns and al						
	p _		a	20,655,050				
	Ь		goods sold b		FE3 000	FE7 000		
	С		(loss) from sales of		557,009	557,009		
		Miscellaneou		Business Code				
	11a	MISC REVEN	IUES	900,099	7,155,387	7,155,387		
	Ь							
	С							
	.	Δ II other rave	nue					
	d		nue es 11a-11d					
	е	rotan Aud IIN	114	 \$ 7,155,387				
	12	Total Revenue	e. Add lines 1h, 2g, 3		348,945,876	133,413,770	0	-5,067,569
		8c,	110					
	J	ec, ioc, and i	l1e					į

Form 990 (2008) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
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 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	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							
ь	Legal							
c	Accounting							
d	Lobbying							
e	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				
e	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 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		. , -	. , .				

	l	
Dart Y	Ralance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				beginning of year	1	Elid 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	· ·	• omnl	ovees or	20,200,077	-	22,723,000
		other related parties Complete Part II of Schedule L		•			5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				4,290,805	8	4,413,480
\$	9	Prepaid expenses and deferred charges				1,494,547	9	1,594,130
Assets	10a	Land, buildings, and equipment cost basis	10a	ı	80,907,714			
-	ь	Less accumulated depreciation Complete Part VI of	104	 	00,007,777			
	"	Schedule D	10Ь		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 Complete F Schedule D	Part VII	f of			12	
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D .	Part VI.	II			13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule				15,117,341		20,281,070
		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
10	20	Tax-exempt bond liabilities	•				20	
<u>.</u> ĕ	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						
ä		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties	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		
-S		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and compthrough 29, and lines 33 and 34.	plet e li	ines 2	27			
<u> </u>	27	Unrestricted net assets				167,214,024	27	185,512,911
Balance	28	Temporarily restricted net assets				12,576,932	\vdash	14,279,967
=	29	Permanently restricted net assets			29			
Fund		Organizations that do not follow SFAS 117, check here	1					
5		lines 30 through 34.					_	
St.	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 for		470 700 070	32	400 700 070		
Net	33	Total net assets or fund balances				179,790,956		199,792,878
	34	Total liabilities and net assets/fund balances				257,408,776	34	293,078,640
Pa	rt XI	Financial Statements and Reporting						

Doub VI	Einaneial	Statements	and Dane	
:J:14 - D. 1 - E	Financiai	Statements	ann kebol	TINA

			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?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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?	2c	Yes	
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	
Ь	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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DLN: 93493228040100

OMB No 1545-0047

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization **Employer identification number** ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 92-0162721 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II) 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 described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its 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) 10 An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11q(iii) h Provide the following information about the organizations the organization supports (i) Name of (ii) EIN (v) Did you notify (vi) Is the (vii) A mount of (iii) Type of organization (iv) Is the Supported (described on lines 1-9 organization in the organization organization in support? Organization above or IRC section col (i) listed in in col (i) of your col (i) organized in the US? (See Instructions)) support? your governing document? Yes Yes

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5. 7, or 8 of Part I.)

	(Complete only if you ched	ked the box or	n line 5, 7, or	8 of Part I.)				
Р	ublic Support			-				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	202,443,095	200,425,552	213,546,012	219,385,080	22	20,599,675	1,056,399,414
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
3	its behalf The value of services or facilities furnished by a governmental unit to the							
4	organization without charge Total. Add line 1-3	202,443,095	200,425,552	213,546,012	219,385,080	22	20,599,675	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 4							1,056,399,414
T	otal Support							
Cal	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	22	0,599,675	1,056,399,414
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,375,804	5,558,810	5,779,714	4,165,381	-	4,931,134	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		7,575,961	32,645,840
11	Total Support (Add lines 7 through 10)							1,102,993,829
12	Gross receipts from related activities, etc	(See instruction	s)			12		581,319,820
13	First Five Years. If the Form 990 is for the organization, check this box and stop here		st, second, thir	d, fourth, or fifth	tax year as a 5	01(c)(3)	▶┌
	omputation of Public Support Perc					1		
14	Public Support Percentage for 2008 (line 6		•	olumn (t))		14		95.780 %
15 160	Public Support Percentage for 2007 Scheo 33 1/3% Test - 2008. If the organization di			and line 14 is 23	2 1/20/2 or more	15	thic box	94.710 %
	and stop here. The organization qualifies a 33 1/3% Test - 2007. If the organization dibox and stop here. The organization qualifi	s a publicly supp d not check the l	orted organızatı box on line 13 o	on r 16a, and line 1				▶ ✓ nis
17a	10% Facts and Circumstances Test - 2008. more, and if the organization meets the "fa organization meets the "facts and circums"	If the organization	on did not check ances" test, ch	a box on line 1: eck this box and	stop here. Exp	laın ın	Part IV h	
ь 18	10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fa the organization meets the "facts and circu Private Foundation. If the organization did	cts and circumst imstances" test	ances" test, cho The organization	eck this box and on qualifies as a	l stop here. Exp publicly suppor	laın ın ted or	Part IV h ganızatıor	ow
	instructions		•	•	•			▶.

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.) Section A. Public Support (d) 2007 Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total Add lines 1-5 7a Amounts included on lines 1, 2, 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Total of lines 7a and 7b Public Support (Substract line 7c from line 6) **Total Support (b)** 2005 (d) 2007 **(e)** 2008 Calendar year (or fiscal year beginning in) (a) 2004 (c) 2006 (f) Total Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here **Computation of Public Support Percentage** 15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) 15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g 16 **Computation of Investment Income Percentage 17** Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f)) 17 18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h 18

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

Open to Public

Internal Revenue Service			b be completed by organizations described below. Attach to Form 990 or Form 990-E2					
If the	Inspection Inspection							
	, ,, ,	•	mplete Parts I-A and B Do not complet					
	, , ,		01(c)(3)) organizations complete Par	ts I-A and C belov	v Do not complete Part I-B			
	ction 527 organiza	•	· Part ⊩A only s," to Form 990, Part IV, Line 4, or	Form 000E7 Da	urt VI line 47 /Lebbying A	etivitie e \		
	_		t have filed Form 5768 (election under			•		
	, , , , ,		t have NOT filed Form 5768 (election u	, , , ,	•	•		
	, ,, ,		s," to Form 990, Part IV, Line 5 (Pr		. ,,	•		
	1 / 1 / 1	<u> </u>	zations complete Part III					
	me of the organiza SKA NATIVE TRIBAL H		UM		Employer iden	tification number		
					92-0162721			
Par			y all organizations exempt e the instructions for Schedule (1 501(c) and section	527		
1	Provide a descr	ption of the or	ganızatıon's dırect and ındırect polıtı	cal campaign act	ivities in Part IV			
2	Political expend	ıtures				\$		
3	V olunteer hours							
Par	tTER To be o	ompleted b	y all organizations exempt	under section	1.501(c)(3). (See the	instructions		
		dule C for d						
1	Enter the amour	nt of any excise	e tax incurred by the organization un	der section 4955		\$		
2	Enter the amour	nt of any excise	e tax incurred by organization manag	ers under section	1 4955	\$		
3	If the organizati	on incurred in	a section 4955 tax, did it file Form 4	720 for this year	7	┌ Yes ┌ No		
4a	Was a correction	n made?				┌ Yes ┌ No		
b	If "Yes," describ	oe in Part IV						
Par			y all organizations exempt for Schedule C for details.)	under sectior	ı 501(c), except sect	ion 501(c)(3).		
1	Enter the amour	nt directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities	\$		
2	Enter the amour 527 exempt fun		rganızatıon's ınternal funds contrıbu	ted to other orgai	nizations for section	\$		
3	Total of direct a 1120-POL, line		mpt function expenditures Add lines	s 1 and 2 and ent	er here and on Form	\$		
4	Did the filing org	janization file i	Form 1120-POL for this year?			┌ Yes ┌ No		
5	were made Ente political contrib	r the amount putions received	nd Employer Identification Number (loaid and indicate if the amount was perfectly delivered and promptly and directly delivered action committee (PAC) If additional	aid from the filing I to a separate po	organization's own interna Hitical organization, such a	l funds or were s a separate		
	(a) Nam	e	(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-		
				+				

Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
A	Check If the filing organization	belongs to an affil	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	ditures—		lly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
 1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
b	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
С	Total lobbying expenditures (add lin	es 1a and 1b)			Г		
d	Other exempt purpose expenditures				Γ		
e	Total exempt purpose expenditures	(add lines 1c and :	1 d)		Γ		
_	Lobbying nontaxable amount Enter columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	ntaxable amount on line 1e of the excess over \$ of the excess over \$1	is: 5500,000 51,000,000				
h	Subtract line 1g from line 1a Enter	_			-		
i	Subtract line 1f from line 1c Enter-				L		
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h	or line 11, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations tha columns below.	See the instru	on 501(h) elections for line	ection do not es 1a througl	have to com 1 1f of the in		he five
_	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		Г
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
	Lobbying non-taxable amount						
_ t	Lobbying ceiling amount (150% of line 2a, column(e))						
,	Total lohhving expenditures						

che	edule C (Fo	orm 990 or 990-EZ) 20	08					Р	age 3
Pa	rt II-B		by organizations exempt und ider section 501(h)). (See the				led		
					(;	(a)		(b)	
					Yes	No	/	A moui	nt
1	legislatio		anization attempt to influence foreign t to influence public opinion on a legis	•					
а	Voluntee	· =				Νο			
b	Paid stat	ff or management (includ	de compensation in expenses reported	on lines c through i)?	Yes		1		
c	Media ad	lvertisements?				No	\top		
d	Mailings	to members, legislators	, or the public?			Νο	1		
e	Publicati	ons, or published or bro	adcast statements?			Νο	1		
f	Grants to	o other organizations for	· lobbying purposes?			Νo	1		
g	Direct co	ontact with legislators, t	heir staffs, government officials, or a l	egislative body?	Yes				10,500
h	Rallies, o	demonstrations, semina	rs, conventions, speeches, lectures, o	rany other means?		Νo	1	-	
i	Otherac	tivities If"Yes," descri	be in Part IV			Νo	1		
j	Total line	es 1c through				•			10,500
_	11					1			
2a			the organization to be not described i	n section 501(c)(3)?		Νo	4		
			tax incurred under section 4912				-		
			tax incurred by organization manager			1	-		
			a section 4912 tax, did it file Form 4	-					
'a r	t 111-A		by all organizations exempt (). (See the instructions for Sched		ection	501(c)(5), or	
_								Yes	No
1		. ,	nore) dues received nondeductible by			-	1	 	
2		-	n-house lobbying expenditures of \$2,0			-	2	├──	
3			ryover lobbying and political expendit				3	<u> </u>	
'a r		section 501(c)(6) question 3 is ans	by all organizations exempt of if BOTH Part III-A, questions wered "Yes." (See the instructions)	1 and 2 are answered "No	' OR i	f Part			
1	•	sessments and similar				1 \$			
2			obbying and political expenditures (do 1 <i>527(f) tax was paid).</i>	not include amounts of politica	<i>'</i>				
а	Current `	Year				2a \$			
b	Carryove	er from last year				2b\$			
c	Total					2c \$			
3	A ggrega	te amount reported in se	ection 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues		3 \$			
4	does the	organization agree to c	ount on line 2c exceeds the amount on arryover to the reasonable estimate o		al	4 \$			
_		ure next year?	nolitical expanditures (line 2s total m	nus 2 and 4)	ŀ	5 \$			
5			political expenditures (line 2c total m	nus 3 and 4)		5 \$			
Со			scriptions required for Part I-A, line 1,	Part I-B, line 4, Part I-C, line 5, an	d Part I	I-B, line	——— е 1।		
Als		te this part for any addit							
	,	Ident if ier	Return Reference	Explana	tion				
				İ					

Part IV Supplemental Information							
Ident if ier	Return Reference	Explanation					

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization ALASKA NATIVE TRĪBAL HEALTH CONSORTIUM 92-0162721

Pa	rt I Organizations Maintaining Donor A organization answered "Yes" to Form 9		nds or Accounts. Complete if the
	organization answered Tes to Form 5	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	8	,
2	Aggregate Contributions to (during year)	8,497,366	
3	Aggregate Grants from (during year)	6,603,510	
4	Aggregate value at end of year	15,029,967	
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	<u> </u>	radvised
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be impermissible private benefit?		nay be
Pai	Conservation Easements. Complete	e if the organization answered "Yes" to	Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua	tion or pleasure)	nistorically importantly land area tified historic structure
	on the last day of the tax year		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	2ь
c	Number of conservation easements on a certified h	2c	
d	Number of conservation easements included in (c)	2d	
3	Number of conservation easements modified, transf	by the organization during	
	the taxable year ►		
4	Number of states where property subject to conserv	vation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		rions, and
6	Staff or volunteer hours devoted to monitoring, insp	ecting and enforcing easements during the y	year ►
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the yea	ar ► \$
8	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)^{7}$	2(d) above satisfy the requirements of sect	on ∀es
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial s	· · · · · · · · · · · · · · · · · · ·
Par	Organizations Maintaining Collection Complete if the organization answered		r Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or research	n in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in	· ·
	(i) Revenues included in Form 990, Part VIII, line	1	► \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, his following amounts required to be reported under SFA	· ·	financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Collect	ions of Art, His	tori	<u>cal Treası</u>	ires, or Othe	<u>r Similar As</u>	sets (continued)
3	Using the organization's accession and other reconstems (check all that apply)	ds, check any of th	ne fol	lowing that ar	e a significant u	se of its collec	tion	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collection Part XIV	ons and explain hov	w the	y further the o	organization's ex	empt purpose	ın	
5	During the year, did the organization solicit or rece assets to be sold to raise funds rather than to be n					ular	┌ Yes	┌ No
Par	Trust, Escrow and Custodial Arrar Part IV, line 9, or reported an amount				anızatıon answ	ered "Yes" to	Form	990,
1a	Is the organization an agent, trustee, custodian or included on Form 990, Part X?	other intermediary	for c	ontributions	or other assets I	not	☐ Yes	☐ No
b	If "Yes," explain why in Part XIV and complete the	following table				Δ.	nount	
_	P				1-	AI	nount	
c d	Beginning balance				1c 1d			
	Additions during the year							
e f	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 99	0, Part X, line 21?					│ Yes	No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the)Prior			Three Years Back	(a)Eour	Voors Bosk
1-		Lunent feat (D	PHOL	real (C)IW	to fears back (a)	Tillee feats back	(e)rour	Teals Dack
1a L	Beginning of year balance							
b	Contributions	<u> </u>						
С 	Investment earnings or losses	-						
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end b	palance held as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
С	Term endowment 🕨							
3a	Are there endowment funds not in the possession of	of the organization	thata	are held and a	administered for	the		
	organization by						Yes	No
	(i) unrelated organizations					3a		
_	(ii) related organizations					<u>3a</u>		<u> </u>
	If "Yes" to 3a(II), are the related organizations list					3	ь	
4	Describe in Part XIV the intended uses of the orga				t V 1 10			
Par	t VI Investments—Land, Buildings, and	a Equipment. S			•		1	
	Description of investment			Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) E	Book value
1a	Land				11,273,728	1		11,273,728
b	Buildings				21,406,552	5,718,83	19	15,687,713
c	Leasehold improvements							
d	Equipment				34,395,632	25,223,45	i3	9,172,179
	Other	<u> </u>			13,831,802	9,798,48	4	4,033,318
Tota	I. Add lines 1a-1e (Column (d) should equal Form 99	0, Part X, column (B,), line	10(c).)				40,166,938
						Schedule I) (Form	990) 2008

