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AKMEDIÇAL 08/04/2010 7 24 AM

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

Form **990** (2009)

			The organization may have to use a copy of this return to suitsly state	reporting requir	Ciricitis	i mahermon
<u>A</u>	For the 2009 ca	alendar ye	ar, or tax year beginning , and ending			
В	Check if applicable	Please	C Name of organization		D Emplo	oyer identification number
	Address change	use IRS label or	ALASKA NATIVE MEDICAL CENTER AUXII			
$\overline{\Box}$	Name change	print or	Doing Business As		92-	-0055126
\equiv	-	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	none number
\sqsubseteq	Initial return	See	4315 DIPLOMACY DRIVE		907	7-729-1122
	Termination	Specific Instruc-	-	G Gross reco		
\Box	Amended return	tions.	City or town, state or country, and ZIP + 4 ANCHORAGE AK 99508		0 0,033,03	5000
\equiv			and address of principal officer		H(a) Is this	a group return for
Ш	Application pending		and databases principal announ		affiliate	
					H(b) Are all	l affiliates
					include	
_	T	ıs X	501(c) (3) ◀ (insert no) 4947(a)(1) or 527		IT NO.	* attach a list (see instructions)
-	Tax-exempt state Website: ▶		501(c) (3) ◀ (insert no) 4947(a)(1) or 527		11/21 0	
	Type of organization			1		exemption number
				Year of formation 1	975	M State of legal domicile AK
		ummaı				
	1		ne organization's mission or most significant activities			
ë	TO 1	PROMO	E, SUPPORT AND ADVANCE THE WELFARE OF THE PATI	ENTS.		
ā						
eL						
ò	2 Check ti	nis box 🕨	If the organization discontinued its operations or disposed of more than 25%	of its net assets	s , ,	
ජ	3 Number	of voting	members of the governing body (Part VI, line 1a)		3	6
Activities & Governance	4 Number	of indepe	endent voting members of the governing body (Part VI, line 1b)		4	6
Λiti	5 Total nu	mber of e	mployees (Part V, line 2a)		5	0
Ç	6 Total nu	mber of v	olunteers (estimate if necessary)		6	11
•	7a Total gro	ss unrela	ated business revenue from Part VIII, column (C), line 12		7a	
	1 *		iness taxable income from Form 990-T, line 34		7b	0
ග				Prior Yea		Current Year
CANAGE OS	8 Contribu	tions and	grants (Part VIII, line 1h)		6,194	3,748
经	9 Program	service	revenue (Part VIII, line 2g)			
₹	10 Investme	ent incom	e (Part VIII, column (A), lines 3, 4, and 7d)	-	3,721	69
T)	11 Other re	venue (P	art VIII, column (A), lines 5, 6d, 8c, 9 c, 10c, and 11e)	16	7,861	126,425
_			dd lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,776	130,242
₹ ₽	13 Grants a	ınd sımıla	r amounts paid (Part IX, column (A), ings 1-3)		0,153	62,032
O			181		,	
€,	15 Salaries	other co	mpensation, employee benefits (Part IX, column (A), line; (A), lines 5–10)			
⊚ %}s	16a Professi	onal fund	raising fees (Part IX, column (A), line 11e)			
Ser Ser	h Total fur	draisina	raising fees (Part IX, column (A), line 11e) PODEN, UI expenses (Part IX, column (D), line 25) ▶ OGDEN, UI			
			Part IX, column (A), lines 11a–11d, 11f–24f)	8	5,882	99,909
	II.		Add lines 13–17 (must equal Part IX, column (A), line 25)		6,035	161,941
	ł ·		penses Subtract line 18 from line 12		1,741	-31,699
- S	15 Revenue	e less ext	enses Subtract line to from line 12	Beginning of Cur		End of Year
ets (20 Total as	sets (Par	X line 16)		8,162	1,255,593
Ass	21 Total lial	•	· · · · · · · · · · · · · · · · · · ·		2,650	1,780
Net Assets or Fund Balances	22 Net asse		d balances Subtract line 21 from line 20		5,512	1,253,813
		-	e Block	2/20	J / J I Z	1/233/013
<u> </u>			es of perjury, I declare that I have examined this return, including accompanying schedules ar	d statements, and	to the best o	f my knowledge
	an	d belief, it	s true, correct, and complete Declaration of preparer (other than officer) is based on all inform	nation of which pre	parer has an	y knowledge
Sig	ın 🗼	/	on a well under		18	12.2010
He		Signatur	and all and	·		12 20.
	.~ ``		onna Pederson, Trasurer		Date	
			print name and title			
		Type of	. 00			Propared idealifiant accept
Pai	171	eparer's	Date	Check self-		Preparer's identifying number (see instructions)
	eparer's	nature	1 /2 C. C. C. C. A 08/0	4/10 employ	ed ▶ X	574-34-9292
	•	m's name	or yours Bob C. Ulbrich, CPA'		EIN ▶	·
US	e Cilly if s	elf-employ	` ` B 0000 d-l D	·	Phone	
	ad	dress, and	Anchorage, AK 99507		no 🕨	907-344-0062
May	the IRS discus	s this ret	urn with the preparer shown above? (see instructions)			X Yes No.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions DAA