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.		
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation -year market value
Financial derivatives and other financial products		Cost of the of	year market value
Closely-held equity interests			
Other			
- C.I.I.C.			
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		
(a) Description of investment type	(b) Book value		d of valuation -year market value
		Cost of end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	no 15		
Part IX Other Assets. See Form 990, Part X, II (a) Descri			(b) Book value
RECEIVABLE FROM CENTRAL WAREHOUSE	ption		7,198,580
SOUTHCENTRAL FOUNDATION CONTRACT			4,211,524
OTHER RECEIVABLES			8,870,966
OTHER RECEIVABLES			0,070,500
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		20,281,070
Part X Other Liabilities. See Form 990, Part X			
(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		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	19,330,744		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	348,945,876
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	334,200,475
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	14,745,401
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	5,256,522
9	Total adjustments (net) Add lines 4 - 8	9	5,256,522
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	20,001,923
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	374,300,439
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	25,354,563
3	Subtract line 2e from line 1	3	348,945,876
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	C
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	348,945,876
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
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		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	20,098,041
3	Subtract line 2e from line 1	3	334,200,475
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	C
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	334,200,475
Pai	rt XIV Supplemental Information		
Con	nnlate this part to provide the descriptions required for Part II lines 3.5, and 9. Part III lines 1a and 4. P	art VI	/ lines 1 b and 2 b

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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 - O ther Adjustments		NET UNREALIZED GAINS 5256522
Part XII, Line 2d - Other Adjustments		CENTRAL WAREHOUSE EXPENSES 20098041
Part XIII, Line 2d - Other Adjustments		CENTRAL WAREHOUSE EXPENSES 20098041

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DLN: 93493228040100

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

Internal Revenue Service		<u> </u>			•	Inspection	
Name of the organization	LIEALTH CONCORTIUM				Employer ide	ntification number	
ALASKA NATIVE TRIBAI	L HEALTH CONSORTIUM				92-016272	1	
Part I Fundraisin	g Activities. Complete	ıf the o	rganizati	ion answered "Yes" i			
	<u> </u>		_		·	v, IIIC 17.	
_	e organization raised funds	through ar	ny of the 1				
a Mail solicitations b Email solicitation				e Solicitation of r	non-government grants government grants	5	
c Phone solicitation	· · ·			g Special fundrais			
d In-person solicit				g i Special idildials	sing events		
a , in person sonere	acions						
	have a written or oral agree ted in Form 990, Part VII)					Г Yes Г No	
	highest paid individuals or at least \$5,000 by the orga						
		(iii) fundrais			(v) A mount paid to	(vi) A mount paid to	
(i) Name of individua	I CILL A CTIVITY	custody or control of contributions?		(iv) Gross receipts	(or retained by)	(or retained by)	
or entity (fundraiser	er) '			from activity	fundraiser listed in col (i)	organization	
		Yes	No		""		
 Total	I		<u> </u>				
				ı	ı	1	

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 III	Fundraising Events. Com more than \$15,000 on Form			Form 990, Part IV, lii eipts greater than \$5		report	ted	
3 4 5 5 6 7 8 9 Part III		(a) Event #1 DINNER	(b) Event #2 RAFFLE (event type)	(c) O ther Events	(d) To	tal Eve (a) th		
3 4 5 5 6 7 8 9 Part III		(event type) 183,638		(total number)		20	0,357	
3 4 5 5 6 7 8 9 Part III	Gross receipts	0	19,000				9,000	
Sect Expenses 7 7 8 9 9 Part IIII	Gross revenue (line 1 minus line 2)	183,638	-2,281			18	1,357	
9 Part III	Cash Prizes	0	(
9 Part III	Non-cash Prizes	76,025	19,230			9	5,255	
9 Part III	Rent/Facility costs	39,145	C)		3	9,145	
9 Part III	Other direct expenses	163,397	19,995	5		18	3,392	
ф		nes 3 and 8 in column (d) ganization answered '			orted mo	-13	7,792 6,435 า	
Revenue	\$15,000 on Form 990-EZ, lir	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota			
	Cash prizes							
န္	Non-cash prizes							
ப் நே ச	Rent/facility costs							
<u>ā</u> 5	Other direct expenses							
6	Volunteer labor	┌ Yes	Yes	┌ Yes <u> </u>				
	Direct expense summary Add lines Net gaming income summary Com							
a Is th	a Is the organization licensed to operate gaming activities in each of these states?							
12 Is th	es the organization operate gaming a he organization a grantor, beneficial	ry or trustee of a trust or	a member of a partnersh		11			

			res	140
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility	_		
L 4	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name •	-		
	Address •	-		
.5a	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 > \$			
c	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			
.7	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	1,4		

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DLN: 93493228040100

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

Open to Public

Department of the Treasury

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Name of the organization						Employer identif	fication number
ALASKA NATIVE TRIBAL HEA	ALTH CONSORTI	UM				92-0162721	
Part I General Infor	mation on Gra	nts and Assistanc	e			•	
Does the organization mathematical the selection criteria useDescribe in Part IV the organization	d to award the gra	nts or assistance?			gıbılıty for the grants or a	ssistance, and 	▽ Yes
Form 990, Part Part IV and Sch	IV, line 21 for a edule I-1 if add	ny recipient that rec itional space is	eived more than \$5,0	000. Check this box	tes. Complete if the of if no one recipient rec	eived 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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sec		-					36
organizations					•		▶ 15

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

(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	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
1		

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

(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 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 A wareness
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

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

Part II, Gran	ts and Other As	ssistance to Gove	ernments and Or	ganizations in	the United States	j
(b) EIN	(c) IRC Code section if applicable			(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant
92-0069243		740,029				Tribal Shares, PCC, HSS, Biomed
92-6002696		11,408				HSS
92-0076275		161,212				PCC, HSS
92-0038225		864,512				BHA, Patient Reimb, PCC, HSS, Biomed
92-0146203		1,358,615				Clinic Related
20-0242442		28,546				Medical Gas Training
92-0081515		1,290,849				Clinic Related
92-0041461		553,664				BHA, HSS, Biomed Injury Prevention, Upgrade Hospital Depts - Design
92-0014579		5,800				HSS
92-0143492		152,939				PCC, HSS, Biomed, Multi Media
	(b) EIN 92-0069243 92-6002696 92-0076275 92-0038225 92-0146203 20-0242442 92-0081515 92-0041461 92-0014579	(b) EIN (c) IRC Code section if applicable 92-0069243 92-6002696 92-0076275 92-0038225 92-0146203 92-0242442 92-0081515 92-0041461 92-0014579 92-0014579	(b) EIN (c) IRC Code section if applicable (d) Amount of cash grant 92-0069243 740,029 92-6002696 11,408 92-0076275 161,212 92-0038225 864,512 20-0242442 28,546 92-0081515 1,290,849 92-0041461 553,664 92-0014579 5,800	(b) EIN (c) IRC Code section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance 92-0069243 740,029 11,408 92-6002696 11,408 92-0076275 92-0038225 864,512 92-0146203 1,358,615 20-0242442 28,546 92-0081515 1,290,849 92-0041461 553,664 92-0014579 5,800	(b) EIN (c) IRC Code section if applicable (d) Amount of cash grant (e) Amount of non-cash cash assistance (f) Method of valuation (book, FMV, appraisal, other) 92-0069243 740,029 ————————————————————————————————————	Section Graphicable Grant Cash Sessistance FMV, appraisal, other) Sessistance FMV, appraisal, other) Sessistance Sessistan

Form 990,Schedule I,	Part II, Gran	ts and Other As	sistance to Gove	ernments and Oi	rganizations in	the United States	3
(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
Native Village of Eklutna 26339 Eklutna Village Road CHUGIAK, AK 99567	92-0115246		155,143				PCC, HSS
Native Village of Kalskag PO Box 50 KALSKAG,AK 99607	92-0073473		25,379				EPA
Native Village of Tununak PO Box 77 TUNUNAK, AK 99681	92-0063781		11,697				Multı Medıa
Ninilchik Traditional CouncilPO Box 39070 NINILCHIK,AK 99639	92-0069906		205,758				PCC, HSS, Biomed
North Slope BoroughPO Box 69 BARROW, AK 99723	92-0042378		70,044				Biomed
Northern Powerlines775 E 100th Ave ANCHORAGE, AK 99515	51-0562465		208,787				Power Service Replacement
Norton Sound Health CorporationPO Box 966 NOME,AK 99762	92-0041488		690,677				BHA, Injury Prevention, Radiology, HSS, Biomed
Port Graham Village CouncilPO Box 5510 PORT GRAHAM, AK 99603	92-0064336		13,526				Multı Media
Seldovia Village TribePO Drawer L SELDOVIA,AK 99663	92-0134463		283,977				PCC, HSS, Injury Prevention
Southcentral Foundation 4501 Diplomacy Drive ANCHORAGE, AK 99508	92-0086076		2,141,071				BHA, PCC, Equipment PA, Injury Prevention, Rural ASU, RSSC, Directors Reserve

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

Form 990,Schedule I,	, Part II, Gra	nts and Other As	sistance to Gov	ernments and O	rganizations in t	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	1	(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

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DLN: 93493228040100

Schedule J (Form 990)

Department of the Treasury

ın Part III

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 92-0162721 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain Yes 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Νo

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)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of (i) Base compensation	f W-2 and/or 1099-MISC compensation (ii) Bonus & (iii) Other compensation		(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(1)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
Don G Kashevaroff	(I) (II)					8,797	190,187	
Garvin Federenko	(I) (II)	235,051				16,345	251,396	
Steven Weaver	(I) (II)					12,977	207,779	
Timothy Gilbert	(I) (II)					12,158	168,219	
Daniel E Jessop	(I) (II)					12,977	345,840	
Paul L Jensen	(I) (II)					17,643	942,643	
Kım B Wrıght	(I) (II)					17,643	831,789	
Patricia A Shands	(1) (11)					10,112	516,966	
James J Tiesinga	(ı) (ıı)					6,800	381,157	
William A Paton	(ı) (ıı)					9,808	457,715	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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	Return 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.

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

Form 990, Schedule 3, Part 11 - Officers, Directors, Trustees, key Employees, and Highest Compensated Employees							
(A) Name	(B) Breakdown o	of W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
	(i) Base Compensation	(ii) Bonus & (iii) Other compensation		compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
I	(i) 181,390 ii)				8,797	190,187	
	(i) 235,051 ii)				16,345	251,396	
I	(i) 194,802 ii)				12,977	207,779	
	(i) 156,061 ii)				12,158	168,219	
	(i) 332,863 ii)	3			12,977	345,840	
	(i) 925,000 ii)				17,643	942,643	
	(i) 814,146 ii)				17,643	831,789	
	(i) 506,854 ii)				10,112	516,966	
I	(i) 374,357 ii)				6,800	381,157	
	(I) 447,907 (II)				9,808	457,715	

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DLN: 93493228040100

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Employer identification number Name of the organization ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 92-0162721 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or Approved (e) In (g)Written from the (a) Name of interested person and (c)Original principal default? by board or agreement? (d)Balance due organization? purpose amount committee? From Yes No Yes No Yes No Τо Part III Grants or Assistance Benefitting Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
CAROLYN CROWDER	BOARD MEMBER	30,000	INDEPENDENT CONTRACTOR		Νο

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization ALASKA NATIVE TRIBAL HEALTH CONSORTIUM **Employer identification number** 92-0162721

Pa	rt I Types of Property						
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermining	
1	Art—Works of art	Х	37	-	COST PRICE		
_	Art—Historical treasures .		5,	20,100			
3	Art—Fractional Interests						
4	Books and publications	X		35	COST PRICE		
5	Clothing and household						
	goods	X		3,979	COST PRICE		
6	Cars and other vehicles						
7	Boats and planes						
	Intellectual property						
	Securities—Publicly traded .						
	Securities—Closely held stock .						
11	Securities—Partnership, LLC, or trust interests						
	Securities—Miscellaneous						
13	Qualified conservation contribution (historic structures)						
14	Qualified conservation contribution (other)						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles	Х	2	155	COST PRICE		
19	Food inventory	X	16	2,179	COST PRICE		
20	Drugs and medical supplies .						
	Taxidermy						
	Historical artifacts						
	Scientific specimens						
	Archeological artifacts						
GIF							
CER	TIFICATES)	X	51	22,192	COST PRICE		
26	SNOW Other (describe MACHINE)	×	2	19,000	COST PRICE		
27	Other (describe)						
28	Other (describe)				<u> </u>		
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	3, Part IV, Donee	er for contributions for	29		
						Yes	No
30a	During the year, did the organiza hold for at						
	least three years from the date of				exempt purposes		
	for the entire holding period? .					30a	No
	If "Yes", describe the arrangeme					24	,,
31	Does the organization have a gif	•		·		31	l No
32a	Does the organization hire or use contributions?	e third parti	-	to solicit, process, or sell r	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	ı) ıs		
	checked, describe in Part II						<u></u>
For F	Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990.	Cat No 51227J	Schedule	M (Form 99)	0) 2008

Page 2 Schedule M (Form 990) 2008 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. ReturnReference Identifier Explanation Method for Determining Number of Part I, Column (b) REPORTING THE NUMBER OF CONTRIBUTORS Contributors

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization ALASKA NATIVE TRIBAL HEALTH CONSORTIUM ${\bf Employer\ identification\ number}$

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 reviewed by accounting staff and approved by 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 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

Identifier	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

DLN: 93493228040100

2008

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Related Organizations and Unrelated Partnerships

92-0162721 Part I Identification of Disregarded Entities (A)
Name, address, and EIN of disregarded entity (D) Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity AFHCAN GLOBAL TELEHEALTH SOLUTIONS LLC Computer and computer 4000 AMBASSADOR DRIVE RM 332 peripheral equipment and ANTHC ΑK 0 10,000 software merchant ANCHORAGE, AK 99508 27-0437842 wholesalers Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity

(A) Name, address, and EIN of related organization	Prın	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predomina income(rela investmer unrelated	int Sh ted, it,	(F) nare of total income	(G) Share of end-of- year assets	(H) Disproprtionat allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General o managing partner?
									Yes	No		Yes No
Part IV Identification of	Related	l Organizations	Taxable as	a Corporation	or Trust	<u> </u>						
(A) Name, address, and EIN of related orga	nızatıon	(B) Primary activity		(C) Legal domicile (state or foreign country)	: Direc	(D) t controllin entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership	

(5)

(6)