4d	Other program services (Describe in Sche	dule O)			
	(Expenses \$ 15,153	including grants of \$) (Revenue \$)	
40	Total program service expenses ▶	130,517		•	

Form 990 (2009) ALASKA NATIVE MEDICAL CENTER AUXIL. 92-0055126

Pa	art IV Checklist of Required Schedules			
	•	_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
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		<u> </u>
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		X
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
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,"			v
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40		x
44	quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	11	х	
_	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 169 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		Х
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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			v
4-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	45		х
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10		
"	on Part IX, column (A), lines 6 and 11e ² If "Yes," complete Schedule G, Part I	17		х
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u> </u>		<u></u>
	If "Yes," complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
			200	

Form 990 (2009) ALASKA NATIVE MEDICAL CENTER AUXIL. 92-0055126

Pá	art IV Checklist of Required Schedules (continued)			
			Yes	No
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 12 If "Yes," complete Schedule I, Parts I and II	21		X
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	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 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		х
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 through 24d and complete Schedule K. If "No," go to line 25	24a		x
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		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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		X
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	- 1		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
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		х
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?	1		
	If "Yes," complete Schedule L, Part III	27		х
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		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
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 direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		_ X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ŀ		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
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		X
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		X
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	ļ	X
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		X
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	L	X
			_ 001	(2000)

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	1 1				
	U.S. Information Returns. Enter -0- if not applicable	1a	0]		
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 report	able				
	gaming (gambling) winnings to prize winners?			1c		X
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	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	y				
	this return?			3a	ļ	X
b	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 auth	-				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ıal				
	account)?			4a	ļ	X
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 Bar	ık				
	and Financial Accounts			_		.,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		_ <u>x</u> _
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng		l _		
٥-	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					х
L	organization solicit any contributions that were not tax deductible?	~-		_6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions gifts were not tax deductible?	UI		6b		
7	Organizations that may receive deductible contributions under section 170(c).			60		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	de				
a	and services provided to the payor?			7a	·	x
b	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			1.5		
	required to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	onal		1	:	
	benefit contract?			7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•		7f		X
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	<u> </u>	
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	ļ	X
9	Sponsoring organizations maintaining donor advised funds.			F		
а	Did the organization make any taxable distributions under section 4966?			9a	ļ	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	<u> </u>	Х
10	Section 501(c)(7) organizations. Enter	ایدا				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-{		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-{		
11	Section 501(c)(12) organizations. Enter	المدا				
a	Gross income from members or shareholders	11a	 -	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
120	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	11b		122	1	х
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12a		
	in 103, onto the amount of tax-exempt interest received of accided during the year	1 140		F	ł .	ł

AKMEDICAL 08/04/2010 7 24 AM Form 990 (2009) ALASKA NATIVE MEDICAL CENTER AUXIL. 92-0055126 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? X Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Does the organization have local chapters, branches, or affiliates? 10a 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 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the

	ioini'			- 22
11a	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		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
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		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, 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		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		. 1	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			

Section	C. Disclosure		
			

the organization's exempt status with respect to such arrangements?