Part V Transactions with Related Organizations
--

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No			
1 D	. During the tax year, did the orgranization engage in any of the following transactions with one or more related organiz	ations listed in Parts II-IV	?						
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No			
b	b Gift, grant, or capital contribution to other organization(s)			1b	Yes				
c	c Gift, grant, or capital contribution from other organization(s)			1c		No			
d	d Loans or loan guarantees to or for other organization(s)			1d		No			
e	e Loans or loan guarantees by other organization(s)			1e		No			
f	f Sale of assets to other organization(s)			1 f		No			
g	g Purchase of assets from other organization(s)			1g		No			
h	h Exchange of assets								
i	i Lease of facilities, equipment, or other assets to other organization(s)			1i		No			
j	j Lease of facilities, equipment, or other assets from other organization(s)			1j		No			
k	k Performance of services or membership or fundraising solicitations for other organization(s)			1k		No			
ı	l Performance of services or membership or fundraising solicitations by other organization(s)								
m	m Sharing of facilities, equipment, mailing lists, or other assets								
n	n Sharing of paid employees			1n		No			
o	• Reimbursement paid to other organization for expenses			10		No			
р	p Reimbursement paid by other organization for expenses			1р		No			
q	q Other transfer of cash or property to other organization(s)			1q		No			
r	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, incl		and transaction thresholds						
	(A) (B)		(C)						
	Name of other organization(s) Transac type(a	•	Amount Involved						
(1)	1) AFHCAN GLOBAL TELEHEALTH SOLUTIONS LLC	3			10,000)			
(2)	2)								
(3)	3)								
(4)	4)								

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	;?	(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
						•		Cala - 4l	R (Form	200) 2000

Software ID: Software Version:

EIN: 92-0162721

Name: ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Form 990, Part VII - Section Aaa

Porm 990, Part VII - Section Ada		Posit tl	(C non (d	hec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Errector	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 00	Χ						10,500	0	0
Andrew Teuber , Chairman/President	5 00	Χ		Χ				0	0	0
Bernice Kaigelak , DIRECTOR	5 00	Χ						8,400	0	0
Carolyn Crowder , DIRECTOR	5 00	Х						37,000	0	0
Charlene Nollner , DIRECTOR	5 00	Х						12,809	0	0
Emily Hughes , Secretary	5 00	X		Х				26,950	0	0
Evelyn Beeter , Vice Chair	5 00	Х		Χ				21,700	0	0
Frederica Schaeffer , DIRECTOR	5 00	Х						7,000	0	0
Gary Harrison , DIRECTOR	5 00	Х						1,750	0	0
H Sally Smith , DIRECTOR	5 00	Х						26,000	0	0
June Walunga , DIRECTOR	5 00	Х						0	0	0
Lincoln Bean , DIRECTOR	5 00	Х						30,302	0	0
Linda Clement , DIRECTOR	5 00	Χ						6,650	0	0
Mike Zacharof , DIRECTOR	5 00	Х						13,300	0	0
Paul Brendible , DIRECTOR	5 00	Х						5,746	0	0
Percy Ballot , DIRECTOR	5 00	Χ						0	0	0
Ray Alstrom , DIRECTOR	5 00	Х						12,255	0	0
Rick Harrison , DIRECTOR	5 00	Χ						1,050	0	0
Robert Clark , DIRECTOR	5 00	X						0	0	0
Robert Henrichs , DIRECTOR	5 00	Х						11,900	0	0
I Sylvester - SCF , DIRECTOR	5 00	Х						0	0	0
Charles Clement HANF , Treasurer	5 00	Χ		Χ				1,750	0	0
Don G Kashevaroff , CEO	40 00			Χ				181,390	0	8,797
Garvın Federenko , CFO	40 00			Χ				235,051	0	16,345
Steven Weaver , Senior Director, DEHE	40 00			Χ				194,802	0	12,977
Timothy Gilbert , Senior Director, DCHS	40 00			Χ				156,061	0	12,158
Daniel E Jessop , Hospital Administrator	40 00			Χ				332,863	0	12,977
Paul L Jensen , Physician - Neurosurgeon	40 00					Х		925,000	0	17,643
Kım B Wrıght , Physician - 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

offin 550, fait vii Section Au	u									
		(C) Position (check all that apply)							(E)	(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)	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					х		374,357	0	6,800
William A. Paton , Physician - Orthopedic S	40 00					х		447,907	0	9,808

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	rthe 2	009 calen	dar yea	r, or tax year beginning 10-01-2009 and ending 09-30-2010			
			ease	C Name of organization ALASKA NATIVE TRIBAL HEALTH CONSORTIUM			dentification number
I Add	tress cha	unge	e IRS el or	Doing Business As		92-01627 E Telephone	
☐ Nai	me chan		nt or e. See				
☐ Init	ıal returi	n Sp	ecific	Number and street (or P O box if mail is not delivered to street address)	Room/suite	(907) 729	
Г Ter	mınated	tio	struc- ns.	4000 AMBASSADOR DRIVE		G Gross receip	ots \$ 487,040,507
	ended re			City or town, state or country, and ZIP + 4 ANCHORAGE, AK 99508	1		
☐ App	olication	pending		•			
			F Nan	ne and address of principal officer	H(a) Is the	• Is a group reti	urn for
				FEDERENKO MBASSADOR DRIVE	affilia		⊤Yes 🔽 No
				PRAGE, AK 99508	U/h\ Are el	l affiliates incl	uded?
					• •		st (see instructions)
I Ta	x-exem _l	pt status 🔽	- 501(c)	(3) ◀ (insert no)		ip exemption	
	ebsite:	:⊫ www.an	ithc ora		(0)		
					<u> </u>		
				ion Trust Association Other ►	L Year of fo	rmation 1998	M State of legal domicile AK
Pa	rt I						
				e organization's mission or most significant activities MEDICAL CENTER-A 150 BED FACILITY PROVIDES IN-PA	ATIENT, ME	DICALAND	SUPPORT SERVICES
3							
ᅙ							
Governance							
<u> </u>			•	if the organization discontinued its operations or disposed o			
				nembers of the governing body (Part VI, line 1a)			315
Activities &				dent voting members of the governing body (Part VI, line 1b)		•	414
툳				nployees (Part V , line 2a)			5 1,988
្វ				lunteers (estimate if necessary)			6 85
				ted business revenue from Part VIII, column (C), line 12 .	•		7a 0
	Ь	Net unrelat	ed busi	ness taxable income from Form 990-T, line 34			7b 0
	_					r Year	Current Year
a)	8			I grants (Part VIII, line 1h)		220,599,675	
enue	9	•		revenue (Part VIII, line 2g)		125,701,374	
H.	10			ne (Part VIII, column (A), lines 3, 4, and 7d)		-4,931,134	
	11		•	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,575,961	9,569,054
	12			dd lines 8 through 11 (must equal Part VIII, column (A), line	3	348,945,876	414,944,864
	13			r amounts paid (Part IX, column (A), lines 1–3)		24,331,689	42,238,002
	14	Benefits p	aıd to o	r for members (Part IX, column (A), line 4)			0
ø	15	•	otherco	mpensation, employee benefits (Part IX, column (A), lines 5-		160 022 010	174 445 202
Expenses	16a	10) Profession	nal fund	raising fees (Part IX, column (A), line 11e)		168,923,910	174,445,202
¥ ⊕ Cr	ь			enses (Part IX, column (D), line 25) •0			
Ш	17			Part IX, column (A), lines 11a-11d, 11f-24f)	-	140,944,876	170,001,191
	18			Add lines 13–17 (must equal Part IX, column (A), line 25)		334,200,475	· · · ·
	19			enses Subtract line 18 from line 12		14,745,401	28,260,469
<u>> 27</u>		Tro volido i			Beginning	g of Current	
600 Fare					Y	ear	End of Year
82.00	20		. /-	t X, line 16)		293,078,640	<u> </u>
•		Total liabi			1	93,285,762	130,596,634
Fig.	21		lities (F	Part X, line 26)			
Not Assets or Fund Balances	22	Netasset	lities (F s or fun	d balances Subtract line 21 from line 20	1	199,792,878	
		Net asset	lities (F s or fun i re Bl e	d balances Subtract line 21 from line 20	1		
	22	Net asset: Signatu Under penalt	lities (F s or fun ire Blo ties of pe	d balances Subtract line 21 from line 20	1		
	22	Net asset: Signatu Under penalt	lities (F s or fun ire Blo ties of pe	d balances Subtract line 21 from line 20	1		

Date

Preparer's signature KEY E GETTY CPA 2011-07-15 Paid Firm's name (or yours if self-employed), address, and ZIP + 4 Preparer's MIKUNDA COTTRELL & CO CPA'S **Use Only** 3601 C STREET SUITE 600 ANCHORAGE, AK 99503 May the IRS discuss this return with the preparer shown above? (see instruction

Signature of officer

GAVIN FEDERENKO SENIOR DIRECTOR Type or print name and title

Here

Part III Statement of Program Service Accomplishments

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 organizatio the prior Form 990		cant program ser	vices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe t	hese new services on S	Schedule O			
3	Did the organizatio	n cease conducting, or	make significant	changes in how it cor	nducts, any program	┌ Yes ┌ No
	If "Yes," describe t	hese changes on Sche	dule O			
4	Section 501(c)(3)		ations and sectio	n 4947(a)(1) trusts aı	largest program services re required to report the a ervice reported	
4a	(Code) (Expenses \$	207,157,890	including grants of \$) (Revenue \$	134,189,960)
	ALASKA NATIVE MEDIO	CAL CENTER - A 150 BED HO	OSPITAL PROVIDES IN	N-PATIENT, MEDICAL, AND	SUPPORT SERVICES	
4b	(Code) (Expenses \$	122,848,596	ıncludıng grants of \$	42,238,002) (Revenue \$)
	SANITARY WASTE DIS	POSAL SYSTEMS, PROVIDES	TECHNICAL ASSISTA	NCE FOR OCCUPATIONAL I	THE DEVELOPEMNT AND CONS HEALTH AND SAFETY, EMPLOYE ND IMPROVEMENT OF HEALTH I	
4c	(Code) (Expenses \$	22,587,854	ıncludıng grants of \$) (Revenue \$)
		SERVICES - OVERSEES, TRA CES FOR TRIBES AND TRIBA			ISTANCE IN THE AREAS OF PUE	SLIC HEALTH AND COMMUNITY-
4d	Other program se	rvices (Describe in Sc	hedule O) See a	lso Additional Data fo	r Description	
	(Expenses \$	24,231,809 ır	cluding grants of	⁻ \$) (Revenue \$	623,025)
4e	Total program ser	vice expenses►\$	376,826,149)		

Dart TV	Chack	list of	Dequired	Schedules
4 ·	CHECK	IISL UI	Reduired	Scheuule :

			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? 🕏	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? If "Yes," complete Schedule D, Part 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? <i>If "Yes," complete Schedule D, Part II</i>	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? If "Yes," complete Schedule D, Part IV.	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		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, 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? If "Yes," complete Schedule D, Part VII.			
	◆ 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? If "Yes," complete Schedule D, Part VIII.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
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	Į		
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
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? <i>If</i> " <i>Yes,"</i> 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</i> " <i>Yes," complete Schedule G, Part I</i>	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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?	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		Νο
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		Νο
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		Νο
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? If "Yes," complete Schedule L, Part III	27		Νo
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	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
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		Νο
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		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
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? If "Yes," complete Schedule R, Part 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		Νο
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		Νο
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		Νο
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		Νο
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	

Form 990 (2009)						
Part V	Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
	1					

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			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	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 instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	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	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		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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		N o
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 services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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			
	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	Section 501(c)(12) organizations. Enter			
	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 year			

4000 AMBASSADOR DRIVE ANCHORAGE, AK 99508

(907) 729-1903

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.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 1b 14	1		
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?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		Νο
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		Νο
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		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
ice	vende code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
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?			
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	Yes	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Νο
c	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		Νo
b	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		Νο
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		
<u>Se</u> 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			
10	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 GARVIN FEDERENKO SENIOR DIRECTOR	ie orga	inizatior	n -

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 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

Check this box if the organization did i	not compen	sate any	/ curi	rent	or fo	rmer c	office	r, director, trustee	or key employee	
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)				(C) Position (check all			(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

		_
171.614	0	111.93

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 178

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
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? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	_		
	Tempered to the organization in Test, complete senedate 5 for such person.	5		Νo

Section B. Independent Contractors

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	

Form 99								Page 9
Part V	/	Statement o	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
\$ £	1a	Federated cam	paigns 1a					
듄	ь	Membership du	es 1b					
చ్	С	Fundraising eve	ents 1c	34,650				
Æ æ	d	Related organiz	zations 1d					
⊞`&	e	Government grants	s (contributions) 1e	267,476,497				
Contributions, gifts, grants and other similar amounts	f	All other contribution	ons, gifts, grants, and 1f	1,144,229				
<u>후</u>	g	sımılar amounts no Noncash contri	ot included above ibutions included in					
들을		lines 1a-1f \$ _	52,113					
ဝန	h	Total. Add lines	s 1a-1f	▶	268,655,376			
				Business Code				
Program Service Revenue	2a	PATIENT REVENUE	S	621,400	134,189,960	134,189,960		
æ S	ь							
- - -	c		_					
je E	d		_					
E	e							
<u>.</u>	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a-2f		134,189,960			
	3		ome (including dividen		10 1,103,500			
			aramounts)	F	1,190,254			1,190,254
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties	<u></u>	▶				
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	52,973,964					
		assets other than inventory						
	ь	Less cost or other basis and	51,633,744					
		sales expenses Gain or (loss)	1,340,220					
	c d		ss)	<u></u>	1,340,220			1,340,220
	8a		rom fundraising		, ,			, ,
ě		events (not inc	luding					
듄		Ψ	s reported on line 1c)					
ě		See Part IV, lin						
<u>.</u>	١.		a _	216,560				
Other Revenue	b		penses b (loss) from fundraısıng	264,238 events . ►	-47,678			-47,678
•	c 9a		rom gaming activities	events ·	17,070			17,676
		See Part IV, lin						
			а					
	Ь		penses b					
	c 10a		(loss) from gaming acti	vities				
	IUa	Gross sales of returns and allo		20,820,686				
	b	-	oods sold b	20,197,661				
	С		(loss) from sales of inve		623,025	623,025		
		Miscellaneous		Business Code 900,099	8,993,707			8,993,707
	11a	MISC REVENU	JES	900,099	8,993,707			8,993,707
	b							
	С							
	d	All other reven						
	e	Total. Add lines	5 11a-11d	🕨	8,993,707			
	12	Total revenue.	See Instructions .	▶	414,944,864	134,812,985	0	11,476,503

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations m			· · · · · · · · · · · · · · · · · · ·	
	l other organizations must complete column (A) but are not required to		(B), (C), and ((B)	(C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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				
ь	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	2,222,322	-,,		
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	
b	OTHER DIRECT COSTS	20,646,336	18,335,844	2,310,492	
c	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 ► ☐ If following SOP 98-2 Complete this line only if the organization reported in	350,504,393	3,0,020,149	3,030,240	
	column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet						
					(A)		(B)	
	Τ.				Beginning of year	_	End of year	
	1	Cash—non-interest-bearing				1	400.005.400	
	2	Savings and temporary cash investments	•		149,931,911	2	168,835,130	
	3	Pledges and grants receivable, net	•		38,671,800	_	40,505,389	
	4	Accounts receivable, net	22,726,080	4	17,865,215			
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s from current and former officers, directors, trustees, key employees, and npensated employees. Complete Part II of					
		Schedule L				5		
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and				
		Schedule L				6		
stessi	7	Notes and loans receivable, net				7		
8	8	Inventories for sale or use			4,413,480	8	3,984,401	
⋖	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> Part VI of Schedule D	10a	86,414,615				
	b	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 Se	21	Escrow or custodial account liability Complete Part IV of Schedul			21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ria 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	
5		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	let e l	ines 27				
Balance		through 29, and lines 33 and 34.						
lan	27	Unrestricted net assets			185,512,911	27	214,098,399	
Ва	28	Temporarily restricted net assets	14,279,967	28	13,959,698			
Fund	29	Permanently restricted net assets				29		
교		Organizations that do not follow SFAS 117, check here ► ar	ıd com	ıplete				
ō		lines 30 through 34.						
35	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 fu	ınds		100 700 700	32	200 272 277	
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			

Part XI	Financial	Statements	and I	Reporting
	i illaliciai	Statements	unu i	

			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?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	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			
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	

Form **990** (2009)

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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.