Another's website Upon request

17	List the states with which a copy of this Form 330 is required to be filed
18	Section 6104 requires an organization to make its Forms 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	Describe in Schedule	e O whether (and if so, he	ow), the	organizatio	n makes its	governing do	cuments,	conflict of ir	nteres
	nolicy and financial s	statements available to th	ne nublic						

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ RUSTY BECKER 4315 DIPLOMACY DRIVE

ANCHORAGE

AK 99516

907-277-2685

16b

DAA

Form 990 (2009)

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 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, 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

X Check this box if the organization		sate a	any d	curre	nt of	ficer,	dire	ector, or trustee		
(A) Name and Title	(B) Average		(C) Position (check all that apply)				oply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SEE ATTECHED LIS	Т							0	0	0
			-							

990 (2009) ALASKA N.											F
(A) Name and Title	(B) Average	T		((C)	yees, that ap		Highest Compensated E (D) Reportable	(E) Reportable	(F) Estima	ated
•	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amour othe compens from organiz and rel organiza	er sation the ation ated
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otal							•				
otal number of individuals (in	-		_	ose	liste	d abo	ve) v	who received more than \$1	100,000 in		
eportable compensation from	the organization	<u> </u>	0							<u> </u>	Yes
old the organization list any fo mployee on line 1a? If "Yes," for any individual listed on line	complete Schede 1a, is the sum of	ule J of repo	for s ortab	uch i le co	ndıv mpe	idual ensat	ion a	and other compensation fro	om	3	
he organization and related o ndividual Did any person listed on line 1									uch	4	
ervices rendered to the organism B. Independent Contract		' com	plete	Sch	edul	e J fo	or su	ch person		5	Ĺ
Complete this table for your five	ve highest compe	ensate	ed inc	depe	nder	nt cor	ntrac	tors that received more tha	an \$100,000 of		
compensation from the organi Name an	(A) Id business address							Descri	(B) ption of services	Co	(C)
								=			
_	 						-				
							-	.			
							\vdash		· · · · · · · · · · · · · · · · · · ·		
							1				

more than \$100,000 in compensation from the organization ▶

Pa	rt V	III Statement of Reve	nue						
)				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SS	12	Federated campaigns	1a			· · · · · · · · · · · · · · · · · · ·	10101120		5,0,0,0,0,7
ant		Membership dues	1b			I			
P		Fundraising events	1c			I			
Program Service Revenue Contributions, gifts, grants and other similar amounts		Related organizations	1d			1	1		
	•	Government grants (contributions)	1e			•	1		
	•	All other contributions, gifts, grants,	- `			1			
E E	•	and similar amounts not included above	1f		3,748	‡			
들임	g	Noncash contributions included in lines 1a-		\$		1			
SE	h			•	•	3,748			
<u>e</u>					Busn. Code		-		
eun	2a								ULL AND THE STATE OF THE STATE
Re	b								
<u>:</u>	c								
Šez	d								
Ë	е								
g	f	All other program service reven	ue						
4	g	Total. Add lines 2a-2f							
	3	Investment income (including d	ividen	ds, interes	it, and				
		other similar amounts)			•	69			69
	4	Income from investment of tax-	exemp	t bond pr	oceeds 🕨				
	5	Royalties			•				,
		(ı) Real		(11) 1	Personal	1			
	6a	Gross Rents		-		1			
	b	Less rental exps				1		1	
	С	Rental inc or (loss)				‡			
	d 7a	Net rental income or (loss) Gross amount from (1) Securities		1	•				
		sales of assets (i) Securities	·	(11)) Other	1		-	
	_	other than inventory		 		}			
	b	Less cost or other		ĺ				-	
		basis & sales exps		 		1			
	C	Gain or (loss)		<u> </u>		ŧ			
	d	Net gain or (loss) Gross income from fundraising ever	nto.	ſ 					
ne	oa	(not including \$	แอ						
ven		of contributions reported on line 1c).				I			
æ		See Part IV, line 18	a			1			
Other Revenue	ь	Less direct expenses	b			1		•	
ō		Net income or (loss) from fundi	aising	events	•				
		Gross income from gaming activities							
		See Part IV, line 19	а			1			
	b	Less direct expenses	b			-			-
		Net income or (loss) from gami	ng act	ıvıtıes	•				
		Gross sales of inventory, less							
		returns and allowances	а		813,289	1			
	b	Less cost of goods sold	b		686,864				
	С	Net income or (loss) from sales	of inv	entory	•	126,425	126,425		
		Miscellaneous Revenue)		Busn. Code				
	11a								
	b							<u> </u>	
	С					<u> </u>			
	d								
	е	Total. Add lines 11a-11d			>	<u>-</u>			
	12	Total Revenue. See instruction	ns			130,242	126,425		69