OMB No 1545-0047

2009

Open to Public Inspection

ALASK	TAN A	VE TRIBAL HEALTH CONS	SORTIUM							
							92-016272			
	rt I			tus (All organızatı				ructions		
The	organı	•		e it is (For lines 1 th	= '	· ·)			
1		A church, convent	ion of churches, or a	ssociation of churche	s section 170(b)(1)(A)(i).				
2	Г	A school describe	d in section 170(b)(1	.)(A)(ii). (Attach Sch	nedule E)					
3	Γ	A hospital or a coo	perative hospital se	rvice organization de	scribed in sectio	n 170(b)(1)(/	A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state								
5	Γ			t of a college or unive	ersity owned or o	perated by a g	governmental	unıt descrıb	_ ed in	
	_		(A)(iv). (Complete P							
6				governmental unit d						
7	<u>~</u>	described in	at normally receives (A)(vi) (Complete P	a substantial part of art II)	its support from	a government	tal unit or fron	n the genera	l public	
8	Γ	A community trust	: described in sectior	170(b)(1)(A)(vi) (Complete Part II)				
9	Γ	An organization th	at normally receives	(1) more than 331/3	3% of its support	from contribu	itions, membe	rship fees, a	nd gros	s
		receipts from activ	rities related to its ex	kempt functions—sub	ject to certain ex	ceptions, an	d (2) no more	than 331/3%	of	
		ıts support from gr	oss investment inco	me and unrelated bus	siness taxable in	come (less se	ection 511 tax	k) from busın	esses	
				30, 1975 See secti						
10	Г			d exclusively to test						
11	Γ	An organization or one or more public	ganızed and operated ly supported organız	d exclusively for the lations described in sorting organization a	penefit of, to perf ection 509(a)(1)	orm the funct or section 50 s 11e through	ions of, or to o 09(a)(2) See		(a)(3). (Check
e	Γ			organization is not c ner than one or more	•	The state of the s	·•	•	•	
f			received a written do	etermination from the	IRS that it is a	Гуре I, Туре :	II or Type III	supporting	organıza	ition,
g		Since August 17, following persons?		zation accepted any	gıft or contributio	on from any of	fthe			
		(i) a person who d	rectly or indirectly c	ontrols, either alone	or together with p	persons desc	rıbed ın (ıı)		Yes	No
		and (III) below, the	governing body of th	e the supported orga	nızatıon?			11g(i)		
		(ii) a famıly memb	er of a person descri	bed ın (ı) above?				11g(ii)		
		(iii) a 35% contro	lled entity of a perso	n described in (i) or (ıı) above?			11g(iii)		
h		Provide the followi	ng information about	the supported organ	ızatıon(s)					
			(iii)	(iv)						

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ced in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

S	ection A. Public Support	,		.,	/		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	200,425,552	213,546,012	219,385,080	220,599,675	268,655,376	1,122,611,695
2	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 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						
	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						
6	(f) Public Support. Subtract line 5						1,122,611,695
	from line 4						1,122,011,033
	ection B. Total Support endar year (or fiscal year	<u> </u>				1	
Car	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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 on securities loans, rents, royalties and income from similar sources	5,558,810	5,779,714	4,165,381	-4,931,134	2,530,474	13,103,245
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 from the sale of capital assets	7,054,063	9,281,932	3,107,588	7,575,961	8,946,029	35,965,573
11	Total support (Add lines 7 through 10)						1,171,680,513
12	Gross receipts from related activ	ities, etc (See ins	tructions)			12	630,525,966
13	First Five Years If the Form 990 check this box and stop here	s for the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) organ	nization, ▶
S	ection C. Computation of P						
14	Public Support Percentage for 20	09 (line 6 column	(f) divided by line	11 column (f))		14	95 810 %
15	Public Support Percentage for 20	08 Schedule A, Pa	art II, line 14			15	95 780 %
16a	33 1/3% support test—2009. If t	-		· ·	line 14 is 33 1/3%	6 or more, check	
Ь	and stop here. The organization q 33 1/3% support test—2008. If t box and stop here. The organizat	he organization did	not check the bo	x on line 13 or 16	5a, and line 15 is	33 1/3% or more	► ✓ e, check this ► ☐
17a	10%-facts-and-circumstances terms 10% or more, and if the organin Part IV how the organization m	st— 2009. If the org zation meets the "	janization did not facts and circums	check a box on lii tances" test, che	ck this box and s t	top here. Explair	orted
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the org	-					▶
18	Explain in Part IV how the organisupported organization Private Foundation If the organization	zation meets the "	facts and circums	tances" test The	e organization qua	lifies as a public	▶ □
	instructions						▶ □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	checked the	box on line 9 of	f Part I.)			
	ction A. Public Support						•
Cale	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	in)						
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						
3	purpose Gross receipts from activities that						
3	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 The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	A mounts 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						_
Cale	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	in)		` '		. ,	. ,	
9	A mounts from line 6 Gross income from interest.						
10a	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c,						
	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ıon's fırst, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) organ	
	check this box and stop here						▶ ┌
	ation C Constitution (T. 11	:- C : - : -	.				
	ction C. Computation of Publ					<u> </u>	
15	Public Support Percentage for 2009	-		13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	Part III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2				ı (f))	17	
18	Investment income percentage from	2008 Schedule	A , Part III . line 1	.7		18	
	33 1/3% support tests—2009. If the				tling 15 is mars		dline 17 is not
TZG	more than 33 1/3%, check this box a					a.i 53 1/3%0 and	a iiiie 17 18 1100
	organization	• <u></u>	s signification qu		, Japported		
ь	33 1/3% support tests-2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

DLN: 93493199000171

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ 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 527 organizations Complete Part I-A only

If 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

	ne of the organization SKA NATIVE TRIBAL HEALTH CONSORT:	IUM		92-016272	entification number 1
П	I-A Complete if the or	ganization is exempt und	er section 501(c) or is a section 52	7 organization.
	Provide a description of the or	ganization's direct and indirect po	olitical campaign ac	tivities in Part IV	
	Political expenditures			▶	\$
	V olunteer hours				
T	I-B Complete if the or	ganization is exempt und	er section 501(c)(3).	
		e tax incurred by the organization	<u>-</u>		\$
	Enter the amount of any excis	e tax incurred by organization ma	nagers under sectio	n 4955 ►	\$
	If the organization incurred a s	section 4955 tax, did it file Form	1720 for this year?		☐ Yes ☐ No
а	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV				
T	I-C Complete if the or	ganization is exempt und	er section 501(c) except section 50)1(c)(3).
	Enter the amount directly exp	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$
	Enter the amount of the filing of exempt funtion activities	organization's funds contributed to	o other organization	s for section 527 ▶	\$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b					
	Total exempt function expend	tures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 17b	¢
	Did the filing organization file State the names, addresses a	Form 1120-POL for this year? nd employer identification number	· (EIN) of all section	n 527 political organizatioi	
	Did the filing organization file State the names, addresses a were made For each organizat contributions received that we	Form 1120-POL for this year?	· (EIN) of all section from the filing organ I to a separate polit	n 527 political organization nization's funds Also enter ical organization, such as	ns to which payments the amount of political a separate segregated
	Did the filing organization file State the names, addresses a were made For each organizat contributions received that we	Form 1120-POL for this year? Ind employer identification number the amount paid are promptly and directly delivered.	· (EIN) of all section from the filing organ I to a separate polit	n 527 political organization nization's funds Also enter ical organization, such as	(e) A mount of political contributions receive
	Did the filing organization file State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number Ition listed, enter the amount paid Iter promptly and directly delivered Inittee (PAC) If additional space i	(EIN) of all section from the filing organ I to a separate polit s needed, provide ir	n 527 political organization ization's funds Also enter ical organization, such as iformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political a separate segregated (e) A mount of politic contributions receive and promptly and directly delivered to separate political organization. If none
	Did the filing organization file State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number Ition listed, enter the amount paid Iter promptly and directly delivered Inittee (PAC) If additional space i	(EIN) of all section from the filing organ I to a separate polit s needed, provide ir	n 527 political organization ization's funds Also enter ical organization, such as iformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political a separate segregated (e) A mount of politic contributions receive and promptly and directly delivered to separate political organization. If none
	Did the filing organization file State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number Ition listed, enter the amount paid Iter promptly and directly delivered Inittee (PAC) If additional space i	(EIN) of all section from the filing organ I to a separate polit s needed, provide ir	n 527 political organization ization's funds Also enter ical organization, such as iformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political a separate segregated (e) A mount of politic contributions receive and promptly and directly delivered to separate political organization. If none
	Did the filing organization file State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number Ition listed, enter the amount paid Iter promptly and directly delivered Inittee (PAC) If additional space i	(EIN) of all section from the filing organ I to a separate polit s needed, provide ir	n 527 political organization ization's funds Also enter ical organization, such as iformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political a separate segregated (e) A mount of politic contributions receive and promptly and directly delivered to separate political organization. If none
	Did the filing organization file State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number Ition listed, enter the amount paid Iter promptly and directly delivered Inittee (PAC) If additional space i	(EIN) of all section from the filing organ I to a separate polit s needed, provide ir	n 527 political organization ization's funds Also enter ical organization, such as iformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political a separate segregated (e) A mount of politic contributions receive and promptly and directly delivered to separate political organization. If none
	Did the filing organization file State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number Ition listed, enter the amount paid Iter promptly and directly delivered Inittee (PAC) If additional space i	(EIN) of all section from the filing organ I to a separate polit s needed, provide ir	n 527 political organization ization's funds Also enter ical organization, such as iformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political a separate segregated (e) A mount of politic contributions receive and promptly and directly delivered to separate political organization. If none
	Did the filing organization file State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number Ition listed, enter the amount paid Iter promptly and directly delivered Inittee (PAC) If additional space i	(EIN) of all section from the filing organ I to a separate polit s needed, provide ir	n 527 political organization ization's funds Also enter ical organization, such as iformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political a separate segregated (e) A mount of politic contributions receive and promptly and directly delivered to separate political organization. If none

Grassroots non-taxable amount

Grassroots lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

	under section 501(h)).		section 501(c)(3) and file	ed Form 5768	(election
			l" provisions apply			
<u> </u>	Limits on Lobbying E	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lob	bying)		(a) Filing Organization's Totals eporting omplete all of the page 4.)	
b	under section 501(h)). eck If the filing organization belongs to an affiliated group If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) otal lobbying expenditures to influence public opinion (grass roots lobbying) otal lobbying expenditures to influence a legislative body (direct lobbying) otal lobbying expenditures (add lines 1a and 1b) there exempt purpose expenditures (add lines 1a and 1d) otal lobbying nontaxable amount Enter the amount from the following table in both oliumns otal lines 1e, column (a) or (b) is: The lobbying nontaxable amount is: ot over \$500,000 otal not over \$1,000,000 otal not over \$17,000,000 otal not over \$17,00					
С	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount columns	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)				
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	er-O-			(a) Filing Organization's Totals orting orting	
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repo	rtıng	┌ Yes ┌ No
	(Some organizations that made a	section 501(h) el	ection do not l	havè to com		he five
	Lobbying Exp	enditures During	4-Year Averag	jing Period	orting mplete all of the page 4.)	
	• • •	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					

	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).		iica i v	orm	3700	3
	(election under section sor(n)).	(;	a)		(b)	
		Yes	No	A	moun	t
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?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
c	Media advertisements?		Νο			
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?	Yes				121
f	Grants to other organizations for lobbying purposes?		Νο			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			2	1,829
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	Other activities? If "Yes," describe in Part IV		Νο			
j	Total lines 1c through 1i				2	1,950
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
	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					
	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 5 501(c)(6).	01(c)(5),	or se	ctio	n
	===(=)(=)=				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?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	TIII-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".				ctio	n
1	Dues, assessments and similar amounts from members	1	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	┢╼				
Z	expenses for which the section 527(f) tax was paid).		<u> </u>			
2		_				
z a	Current year	2a				
а	Current year Carryover from last year	2a 2b				
а	·					
a b	Carryover from last year	2b				
a b c	Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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	2b 2c				
а b с 3	Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	2b 2c 3				
a b c 3 4	Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? Taxable amount of lobbying and political expenditures (see instructions)	2b 2c 3				
a b c 3 4	Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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?	2b 2c 3 4 5	II-B, lın	e 11		

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DLN: 93493199000171

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ternal	Revenue Service	► Attach to Fo	orm 990. 🕨 See separate instructions.		Inspection
	ne of the organi		Employer identification nu 92-0162721 This Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Com answered "Yes" to Form 990, Part IV, line 6. The second of year (a) Donor advised funds (b) Funds and other accounts of during year) Inform all donors and donor advisors in writing that the assets held in donor advised ation's property, subject to the organization's exclusive legal control? The second of year (a) Donor advisors in writing that grant funds may be also purposes and not for the benefit of the donor or donor advisor, or for any other purpose in the private benefit of the donor or donor advisor, or for any other purpose in the property of the proper	loyer identification number	
ALAS	SKA NATIVE TRIBAL	HEALTH CONSORTIUM		92-0	0162721
Pa	rt I Organ	izations Maintaining Donor A	dvised Funds or Other Similar F		
	organiz	zation answered "Yes" to Form 99	T ·		
			(a) Donor advised funds	- (b) Funds and other accounts
L	Total number a	•			
2		, -, ,		_	
•					
.		ue at end of year			<u>.</u>
•	_			nor advi	Sed ∀es
5	used only for c				
Par	tIII Conse	rvation Easements. Complete	ıf the organization answered "Yes"	to Form	n 990, Part IV, line 7.
L	Purpose(s) of o	conservation easements held by the o	rganızatıon (check all that apply)		
	_	, , , ,	•		· · ·
	<u>'</u>	n of natural habitat	Preservation of a	certified	d historic structure
	Preservati	ion of open space			
2		s 2a-2d if the organization held a quali he last day of the tax year	ıfıed conservatıon contrıbutıon ın the form	n of a co	nservation
					Held at the End of the Year
а		of conservation easements			
Ь	_	restricted by conservation easements			
C			. ,		
d	Number of con	servation easements included in (c) ac	cquired after 8/1 //06	2d	
3		servation easements modified, transfe ar 🛌	erred, released, extinguished, or terminat	ed by th	e organization during
1	Number of stat	tes where property subject to conserva	ation easement is located ►		
5		nization have a written policy regarding f the conservation easements it holds?		ndling of	violations, and Yes No
5	Staff and volun	iteer hours devoted to monitoring, insp	pecting and enforcing conservation ease	ments dı	uring the year ►
7	A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing conservation easemen	ts durıng	; the year ► \$
3		nservation easement reported on line 2) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of se	ction	┌ Yes ┌ No
•	balance sheet,	-	the footnote to the organization's financia		· · · · · · · · · · · · · · · · · · ·
ar				or Oth	ner Similar Assets.
la	If the organiza art, historical t	tion elected, as permitted under SFAS treasures, or other similar assets held	116, not to report in its revenue statem for public exhibition, education or resea	rch ın fuı	
b	historical treas		public exhibition, education, or research		
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			► \$
	(ii) Assets inc	luded in Form 990, Part X			► \$
2	If the organiza	·	orical treasures, or other similar assets S 116 relating to these items	for financ	'
а		uded in Form 990, Part VIII, line 1	2		► \$

b Assets included in Form 990, Part X

Par	Till Organizations Maintaining Co	<u>llections of Ar</u>	t, His	<u>tori</u>	<u>cal Trea</u>	asures, or	Othe	<u>er Similar As</u>	sets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check ar	ny of th	ne foll	owing tha	it are a signif	icant ı	use of its collect	ion	
а	Public exhibition		d	Γ	Loan or	exchange pro	ograms	3		
b	Scholarly research		e	\vdash	Other					
c	Preservation for future generations									
4	Provide a description of the organization's content XIV	ollections and expl	aın hov	w they	/ further t	he organizat	ion's e	xempt purpose ı	n	
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						red "Y	es" to Form 9	90,	
	Part IV, line 9, or reported an ar									
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons or other a	ssets	not	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ıng ta	able			T _		
_							-	An	ount	
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, Iır	ne 21?						Yes	┌ No
	If "Yes," explain the arrangement in Part XI\									
Pa	rt V Endowment Funds. Complete	<pre>if the organizatio (a)Current Year</pre>)Prior \		to Form 99 c)Two Years Ba		rt IV, line 10. Three Years Back	(e)Four Y	ears Back
1a	Beginning of year balance	(a) curient rear	(5))i noi	i Cai	c) iwo icais ba	CK (U)	Tillice Teals back	(e) our r	cars back
	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 year	r end balance held	as							
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
c	Term endowment ►									
3a	Are there endowment funds not in the posse	ssion of the organiz	zation	that a	re held a	nd admınıste	red for	the		
	organization by (i) unrelated organizations							3a(Yes	No
	(ii) related organizations							3a(-	
ь	If "Yes" to 3a(II), are the related organization						٠	3t	- 	i –
4	Describe in Part XIV the intended uses of th	ie organization's en	idowm	ent fu	nds					
Pai	t VI Investments—Land, Building	s, and Equipme	ent. S	ee F	orm 990	, Part X, lır	ne 10.		_	
	Description of investment				Cost or oth (investme			(c) Accumulated depreciation	(d) Bo	ok value
1a	Land					11,2	273,728		1	.1,273,728
b	Buildings					13,4	137,273	2,022,029	9 1	.1,415,244
c	Leasehold improvements					7,9	969,279	4,703,439	9	3,265,840
d	Equipment					53,	734,335	38,454,660	5 1	.5,279,669
е	Other									

41,234,481

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		od of valuation 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. See		13.	
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		Cost of elia-o	- 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, Iir		-	
RECEIVABLE FROM CENTRAL WAREHOUSE	tion		(b) Book value
SOUTHCENTRAL FOUNDATION CONTRACT			4,127,095 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 1			21,966,972
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount		
Federal Income Taxes	(b) //mount		
ACCRUED PAYROLL & RELATED LIABILITIES	15,254,405		
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		

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

Ident if ier	Return Reference	Explanation
Part XII, Line 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

DLN: 93493199000171

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

licensing

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. 🏲 Attach to Form 990 or Form 990-EZ. 🏲 See separate instructions.

	ne of the organization ASKA NATIVE TRIBAL HEA	NITH CONSORTIUM	1				Employer iden	tification number
A L .	TORA NATIVE INIDAL HEA	CITI CONSORTION	1				92-0162721	
Pa		ctivities. Completers are not require			tion answered "Yes" is part.	to Form	990, Part IV	, line 17.
1	Indicate whether the orga	ınızatıon raısed funds	through a	any of the	following activities Ch	eck all th	nat apply	
а	Mail solicitations			e	☐ Solicitation of noi	n-govern	ment grants	
ь	T Internet and e-mail s	olicitations		f	☐ Solicitation of gov	vernment	grants	
c	Phone solicitations			g	☐ Special fundraisir	ng events	5	
d	In-person solicitation	ıs						
2a	Did the organization have or key employees listed ii	_		•	•			Г Yes Г No
b	If "Yes," list the ten highe to be compensated at lea							
	(i) Name of individual or entity (fundraiser) (ii) Activity		custo	er have dy or rol of	(iv) Gross receipts from activity	(or retained fundraiser lis	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No				
Tota	al			•				
<u> </u>	List all states in which t	he organization is re	gistered o	rlicense	d to solicit funds or has	been not	ıfıed ıt ıs exemi	ot from registration or

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or report more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.								ted	
		, , , , , , , , , , , , , , , , , , , ,	(a) Event #1 DINNER (event type)	(b) Event #2 RAFFLE (event type)	(c) O ther Events (total number)	(d) To (Add col	tal Eve (a) th		
Φ3	1	Contraction	216,560				25	1,210	
Reveilue	2	Gross receipts Less Charitable	210,300	34,650				4,650	
ž	3	Gross income (line 1 minus line 2)	216,560					6,560	
	4	Cash prizes		34,650			3	4,650	
ın	5	Non-cash prizes	60,033	3			6	0,033	
Expenses	6	Rent/facility costs	35,373	3			3	5,373	
ă	7	Food and beverages							
Direct	8	Entertainment							
ā	9	Other direct expenses .	134,183	3			13	4,183	
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)			26	4,239	
	11	Net income summary Combine li	nes 3, column d, and line	10			-4	7,679	
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii	ganızatıon answered ' ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) To (Add col			
	1	Gross revenue							
şe Şe	2	Cash prizes							
Spenses	3	Non-cash prizes							
Dreat Dy	4	Rent/facility costs							
툽	5	Other direct expenses							
	6	Volunteer labor	Г Yes	Г Yes					
		Direct expense summary Add line							
	8	Net gaming income summary Com	bine lines 1, column d, ar	nd line 7	<u> </u>		Yes	No	
9 a	Ist	er the state(s) in which the organization licensed to operate		·	 .	. 9a			
b		No," Explain							
10a b									
11 12		es the organization operate gaming the organization a grantor, beneficia				11	<u> </u>	<u> </u> 	
		ned to administer charitable gaming				. <u>12</u> 990 or 990		009	

		Yes	No
.3	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
.4	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
.5a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	<u>. </u>	$ldsymbol{f eta}$
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 🏲		
6	Gaming manager information		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🗠		
	Description of services provided #		
	Director/officer Employee Independent contractor		
7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u>. </u>	
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		

DLN: 93493199000171

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspect ion

					Employer identification	on number
DNSORTIUM					92-0162721	
on Grants and	Assistance					
rd the grants or ass ion's procedures for	stance [?] monitoring the use of	grant funds in the Unite	d States			▽ Yes □
21 for any recipie	ent that received m	ore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	Use
(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 gra or assistance
	ecords to substantia rd the grants or assi ion's procedures for sistance to Gov 21 for any recipie -1 (Form 990) if a	cords to substantiate the amount of the grants or assistance?	cords to substantiate the amount of the grants or assistance, the rd the grants or assistance?	cords to substantiate the amount of the grants or assistance, the grantees' eligibility for rd the grants or assistance?	cords to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance rd the grants or assistance?	on Grants and Assistance cords to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and rd the grants or assistance?

Enter total number of other organizations

Enter total number of section 501(c)(3) and government organizations . .

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.	

(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,	(f)Description of non-cash assistance
				FMV, appraisal, other)	
	<u> </u>		•		ı

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	Return Reference	Explanation
Procedure for Monitoring Part I, Line 2 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

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

(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, Par	t II, Grants an	d Other Assistance	to Governments	and Organization	s in the United Sta	tes	
(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 AthA bascan Tribal GovernmentsPO Box 309 FORT YUKON, AK 99740	92-0134670		20,534				Biomed, Clinic Related
Eastern Aleutian Tribes 3380 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	t II, Grants ar	ıd Other Assistanc	e to Governments	and Organization	is in the United St	ates	
(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
Knik 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
Maniilaq 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				PCC, 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
Ninilchik Traditional Council PO Box 39070 NINILCHIK,AK 99639	92-0069906	!	210,083				PCC, Biomed

Form 990,Schedule I, Par	t II, Grants an	d Other Assistanc	e to Governments	and Organization	s in the United Sta	tes	
(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 Village Council 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, Par	rt II, Grants an	d Other Assistanc	e to Governments	and Organization	ıs in the United Sta	ites	
(a) Name and address of organization or government		(c) IRC Code section if applicable		(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

DLN: 93493199000171

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	lame of the organization LASKA NATIVE TRIBAL HEALTH CONSORTIUM	Employer identifi	icat ion nu	mber	
ALA	JASKA NATIVE TRIBAL HEALTH CONSORTION	92-0162721			
Pa	art I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or fo 990, Part VII, Section A, line 1a Complete Part III to provide any relevant informat				
	First-class or charter travel Housing allowance or re	sidence for personal use			
	Travel for companions Payments for business u	use of personal residence			
	Tax idemnification and gross-up payments Health or social club due				
	Discretionary spending account Personal services (e.g.,	maıd, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy reimbursement orprovision of all the expenses described above? If "No," complete P		1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses officers, directors, trustees, and the CEO/Executive Director, regarding the items ch		2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compens organization's CEO/Executive Director Check all that apply				
	✓ Compensation committee ✓ Written employment con				
	✓ Independent compensation consultant ✓ Compensation survey of Form 990 of other organizations ✓ Approval by the board o	r study r compensation committee			
	Total 990 of other organizations propriet Approval by the board of	r compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with in or a related organization	respect to the filing organizat	ion		
а	Receive a severance payment or change-of-control payment?		4a		No
ь	p Participate in, or receive payment from, a supplemental nonqualified retirement plan?	,	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement	>	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for				T
	Only FO1/c/(2) and FO1/c/(4) constitutions only much complete lines F.O.				
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay	or accrue any			
3	compensation contingent on the revenues of	or accrue any			
а	a The organization?		5a		Νo
b	, ,		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay compensation contingent on the net earnings of	or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization propagation propagation propagation for payments not described in lines 5 and 6? If "Yes," describe in Part III	vide any non-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a con subject to the initial contract exception described in Regs section 53 4958-4(a)(3) in Part III		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedu	ire described in Regulations			+ • •

section 53 4958-6(c)?

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)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Don G Kashevaroff	(ı) (ıı)	344,095 0	0 0	1	0	9,328	353,423)
Garvin Federenko	(ı) (ıı)	240,786 0	0 0		0 0		258,114	,
Steven Weaver	(ı) (ıı)	186,664 0	0 0	-	0 0	/	200,415	,
patricia A Shands	(ı) (ıı)	471,500 0	0 0		0 0	1	482,233	,
James J Tiesinga	(ı) (ıı)	458,885 0	0	·	0 0	10,733	469,618	,
MARKT CAYLOR	(ı) (ıı)	409,000	0		0 0	1	3 427,733 0 0	,
KYLE E BLACK	(ı) (ıı)	410,000	0		0 0	,	420,733	,
William A Paton	(ı) (ıı)	411,500	0 0		0 0		422,233	
	'							-
			<u> </u>					
	<u> </u>	1	<u> </u>		,			

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

DLN: 93493199000171

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number

ALASKA NATIVE TRIBAL HEALTH CONSORTI	UM						ا ا	2-01627	21		
Part I Excess Benefit Tran							4) organı:	zations	only).	4.0.1	
Complete if the organizat			Yes" on Forr	n 990, F	Part IV, line 25a d	or 25	b, or Form	990-EZ <u>,</u>	Part V , line		rrected
1 (a) Name of disqu	ualıfıed	person			(b) Desc	riptio	on of transa	ection		Yes	No
										-	
2 Enter the amount of tax impose	ed on tl	he organ	nization mana	agers or	disqualified pers	ons d	uring the v	ear unde	r		
section 4958								•	* \$		
3 Enter the amount of tax, if any,	, on line	2, abo	ve, reimburs	ed by th	e organization .			•	- \$		
Dawl III		T	atad Dava								
Part II Loans to and/or F Complete if the organiz) Part IV line 26	or F	orm 990-F	7 Part V	/ line 38a		
			103 0111	01111 330	,,, are 17,	<u>, </u>	01111 330 2	(f)			
a) Name of interested person and	` '	oan to m the	(c) 0 rig	ınal	,,,) In	Appro	ved	(g)Written	
purpose		zation?	(-,		I (di) Balanca dila I	default?		by board or committee?		agreement?	
	То	From	-			Yes	No	Yes	No	Yes	No
otal				▶ s							
art IIII Grants or Assistan	· ·	nefitt		•	Persons						
Complete if the orga						/, line	e 27.				
(a) Name of interested pers					een interested per			ount of a	rant or type	ofaccio	tanco
(a) Name of interested pers	011		an	d the or	ganızatıon		(C)AIII	ount or g	rant or type	5 UI 05515	tance
Part IV Business Transact											
Complete if the orga	nızatıd	on ansv	vered "Yes	<u>" on Fo</u>	rm 990, Part IV	/, line	e 28a, 28	b, or 28	c.		
			Relationshi		(-) A					1	naring o
(a) Name of interested persor	1	1	veen interest rson and the		(c) A mount of transaction		(d) Descr	iption of	transaction		ızatıon' :nues?
			rganization							Yes	No
AROLYN CROWDER		BOAR	D MEMBER		20,0	00 1	NDEPEND	ENT CO	NTRACTO	R	Νo
		1								ı	- 1