Form 990 (2009)

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).

	' All Other Organizations must				
	not include amounts reported on lines 6b, 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				
2	Grants and other assistance to individuals in				
2	the U.S. See Part IV, line 22	62,032	62,032	İ	
	·	02,032	02,032		·
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				
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				- · · -
b	Legal				
С	Accounting	10,502		10,502	
d	Lobbying				
0	Professional fundraising services 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				
17	Travel				
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	211	211		
23	Insurance				
				1	
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	COMMUNITY OUTREACH PROGRA	50,553	50,553		
b	HERITAGE COLLECTION FUND	11,074	11,074		
C	SUPPLIES	7,803		7,803	
d	INSURANCE	6,739	2 060	6,739	
9	SPECIAL ALLOCATIONS	3,868 9,159	3,868 2,779	6 200	
	All other expenses	161,941	130,517	6,380 31,424	
25	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ If following	101,541		31,424	
26	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
	rana, aloning obligations				

_	art)	R Balance Sheet		· · · · · · · · · · · · · · · · · · ·		
	•	· · · · · · · · · · · · · · · · · · ·		(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		1,277	1	1,290
	2	Savings and temporary cash investments		564,093	2	523,781
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	-500
	5	Receivables from current and former officers, directors, tri	ustees, key			
		employees, and highest compensated employees Comple	ete Part II of			‡
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined u.	nder section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use		193,632	8	201,933
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a 2,086			
	ь	Less accumulated depreciation	10b 1,980		10c	106
	11	Investments—publicly traded securities		528,843	11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	528,983
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,288,162	16	1,255,593
	17	Accounts payable and accrued expenses		905	17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
Š	21	Escrow or custodial account liability Complete Part IV of S	Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees				
<u>=</u>		employees, highest compensated employees, and disqual				
<u></u>		persons Complete Part II of Schedule L			22	İ
_	23	Secured mortgages and notes payable to unrelated third p	arties		23	
	24	Unsecured notes and loans payable to unrelated third part			24	
	25	Other liabilities Complete Part X of Schedule D		1,745	25	1,780
	26	Total liabilities. Add lines 17 through 25		2,650	26	1,780
S		Organizations that follow SFAS 117, check here ▶	and			
ည		complete lines 27 through 29, and lines 33 and 34.				
<u>a</u>	27	Unrestricted net assets		1	27	
Ba	28	Temporarily restricted net assets			28	
ğ	29	Permanently restricted net assets			29	
בַּ		Organizations that do not follow SFAS 117, check here	• ► X			
ř		and complete lines 30 through 34.				
S	30	Capital stock or trust principal, or current funds			30	
šet	31	Paid-in or capital surplus, or land, building, or equipment fu	und		31	
AS!	32	Retained earnings, endowment, accumulated income, or o		1,285,512	32	1,253,813
Net Assets or Fund Balances	33	Total net assets or fund balances		1,285,512	33	1,253,813
ž	34	Total liabilities and net assets/fund balances		1,288,162	34	1,255,593