SCHEDULE M

NonCash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Open to Public 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 Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line ıf revenues applicable 1 g 17,525 COST PRICE Art-Works of art . . . Χ 18 2 Art—Historical treasures 3 Art—Fractional interests 789 COST PRICE 4 Books and publications Χ Clothing and household Х 620 COST PRICE goods Cars and other vehicles . . Boats and planes . . . Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Oualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles 8,084 COST PRICE Х 16 2,150 COST PRICE 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy Historical artifacts . . . 23 Scientific specimens . . Archeological artifacts . . . GIFT Other ► (CERTIFICATES) 51 790 COST PRICE Х Х 8 1,040 COST PRICE Other ► (SERVICES) 27 Other ► (EVENTS Χ 8 1,050 COST PRICE 22 120,065 COST PRICE 28 Other ► (TRAVEL Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? No 30a **b** If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Νo 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 32a Νo

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

b If "Yes," describe in Part II

Page 2

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

Schedule M (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493199000171

OMB No 1545-0047

2000

Open to Public Inspection

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Employer identification number

92-0162721

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
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

DLN: 93493199000171

OMB No 1545-0047

2009

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Name of the organization ALASKA NATIVE TRIBAL HEALTH CONSORTIUM	Employer identification number				
Part I Identification of Disregarded Entities (Complete	ıf the organızatıon aı	nswered "Yes" on	Form 990, Part IV	92-0162721 V, line 33.)	
(a) Name, address, 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 SOLUTIONS LLC 4000 AMBASSADOR DRIVE RM 332 ANCHORAGE, AK 99508 27-0437842	Computer and computer penpheral equipment and software merchant wholesalers	AK	156,689	166,162	
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the t		e organization ans	swered "Yes" on F	orm 990, Part IV,	line 34 because it had one
(a) Name, address, 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
C. D. D. J		C-+ N- F012F		•	C-l

Part III Identific because I				s a Partnership (C d as a partnership d			wered "	'Yes" c	n For	m 990, F	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 asset	-of-year	(h Disprop allocat	rtionate	Code amount ir Sched	i) V—UBI n box 20 of ule K-1 n 1065)	(j Gener mana partr	al or ging
								Yes	No			Yes	No
								+					
								-					
				s a Corporation or			ar.)		ed "Y	es" on Fo	orm 990, Pa	art IV,	<u> </u>
(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 o Incol	f total	Sh end-	(g) nare of -of-year essets	(h) Percentage ownership		

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part I	V, 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 I	I-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1 a		No
b Gift, grant, or capital contribution to other organization(s)		1b	Yes	
c Gift, grant, or capital contribution from other organization(s)		1 c		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		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		1 n		No
• Reimbursement paid to other organization for expenses		10		No
p Reimbursement paid by other organization for expenses		1 p		No
q Other transfer of cash or property to other organization(s)		1q		No
r Other transfer of cash or property from other organization(s)		1 r		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 relation	ships and transaction thr	esholds		
(a) Name of other organization	(b) Transaction type(a-r)	Amount	(c) : involve	d
(1) AFHCAN GLOBAL TELEHEALTH SOLUTIONS LLC	В		10	0,000
(1) See Additional Data Table				
(2)				
(3)				
(4)				
(5)				
(6)	1			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if 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)	501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(e) Share of end-of-year assets		rtionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h Gene mana part	nag ing tner?
			Yes	No		Yes	No		Yes	No								
									+	+								
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Additional Data

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)

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 Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and		ent Co			ors			<u> </u>		
(A) Name and Title	(B) Average hours per	Posi t	tion (hat a	che)		•	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
A ndrew Jimmie DIRECTO R	5 00	×						7,000	0	0
Bernice Kaigelak DIRECTOR	5 00	Х						5,250	0	0
CAROLYN CANNON DIRECTOR	5 00	Х						0	0	0
Carolyn Crowder DIRECTOR	5 00	Х						28,340	0	0
Charlene Nollner DIRECTOR	5 00	Х						8,750	0	0
Gary Harrison DIRECTOR	5 00	х						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
Linda Clement DIRECTOR	5 00	Х						5,950	0	0
LOUIS COMMACK DIRECTOR	5 00	Х						0	0	0
Mike 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 00	Х		х				0	0	0
Emily Hughes Secretary	5 00	Х		х				15,750	0	0
Evelyn Beeter Vice Chair	5 00	Х		×				10,500	0	0
Andrew Teuber Chairman/President	32 00	Х		x				83,794	0	9,858
Don G Kashevaroff CEO	40 00			х				344,095	0	9,328
Garvin Federenko CFO	40 00			х				240,786	0	17,328
Steven Weaver Senior Director, DEHE	40 00			х				186,664	0	13,751
patricia A Shands Physician -Orthopedic Surgeon	40 00					Х		471,500	0	10,733
James J Tiesinga Medical Director - Patholo	40 00					х		458,885	0	10,733

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

(A) Name and Title	(B) Average hours	I	tion (that a	•		II		(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 organization (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					х		409,000	0	18,733
KYLE E BLACK PHYsician - Orthopedic Sur	40 00					Х		410,000	0	10,733
William A Paton MEDICAL DIRECTOR - Orthopedic Sur	40 00					х		411,500	0	10,733

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

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	

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Return of Organization Exempt From Income Tax

2010

DLN: 93493199004302 OMB No 1545-0047

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Form **990**

Department of the Treasury

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Internal Revenue S	Service Frite organization may have to use a copy or this return to satisfy			Inspection
A For the 20	010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-20	11		
B Check if app	nge		D Employer 92-0162	identification number
Name chang	Doing Business As ge		E Telephon	e number
Initial return	indiffuel and street (of F O box ii finali is not delivered to street address)	(907)72	29-1900	
Terminated	4000 AMBASSADOR DRIVE		. ,	
Amended re			G Gross rece	ipts \$ 459,256,012
Application p	ANCHORAGE, AK 99508 pending			
	F Name and address of principal officer	H(a) Is this a	group return for af	filiates? Yes V No
	GARVIN FEDERENKO 4000 AMBASSADOR DRIVE			
	ANCHORAGE, AK 99508	H(b) Are all a		
		_	•	st (see instructions)
I Tax-exemp	st status	H(c) Group	exemption	number F
J Website:	► WWW ANTHC ORG			
K Form of orga	anization 🔽 Corporation 🧵 Trust 🗀 Association 🗀 Other 🕨	L Year of for	mation 1998	M State of legal domicile AK
Part I	Summary			
<u>A</u>	riefly describe the organization's mission or most significant activities LASKA NATIVE MEDICAL CENTER-A 150 BED FACILITY PROVIDES IN	-PATIENT, MED	DICAL AND S	SUPPORT SERVICES
Activities & Governance 2 3 4 1 4 5 6 4 1 4 6 5 1 4 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	heck this box দ if the organization discontinued its operations or disposed	d of more than 2!	5% of its net	assets
^ঞ 3 N	umber of voting members of the governing body (Part VI, line 1a) $$. $$.		3	15
ହୁଁ 4 N	umber of independent voting members of the governing body (Part VI, line 1 $$	b)	4	14
養 5 To	otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	2,278
5 6 대	otal number of volunteers (estimate if necessary)		6	85
⊄ 72 T.	otal unrelated business revenue from Part VIII, column (C), line 12		72	.

	ЬΓ	Net unrelated business taxable income from Form 990-T, line 34	7	'b 0
			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	268,655,376	264,926,309
⋛	9	Program service revenue (Part VIII, line 2g)	134,189,960	151,673,487
Ravenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,530,474	2,797,764
ά	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,569,054	8,400,350
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	414,944,864	4 427,797,910
	13	Grants and similar amounts paid (Part IX, column (A), lines $1-3$)	42,238,002	2 32,859,025
	14	Benefits paid to or for members (Part IX, column (A), line 4)	(0
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)	174,445,202	197,074,843
<u>æ</u>	16a	Professional fundraising fees (Part IX, column (A), line 11e)	(0 0
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) ►316,099		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	170,001,19	1 173,246,773
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	386,684,395	5 403,180,641
	19	Revenue less expenses Subtract line 18 from line 12	28,260,469	9 24,617,269
Net Assets or Fund Balances			Beginning of Current Year	End of Year
988 988	20	Total assets (Part X, line 16)	358,654,73	1 381,445,797
절절	21	Total liabilities (Part X, line 26)	130,596,634	132,323,439
žĪ	22	Net assets or fund balances Subtract line 21 from line 20	228,058,097	7 249,122,358
		<u> </u>		

Part II Signature Block

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 (other knowledge.

7a Total unrelated business revenue from Part VIII, column (C), line 12 . .

Sign	Signature of officer									
Here	GARVIN FEDERENKO SENIOR DIRECTOR									
	Print/Type preparer's name KEY E GETTY CPA	Preparer's signature	KEY E GETTY							
Paid	Firm's name FMIKUNDA COTTRELL & CO CPA	'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	990	(2010)
		,,

age	2
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Par	t III		nt of Program Serv hedule O contains a res			Part III		
1	Brief	ly describe th	ne organization's missioi	n				
PRO SYS		G THE HIGH	EST QUALITY HEALTH	I SERVICES IN	N PARTNERSH	IP WITH O	UR PEOPLE AND THE	E ALASKA TRIBAL HEALTH
2			on undertake any signific or 990-EZ?				ch were not listed on	┌ Yes ┌ No
	If "Ye	s," describe t	these new services on S	chedule O				
3		ne organizatio	on cease conducting, or	make sıgnıfıca	nt changes in h	now it condu	cts, any program	┌ Yes ┌ No
	If "Ye	s," describe t	these changes on Scheo	dule O				
4	Section	on 501(c)(3)	npt purpose achievemen and 501(c)(4) organiza ers, the total expenses, a	tions and secti	on 4947(a)(1)	trusts are r	equired to report the a	
	(Code	e) (Expenses \$	231,898,254	ıncludıng grants	of \$) (Revenue §	151,673,487)
	ALASI	KA NATIVE MEDI	CAL CENTER - A 150 BED HO	SPITAL PROVIDES	IN-PATIENT, MED	ICAL, AND SUP	PORT SERVICES	
4b	(Code	e) (Expenses \$	109,907,073	ıncludıng grants	of \$	19,012,487) (Revenue	\$)
	SANI	TARY WASTE DIS		TECHNICAL ASSIST	TANCE FOR OCCU	PATIONAL HEA	LTH AND SAFETY, EMPLOYE	STRUCTION OF QUALITY WATER AND EE HEALTH, RECRUITING, AND FACILITIES
	(Code	e.) (Expenses \$	22,974,610	ıncludıng grants	of \$	5,150,714) (Revenue	\$
~~	COM	MUNITY HEALTH		INS, ASSESSES AN	D PROVIDES TECH	INICAL ASSISTA	, , , ,	BLIC HEALTH AND COMMUNITY-
	Othe	er program se	ervices (Describe in Scl	hedule O) See	also Additiona	I Data for D	escription	
	(Exp	enses \$	24,819,867 in	cluding grants	of\$	8,695,824	(Revenue \$	793,678)
4e	Tota	ıl program sei	rvice expenses►\$	389,599,80)4			

Part TV	Checklist of	Required	Schedules
4 - 1 - 2 - 2 - 2 - 2 - 2	CHECKHISE OF	<u>Reduii ed</u>	Scriedules

			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)? $^{f z}$	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 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? If "Yes," complete Schedule D, Part IV	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? If "Yes," complete Schedule D, Part VII.	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? If "Yes," complete Schedule D, Part VIII.	11c		No
d	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.	11d	Yes	
e	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)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "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
	Did the organization maintain an office, employees, or agents outside of the United States?	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? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$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	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? If "Yes," complete Schedule G, Part I (see instructions)	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</i> "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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?	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? 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? If "Yes," complete Schedule L, Part III	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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
	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? 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 Ma	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? If "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? If "Yes," complete Schedule R, Part 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 \bigcirc Yes \checkmark 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	

Part 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
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 476			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
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)	20	165	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	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	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
	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?	5c		
ia	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?	6а		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	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?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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?	7f		No
g	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		
i	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		
,	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
	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)			
	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 year			
	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			
b	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
13	II TES, HAS IL HIEU A FUTHI 7 ZU TU TEDUTI LITESE DAVINEHLS CTI. IVO. DIOVIGE AN EXDIANATION IN SCHENHIE U	1 TAU		

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.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
14	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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 supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was 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	H		110
, .	governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		Νo
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
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		V	NI-
10-	Describe aggregation have level showing hypothese aggregation of	10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	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			
12a	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 to conflicts?	12b		No
c	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?		1 00	
а	The organization's CEO, Executive Director, or top management official	15a		No
	Other officers or key employees of the organization	15b	Yes	110
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	100	100	
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		
Se	ection 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			
19	Own website Another's website Vupon request Describe in Schedule Owhether (and if so, how), the organization makes its governing documents, conflict of			

State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

interest policy, and financial statements available to the public See Additional Data Table

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 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

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

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(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	organization (W- 2/1099-MISC)	organizations (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

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

(A) Name and Title	(B) A verage	Posi	tion (C) (che	cka	II		(D) Reportable	(E) Reportable	(F) Estimated
	hours per	t	hat a	pply	/)			compensation from the	compensation from related	amount of other compensation
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(17) PAUL BRENDIBLE DIRECTOR	5 00	Х						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					х		454,532	0	19,600
1b Sub-Total								_	-	
c Total from continuation sheets	c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c) .							>	4,467,847	0	302,310
2 Total number of individuals (incl	uding hut not lim	ited to t	hose	list	ed al	hove)	who	received more tha	n	

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? If "Yes," complete Schedule J for such individual	3		Νo		
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? If "Yes," complete Schedule I for such					
	ındıvıdual	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 I for such person	5		Νo		

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)	(B)	(C)
Name and business address	Description of services	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 above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶59

Form 9		2010) Statement of Revenue				Pag	e 9
rait		1 Statement 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
Contributions, gifts, grants and other similar amounts	b	Federated campaigns 1a Membership dues 1b Fundraising events 1c	148,097				
butions, gi ther simila	е	Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f	264,354,165				
Contrib and of		Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f	115,447	264,926,309			
Revenue	2a b	PATIENT REVENUES	Business Code 621400	151,673,487	151,673,487		
Program Serwce Revenue	c d e						
Progran		All other program service revenue Total. Add lines 2a-2f		151,673,487			
	4	Investment income (including dividends, interest and other similar amounts)		2,062,514			2,062,514
	b c	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(II) Personal				
	7a	Gross amount 11,508,321 from sales of assets other than inventory	(II) O ther				
	c	Less cost or other basis and sales expenses Gain or (loss) 735,250 Net gain or (loss)		735,250			735,250
Other Revenue	8a	Gross income from fundraising events (not including \$ 148,097 of contributions reported on line 1c) See Part IV, line 18					
Other	С	Less direct expenses b Net income or (loss) from fundraising events	267,992 465,870	-197,878			-197,878
	b c	Gross income from gaming activities See Part IV, line 19 . a Less direct expenses					
		returns and allowances . a Less cost of goods sold b	21,012,839 20,219,161				
		Net income or (loss) from sales of inventory	Business Code 900099	793,678 7,804,550	·		7,804,550
	t c	All other revenue					
	e	Total Add lines 11a-11d		7,804,550			
		• • •		427,797,910	152,467,165	0	10,404,436

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
Do no	ot include amounts reported on lines 6b, b, 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	32,859,025	32,859,025		·							
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	5 632 640	2 400 252	2 225 225								
22	Depreciation, depletion, and amortization	5,633,648	3,408,253	2,225,395								
23 24	Insurance	685,372	500	684,872								
а	CONSTRUCTION MATERIALS	15,181,063	15,177,909	3,154								
b		15,064,625	14,896,297	168,328								
c	CONSTRUCTION FREIGHT	5,170,555	5,169,997	558								
d	CONSTRUCTION SUPPLEMENT	905,133	905,133									
e	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											

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			Beginning or year	1	Life of year
	2	Savings and temporary cash investments			168,835,130		172,502,623
	3	Pledges and grants receivable, net			40,505,389		27,756,959
	4	Accounts receivable, net	•		17,865,215		17,536,541
	5	Receivables from current and former officers, directors, trustee	c kas	employees and	17,000,210	_	17,000,041
		highest compensated employees Complete Part II of	.s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing a sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	ers, and				
}		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
	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>	10a	101,667,621			
	ь	Less accumulated depreciation	10b	51,031,025	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			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			
တိ	21	Escrow or custodial account liability Complete Part IV of Schedu				21	
bilities	22	Payables to current and former officers, directors, trustees, ke employees, highest compensated employees, and disqualified	y				
Lia		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie				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
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and com		lines 27			
ě		through 29, and lines 33 and 34.	-				
Fund Balance	27	Unrestricted net assets			214,098,399	27	236,485,291
8	28	Temporarily restricted net assets			13,959,698	28	12,637,067
귤	29	Permanently restricted net assets			29		
Ē		Organizations that do not follow SFAS 117, check here ▶ ┌ a	nd cor	nplete			
5		lines 30 through 34.					Ti.
	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			32		
¥	33	Total net assets or fund balances			228,058,097	33	249,122,358
_	34	Total liabilities and net assets/fund balances		358,654,731	34	381,445,797	

Ра	Check if Schedule O contains a response to any question in this Part XI			. [~	
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			.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)) \cdot .	4		228,0	58,097
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-3,5	553,008
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) $\cdot \cdot \cdot \cdot \cdot \cdot$	6		249,1	.22,358
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			ァ	
				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?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	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 its content of the organization changed.				
	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	ssued			
	▼ Separate basis				1
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?	е	3a	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	

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

92-0162721

						92-0102721						
	rt I				is must complete this p		ıctıons					
he o	rganız	zatıon ıs not a prıvat	e foundation becaus	eıtıs (Forlines 1 thro	ough 11, check only one bo	x)						
1	Γ	A church, conventi	on of churches, or as	sociation of churches	described in section 170(b)(1)(A)(i).						
2	Γ	A school described	I in section 170(b)(1)(A)(ii). (Attach Sche	dule E)							
3	Γ	A hospital or a coo	perative hospital se	vice organization desc	ribed in section 170(b)(1)	(A)(iii).						
4	Γ	A medical research hospital's name, cit		ed in conjunction with	a hospital described in sec	tion 170(b)(1)(A	.)(iii). Ente	r the				
5	Γ	An organization ope	erated for the benefit	of a college or univers	ity owned or operated by a	governmental ur	nıt describe	ed in				
		section 170(b)(1)(A)(iv). (Complete P	art II)								
6	Γ	A federal, state, or	local government or	governmental unit des	cribed in section 170(b)(1)(A)(v).						
7	▽	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)										
8	\vdash			1 70(b)(1)(A)(vi) (Co	omnlete Part II \							
9	<u>'</u>				of its support from contrib	uitions mamhars	hin fees a	nd aro	c c			
	'	<u> </u>	•	• •	ct to certain exceptions, a	•		-				
		•			ess taxable income (less s	` '	•					
							nom basin	03303				
.0	\vdash	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4).										
1	Ė	An organization org	ganized and operated y supported organiz	l exclusively for the be ations described in sec orting organization and	nefit of, to perform the func tion 509(a)(1) or section 5 complete lines 11e throug II - Functionally integrated	tions of, or to cai 509(a)(2) See se jh 11h		a)(3).	Checl			
e	Γ				trolled directly or indirectly iblicly supported organization							
f		check this box			RS that it is a Type I, Type		upporting (rganız	ation,			
g		following persons?	2006, nas the organi	zation accepted any gi	ft or contribution from any	ortne						
		• .	rectly or indirectly c	ontrols, either alone or	together with persons des	cribed in (ii)		Yes	No			
				e the supported organi			11g(i)					
		(ii) a family membe	er of a person descri	ped in (i) above?			11g(ii)					
		(iii) a 35% control	led entity of a perso	n described in (i) or (ii)	above?		11g(iii)	-				
h		Provide the following	ng information about	the supported organiza	ition(s)							
	(i)		(iii) Type of organızatıon	(iv) Is the organization in	(v) Did you notify the	(vi) Is the			·ii)			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organızatı col (ı) lıs† your gove	(iv) Is the organization in col (i) listed in your governing document?		cify the ion in your t?	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No]
Total									

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Part III. II t	ne organization	rails to quality	under the tests	iistea below, pi	ease complet	e Part III.)
	ection A. Public Support	_					
Cal	endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	in)►		1 1				
1	Gifts, grants, contributions, and		12 219,385,080 220,599,675 268,655,376				
	membership fees received (Do	213,546,012	219,385,080	220,599,675	268,655,376	264,926,309	1,187,112,452
	not include any "unusual						
_	grants ")						
2	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 lines 1 through 3	213,546,012	219,385,080	220,599,675	268,655,376	264,926,309	1,187,112,452
5	The portion of total contributions						
	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						
O	from line 4						1,187,112,452
	ection B. Total Support	<u> </u>		<u> </u>			1
	endar year (or fiscal year						
Cui	beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) 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
	-	213,310,012	213,303,000	220,033,073	200,033,370	201,520,50	1,107,112,132
8	Gross income from interest,						
	dividends, payments received	E 770 714	4 165 201	4 021 124	2 520 474	2 707 76/	10 242 100
	on securities loans, rents,	5,779,714	4,165,381	-4,931,134	2,530,474	2,797,764	10,342,199
	royalties and income from						
	sımılar sources						
9	Net income from unrelated						
	business activities, whether or				-47,678	-197,878	-245,556
	not the business is regularly				17,070	157,070	213,330
	carried on						
10	Other income Do not include						
	gain or loss from the sale of	0.201.022	2 107 500	7 575 064	0.002.707	7 004 550	26 762 720
	capital assets (Explain in Part	9,281,932	3,107,588	7,575,961	8,993,707	7,804,550	36,763,738
	ıv')						
11	Total support (Add lines 7						1 222 072 022
	through 10)						1,233,972,833
12	Gross receipts from related activ	ities, etc (See ins	structions)		-	12	681,564,180
13	First Five Years If the Form 990	s for the organizat	tion's first second	third fourth or f	ifth tax vear as a	501(c)(3) orga	<u></u>
	check this box and stop here	o for the organization		a, ciiii a, io ai cii, oi i	mem eax year as a	001(0)(0) 0.94	▶ □
	·						•
S	ection C. Computation of P	ublic Support	Percentage				
14	Public Support Percentage for 20			: 11 column (f))		14	96 200 %
15	Public Support Percentage for 20	•	•	· · · ·			
15	• • • • • • • • • • • • • • • • • • • •	•	•			15	95 810 %
16a	33 1/3% support test—2010. If t	_		•	line 14 is 33 1/3%	% or more, chec	
	and stop here. The organization q	•	, ,,				▶ ▼
b	33 1/3% support test—2009. If t	he organization di	d not check the bo	ox on line 13 or 16	a, and line 15 is	33 1/3% or mor	
	box and stop here. The organizat	ion qualifies as a p	oublicly supported	organization			▶ ┌
17a	10%-facts-and-circumstances te	st — 2010. If the or	ganızatıon dıd not	check a box on lir	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organı		•		•		n
	in Part IV how the organization m						
	organization				1======================================	,,	▶ □
h	10%-facts-and-circumstances te	st — 2009. If the on	ganization did not	check a hox on lir	ne 13, 16a 16b	or 17a and line	• 1
	15 is 10% or more, and if the org						
	Explain in Part IV how the organi						rly
	supported organization	Lation meets the	aces and enculls	tances test file	organización qua	cs as a publi	▶ [
18	Private Foundation If the organization	ation did not chec	kahovon line 13	16a 16h 17a o	r 17h check this	hox and see	F 1

▶□

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493199004302

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ 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 527 organizations Complete Part I-A only

If 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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

Section 501(a)(4) (5) or (6) organizations. Complete Part III

Name of the organization ALASKA NATIVE TRIBAL HEALTH CONSORTI			Employer ide	ntıfıcatıon number
ALASKA NATIVE TRIBAL HEALTH CONSORTE	OH		92-0162721	L
art I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 52	7 organization.
L Provide a description of the org	ganızatıon's dırect and ındırect politi	ıcal campaıgn act	ivities in Part IV	
Political expenditures			▶	\$
Volunteer hours				'
	ganization is exempt under			
	e tax incurred by the organization un			\$
·	e tax incurred by organization manaç	_	n 4955 🕨	\$
	section 4955 tax, did it file Form 47	20 for this year?		☐ Yes ☐ No
la Was a correction made?				☐ Yes ☐ No
b If "Yes," describe in Part IV				
	ganization is exempt under	<u>-</u>	-	1(c)(3).
	ended by the filing organization for so			\$
Enter the amount of the filing o exempt funtion activities	organization's funds contributed to o	ther organizations	s for section 527	¢
•	Add book of and 3. Fotonbook		0.001 1	₹
	tures Add lines 1 and 2 Enter here	and on Form 112	U-POL, line 1/b -	\$
Did the filing organization file F	Form 1120-POL for this year?			☐ Yes ☐ No
organization made payments F amount of political contributior	nd employer identification number (E For each organization listed, enter th ns received that were promptly and o political action committee (PAC) If	ne amount paid fro directly delivered	om the filing organization's to a separate political org	funds Also enter the anızatıon, such as a
(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
			•	1

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) an	d filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked both	an affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar	expenditures	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount f			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 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		
	Grassroots nontaxable amount (enter 25% of lir	ne 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	er-0-		
j 	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form 472	0 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 Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 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								

che	edule C (Form 990 or 990-EZ) 2010				Page 3													
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT fi	led Fo	rm	5768													
		(a)			(a)		(a)		(a)		(a)		(a)		(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?		Νo															
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes																
C	Media advertisements?		Νo															
d	Mailings to members, legislators, or the public?		Νo															
е	Publications, or published or broadcast statements?	Yes			3,081													
f	Grants to other organizations for lobbying purposes?		Νo															
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			25,400													
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo															
i	Other activities? If "Yes," describe in Part IV		Νo															
j	Total lines 1c through 1i				28,481													
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo															
b	If "Yes," enter the amount of any tax incurred under section 4912																	
c	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?																	
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01(c)(5), o	rse	ection													
			_		Yes No													
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	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														
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".				ection													
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																
C	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																

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

DLN: 93493199004302

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

F Attaci	i to rolli 990. F See Separate ilistructions.		Inspec	
Name of the organization ALASKA NATIVE TRIBAL HEALTH CONSORTIUM		Employer	identification numb	er
IS SIN TWITTE THIS IE TIEDETT GONGSNITST		92-0162	721	
	or Advised Funds or Other Similar	Funds or A	ccounts. Comple	te if the
organization answered "Yes" to For	(a) Donor advised funds	(b) Fu	ınds and other accou	ınts
Total number at end of year	(a) Bollot davised lands	(2) 1 0	and other deco	
Aggregate contributions to (during year)				
Aggregate grants from (during year)				
Aggregate value at end of year				
Did the organization inform all donors and dono funds are the organization's property, subject t	_	onor advised	┌ Yes	┌ No
Did the organization inform all grantees, donors used only for charitable purposes and not for th conferring impermissible private benefit			pose Yes	┌ No
art II Conservation Easements. Com	plete if the organization answered "Yes"	to Form 990	0, Part IV, line 7.	
Preservation of land for public use (e g , re Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a easement on the last day of the tax year	Preservation of a	a certified hist		ea
		Н	eld at the End of the	Year
Total number of conservation easements		2a		
b Total acreage restricted by conservation ease	ments	2b		
c Number of conservation easements on a certifi	ed historic structure included in (a)	2c		
d Number of conservation easements included in	(c) acquired after 8/17/06	2d		
Number of conservation easements modified, t the taxable year ▶	ransferred, released, extinguished, or termina	ted by the org	anızatıon durıng	
Number of states where property subject to co	nservation easement is located ►			
Does the organization have a written policy reg enforcement of the conservation easements it		ndling of viola	tions, and Yes	┌ No
Staff and volunteer hours devoted to monitoring				
A mount of expenses incurred in monitoring, ins	·	_	year ► \$	
Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			☐ Yes	┌ No
In Part XIV, describe how the organization repubalance sheet, and include, if applicable, the te the organization's accounting for conservation	xt of the footnote to the organization's financi			
	ections of Art, Historical Treasures ered "Yes" to Form 990, Part IV, line 8.	, or Other S	Similar Assets.	
If the organization elected, as permitted under art, historical treasures, or other similar assets provide, in Part XIV, the text of the footnote to	s held for public exhibition, education or resea	rch in further		e,
If the organization elected, as permitted under historical treasures, or other similar assets he provide the following amounts relating to these	ld for public exhibition, education, or research			
(i) Revenues included in Form 990, Part VIII,	line 1		► \$	
(ii) Assets included in Form 990, Part X		ĺ	- \$	
If the organization received or held works of art following amounts required to be reported unde				
Revenues included in Form 990. Part VIII. line	1		▶ \$	

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal 1</u>	reas	ures, or Ot	<u>he</u>	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	owing	g that a	re a significar	nt u	se of its co	llection	ו	
а	Public exhibition		d	Γ	Loai	norex	hange progra	ms				
b	Scholarly research		e	Γ	Oth	er						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain ho	w the	y furtl	ner the	organızatıon's	sex	cempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	Г No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answered	"Y	es" to For	m 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermo	edıary	forc	ontrib	outions	or other asse	ets i	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follov	ving t	able					Amou	+	
_	B						<u> </u>	1 -		Amot	int	
c C	Beginning balance						-	1c				
d	Additions during the year							Ld				
e	Distributions during the year						_	Le				
f	Ending balance						<u> </u>	1f				
2a	Did the organization include an amount on Fo		e 21?	•							Yes	No
	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete	f the organizatio (a)Current Year)Prior			Form 990, wo Years Back				Negur V	ears Back
1a	Beginning of year balance	(a)Current rear	(D	PHOL	теаг	(6)11	wo reals back	(u)	Tillee fears c	oack (e)FOUL 10	ears back
_	Contributions											
b	Investment earnings or losses											
c d	Grants or scholarships											
u 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	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
С	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are he	eld and	admınıstered	for	the			
	organization by	-							ı		Yes	No
	(i) unrelated organizations				•			•		3a(i)		
	(ii) related organizations							•		3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organizatio					?.		•		3b		
4	Describe in Part XIV the intended uses of th					000 5	No. 10 10 10 10 10 10 10 10 10 10 10 10 10					
Par	t VI Investments—Land, Buildings	s, and Equipme	ent. S				·			Т		
	Description of investment					or other estment)	(b)Cost or oth basis (other)		(c) Accumu depreciat		(d) Bo	ok value
1a	Land						11,273,7	728			1	1,273,728
b	Buildings		•				22,963,2	243	2,85	53,910	2	0,109,333
c	Leasehold improvements						7,969,2	279	5,35	52,433		2,616,846
d I	Equipment						44,836,3	329	32,79	97,657	1	2,038,672
							14,625,0	042		27,025		4,598,017
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B), line	10(c)).)			•		5	0,636,596
									Sched	ule D (I	orm 9	90) 2010

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)	. ,	Cost or end-of	f-year market value
(1)Financial derivatives			
(2)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		d of valuation
	(B) Book value	Cost or end-or	f-year market value
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		
(a) Descrip	tion		(b) Book value
(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.			40,040,278
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	. ,		
SOUTHCENTRAL FOUNDATION CONTRACT PAYABLE	689,664		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	689,664		

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

DLN: 93493199004302

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding **Fundraising or Gaming Activities**

OMB No 1545-0047

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 entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization ALASKA NATIVE TRIBAL HEA	ITH CONSORTIUM	i				Employer ider	ntification number
ALASKA NATIVE TRIBAL HEA	LIH CONSORTION	l			g	92-0162721	
Part I Fundraising Ac	tivities. Complet	e if the	organıza	tion answered "Yes"	to Form 9	990, Part IV	, line 17.
 Indicate whether the orga Mail solicitations Internet and e-mail solicitations Phone solicitations In-person solicitation Did the organization have or key employees listed in the properties of the propert	olicitations s a written or oral agre i Form 990, Part VII st paid individuals oi	eement wi) or entity r entities	e f g ith any inc y in conne (fundraise	Solicitation of no Solicitation of go Special fundraisii dividual (including office ection with professional ers) pursuant to agreem	n-governm vernment g ng events ers, director fundraising nents under	ent grants grants rs, trustees g services?	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(or reta	ount paid to ained by) er listed in ol (i)	(vi) A mount paid to (or retained by) organization
		Yes	No				
Total			>				
3 List all states in which the licensing	organization is regi	stered or	licensed t	co solicit funds or has b	een notified	it is exempt	from registration or

	dule rt II					
		more than \$15,000 on Form	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through
			(event type)	(event type)	(total number)	col (c))
⊕_3	1	Gross receipts	350,789	65,300		416,089
Revenue	2	Less Charitable contributions	115,44	<u> </u>		148,097
	3	Gross income (line 1 minus line 2)	235,34	32,650		267,992
	4	Cash prizes		32,650		32,650
မှာ	5	Non-cash prizes	96,15	7		96,157
ense:	6	Rent/facility costs	37,77	6		37,776
Expenses	7	Food and beverages				
Direct	8	Entertainment				
ā	9	Other direct expenses .	299,28	7		299,287
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	n (d)	🛌	465,870
	11	Net income summary Combine I	ines 3 and 10 in column ((d)		-197,878
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
မွ	2	Cash prizes				
Expenses	3	Non-cash prizes				
ш ij	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	☐ Yes <u>%</u> ☐ No	│ Yes <u>%</u>	☐ 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 colu	ımn (d)	<u> </u>	
9 a b	Is t	er the state(s) in which the organiz he organization licensed to operate No," Explain	gaming activities in eac	h of these states?		· · Fyes Fno
10a b		re any of the organization's gaming	licenses revoked, susper	nded or terminated during	the tax year?	

l 1	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г _{No}
L 2	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 o	gaming?		· · · Γ_{Yes} Γ_{No}
.3	Indicate the percentage of gamir			
а	The organization's facility			За
b	An outside facility			Bb
4	Provide the name and address of records	the person who prepares the organiza	tion's gaming/special events books ai	nd
	Name 🟲			
	Address 🟲			
15a	Does the organization have a coi	ntract with a third party from whom the	organization receives gaming	
	revenue?			· · · Γ_{Yes} Γ_{No}
b		ning revenue received by the organizated by the third party		e
C	If "Yes," enter name and address	5		
	Name 🟲			
	Address 🏲			
.6	Gaming manager information			
	Name 🟲			
		* \$		
	Description of services provided	>		
	Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а		er state law to make charitable distribu		
_				7 105 7 110
b		required under state law distributed to	o other exempt organizations or spent	
Dar		activities during the tax year > \$ provide additional information for	responses to guestion on Schodi	ILA G (SAA
	instructions.)	Tovide additional illionnation for	responses to question on schedt	
	Identifier	ReturnReference	Explanation	1

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

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493199004302

OMB No 1545-0047

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. ► Attach to Form 990

Inspection

Schedule I (Form 990) 2010

Name of the organization	O NICO D TILLIN					Employer identification	on number
ALASKA NATIVE TRIBAL HEALTH C	CONSORTIUM					92-0162721	
Part I General Informatio	n on Grants and	l Assistance					
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	vard the grants or as:	sıstance?					ר Yes □
Form 990, Part IV, line duplicated if additional	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	
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 gra or assistance
See Addıtıonal Data Table							
2 Enter total number of section 503 Enter total number of other orga						· · · · · > _	43

Cat No 50055P

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.

(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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS	1	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-
IN THE U S		GOING COMMUNICATIONS

Return to Form

Software ID: Software Version:

EIN: 92-0162721

Name: ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

(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 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) 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
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) 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
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) 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
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) 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
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) 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 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) 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 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) 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
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

(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
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) EIN	(c) IRC Code section if applicable	(d) Amount 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
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				нѕѕ

(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
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) 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
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

(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
MT SANFORD TRIBAL CONSORTIUMPO BOX 357 GAKONA,AK 99586	92-0143492	501(C)3	152,537				BIOMED PCC, HSS
NATIVE VILLAGE OF EKLUTNA 26339 EKLUTNA VILLAGE ROAD CHUGIAK, AK 99567	92-0115246	501(C)1	161,245				PCC, HSS

(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
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) EIN	(c) IRC Code section if applicable	(d) Amount 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
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) 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
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) 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
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) 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
۱	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) 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
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) 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
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

(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 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 a organizati or governm	ıon	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 KUSKOK HEALTH CORPO BOX 3427 BETHEL, AK 995	RATIONPO	92-0041414	501(C)3	1,972,087				BIOMED, BHA, HSS, INJURY PREVENTION, MAINTENANCE & IMPROVEMENT

DLN: 93493199004302

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization ALASKA NATIVE TRIBAL HEALTH CONSORTIUM **Employer identification number**

92-0162721

Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
Ь	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations F Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	_		
		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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	
(2) GARVIN FEDERENKO	(1) (11)	282,304 0	0 0	0	19,600 0	23,635	325,539 0	
(3) STEVEN WEAVER	(1) (11)	235,844 0	0 0	0	19,600 0	17,105 0	272,549 0	
(4) SUSANNE E FIX	(1) (11)	1,212,612 0	0	0	1 22,000	25,034	1,257,246 0	
(5) WILLIAM A PATON	(ı) (ıı)	417,154 0	0	0	,	3,103	439,857 0	
(6) JOHN M MIDTHUN	(1) (11)	404,369 0	0	0	19,600 0	25,602 0	449,571 0	
(7) GEORGE J GILSON	(1) (11)	454,532 0	0 0	0	19,600 0	0	474,132 0	
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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	Return 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

Schedule J (Form 990) 2010

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As Filed Data -

DLN: 93493199004302

OMB No 1545-0047

2010

Schedule L

(Form 990 or 990-EZ)

Name of the organization

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

Employer identification number

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public **Inspection**

									2-01627			
	Excess Benefit Tran										ına 40h	
1	Complete if the organization (a) Name of disqu			res on Forr	n 990, F	(b) Desc				Part V, I		(c) rected
					. ,	·				Yes	No	
Name	Loans to and/or F Complete If the organiz of Interested person and purpose	(b) L or fro			orm 990 ınal	, Part IV, line 26	, or For (e) defau	In	EZ, Part V (f) A pprov by boar	ved d or	a (g)Writi	
		То	From				Yes	No	Yes	No	Yes	No
								+				
al .					▶ \$					•		
rt III	Grants or Assistan											
	Complete if the orga	nızatıc						27.				
(a)	Name of interested pers	on	- (-	•	en interested per ganization	rson	(c) A m	nount of g	rant or ty	pe of assi	stance
			+									
			+									

Part IV	Business	Transactions	Involving	Interested	Persons

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

Complete if the organization	ii alisweled les oil	i Ollili 990, Falt IV, III	ie 20a, 20b, 01 20c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?	
	organization			Yes	No
(1) CAROLYN CROWDER	BOARD MEMBER	84,609	INDEPENDENT CONTRACTOR		Νo

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2010

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

92-0162721

Fe	Types of Property							
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of determining of amounts		ontribut	ion
1	Art—Works of art	Х	37		COST PRICE			
2	Art—Historical treasures			,				
3	Art—Fractional interests							
4	Books and publications	Х		330	COST PRICE			
5	Clothing and household							
good		X		6,189	COST PRICE			
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
	Securities—Closely held stock							
	Securities—Partnership, LLC, or trust interests .							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	Х	24	20,105	COST PRICE			
19	Food inventory	Х	4	569	COST PRICE			
20	Drugs and medical supplies							
21	Taxidermy	Х	1	295	COST PRICE			
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
	GIFT							
25		X	43	·	COST PRICE			
26	Other ► (SERVICES)	X	14	<u> </u>	COST PRICE			
	Other►(<u>EVENTS</u>)	X	27	·	COST PRICE			
28	Other ► (TRAVEL)	X	9		COST PRICE			
29	Number of Forms 8283 received b for which the organization complete				29			
	for which the organization complete	eu i oiiii c	5205, Tare IV, Donee Acki	owiedgement			Yes	No.
30a	During the year, did the organization	n receiv	e hy contribution any prope	rty reported in Part I lines	1-28 that it		163	
504	must hold for at least three years f							
	for exempt purposes for the entire				a to be used	30-		No
	If "Yes," describe the arrangement					30a		
31	Does the organization have a gift a			eview of any non-standard	contributions?	31		No
		-		·				
	Does the organization hire or use t contributions?		es of related organizations	· · · · · · · · ·		32a		No
	If "Yes," describe in Part II If the organization did not report re describe in Part II	evenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

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

Schedule M (Form 990) 2010

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As Filed Data -

DLN: 93493199004302

OMB No 1545-0047 2010

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization ALASKA NATIVE TRIBAL HEALTH CONSORTIUM **Employer identification number**

92-0162721

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

Identifier	Return Reference	Explanation
	1	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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
		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

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

DLN: 93493199004302

OMB No 1545-0047 2010

Open to Public Inspection

SCHEDULE R Related Organizations and Unrelated Partnerships (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Department of the Treasury Internal Revenue Service

Name of the organization ALASKA NATIVE TRIBAL HEALTH CONSORTIUM								Employer identification number						
				-			92-0162721							
Part I Identification of Disregarded Entities (Complete	ıf the organızatıo	n ans	swered "Yes	" on F	Form 990, Pa	rt I\	/, line 33.)	1						
(a) Name, address, and EIN of disregarded entity	(b) Primary activity Le		(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets	(f) Direct controlling entity						
(1) AFHCAN GLOBAL TELEHEALTH SOLUTIONS LLC 4000 AMBASSADOR DRIVE RM 332 ANCHORAGE, AK 99508 27-0437842	COMPUTER AND COMPI PERIPHERAL EQUIPMEN SOFTWARE MERCHANT WHOLESALERS	T AND	AK	AK		,035	318,0	039						
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the Name, address, and EIN of related organization	e tax year.) (b) Primary activity Legal of		(c)		nswered "Yes" (d) empt Code section		(e) Olic charity status ection 501(c)(3))	IV, line 34 becau	Section	d one (g) 512(b)(13) atrolled nization				
									Yes	No				
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions			Cat No 5					Schedule R						

► Attach to Form 990. ► See separate instructions.

because	it had one or mo	re relat	ed organizations t	reated as a partne	rship du	ring the ta	ax year	r.)									
(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		(f) (g) total income Share of end-orassets		(g) Share of end-of-year assets		-year (h) Disproprtion allocations		(i) Code V— amount in bo Schedule (Form 10	ox 20 of K-1	20 of managing -1 partner?		(k) Percentage ownership
									Yes	No			Yes	No			
Part IV Identifi	cation of Relat	ed Orga e or mo	anizations Taxal re related organız	ble as a Corpora ations treated as a	tion or ' corpora	Trust (Co	I omplete ust dur	e if the org	anızat year	tion ai .)	l nswered "Y	'es" on	Form	990,	Part IV,		
	(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Direct cor enti		ntrolling Type of en		corp,		(f) f total income	(g) e Share of end-of-year assets			(h) Percentage ownership		
														_			

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34

(6)

Pa	Transactions With Related Organizations (Complete if the organization answered "Yes	" on Form 990, Par	t 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 0	During the tax year, did the orgranization engage in any of the following transactions with one or more related organi	ızatıons lısted ın Parts	s II-IV?							
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity									
b	Gift, grant, or capital contribution to other organization(s)			1b						
C	c Gift, grant, or capital contribution from other organization(s)									
d	d Loans or loan guarantees to or for other organization(s)									
е	e Loans or loan guarantees by other organization(s)									
f	Sale of assets to other organization(s)			1 f						
g	Purchase of assets from other organization(s)			1g 1h						
h	h Exchange of assets									
i	Lease of facilities, equipment, or other assets to other organization(s)			1i						
j										
k	k Performance of services or membership or fundraising solicitations for other organization(s)									
ı	l Performance of services or membership or fundraising solicitations by other organization(s)									
n	m Sharing of facilities, equipment, mailing lists, or other assets									
n	n Sharing of paid employees									
0	o Reimbursement paid to other organization for expenses									
р	Reimbursement paid by other organization for expenses			1р						
q				1q						
r	O ther transfer of cash or property from other organization(s)			1r		<u> </u>				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	,	onships and transact							
	(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determin		ount				
(1)		type(a-r)	1	involved	1					
(-)										
(2)										
(3)										
(4)										
(7)										
(5)										

Part VI Unrelated Organizations Taxable as a Partnership (Complete if 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	(b) (c) Arry activity Legal domicile (state or foreign country)) all ners ion :)(3) ations?	(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Forn 1065)	mana part	(h) neral or naging artner?	
			Yes	No		Yes	No		Yes	No	
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Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2010

Additional Data

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

) (Expenses \$ 24,819,867 including grants of \$ 8,695,824) (Revenue \$ (Code 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