Form **990** (2009)

Form 990 (2009) ALASKA NATIVE MEDICAL CENTER AUXIL. 92-0055126		Pag	ge 12
Part XI Financial Statements and Reporting			
•		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain in			Ė
Schedule O			ĺ
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		Х
c If "Yes" to line 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		
If the organization changed either its oversight process or selection process during the tax year, explain in			
Schedule O			į
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			Ė
issued on a consolidated basis, separate basis, or both			ĺ
Separate basis Consolidated basis Both consolidated and separate basis			ĺ
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1
the Single Audit Act and OMB Circular A-133?	3a		
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		
	Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALASKA NATIVE MEDICAL CENTER AUXIL.

Employer identification number 92-0055126

Pa	πι	Reas	on for Public Charity	Status (All organizations	must co	omplete	uns p	art.) S	ee ins	tructio	ons	
he c	rgar	nization is not a	a private foundation because	it is (For lines 1 through 11, che	eck only or	ne box)						
1	Ц	A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(<i>l</i>	A)(i).					
2		A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3		A hospital or	a cooperative hospital service	e organization described in secti	ion 170(b)	(1)(A)(iii).						
4		A medical res	earch organization operated	in conjunction with a hospital de	scribed in	section 1	70(b)(1)	(A)(III).	Enter th	e hospi	tal's name,	
		city, and state	•									
5	П	An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	rnmenta	l unit de	scribed	ın		
		section 170(b)(1)(A)(iv). (Complete Part I	1)								
6	П	-		vernmental unit described in sec	tion 170(b)(1)(A)(v).					
7	Ħ		•	ubstantial part of its support from	•		•	the aer	neral pu	blic		
		_	section 170(b)(1)(A)(vi). (Co	, , , , , , , , , , , , , , , , , , , ,	•							
8	П			'0(b)(1)(A)(vi). (Complete Part II)							
	X	•		more than 33 1/3 % of its suppo		ntributions	s. memb	ership fe	es, and	aross		
	رت			ot functions—subject to certain e								
		•	•	f unrelated business taxable inco	-							
		• •	•	, 1975 See section 509(a)(2). (11 (42)	0111 00011	100000			
10				clusively to test for public safety			2)/4)					
11	\vdash	•	·	clusively for the benefit of, to pe		-		carn/ ou	t the			
' '	Ш	•	•	d organizations described in sec				•		tion		
		•		e type of supporting organization								
				c Type III-Functions			ا الم		· e III–Otł	201		
_	\Box	- ·	٠٠ لــا	nization is not controlled directly			or more			iei		
θ	Ш			and other than one or more public		•		-		tion		
		•	ection 509(a)(2)	ind other than one of more public	ciy suppoi	leu organ	izations (Jescribe	u III 360	MOH		
_			, , , ,	mination from the IRS that it is a	Type I Ty	ne II or T	waa III e	unnortini	a			
f		-	check this box	illination from the INS that it is a	iype i, iy	pe II, OI I	ype iii si	upporting	y			\Box
_		_		on accepted any gift or contributi	on from a	av of the						Ш
g		•	•	on accepted any gift of contributi	on nom a	ly of tite						
		following per:		strala author along or together	th	doooribo	d ()				Vac	LNa
		• • •	•	ntrols, either alone or together wi	in persons	describe	G III (II)				Yes	No
		, ,	pelow, the governing body of member of a person describe	• •							11g(i)	+-
			ontrolled entity of a person de	**							11g(ii)	+-
L		. ,	•	** **							[11g(iii)]	
<u>h</u>		of supported	ollowing information about the		(m/) le the (organization	(v) Did v	ou notify	(vi) (s the	(VII) Amount of	
(1)		anization	(ii) EIN	(III) Type of organization (described on lines 1–9		sted in your		ization in	organizat		support	ļ!
	·			above or IRC section	governing	document?	col (I) supp		(i) organi U S			
				(see Instructions))	Yes	No	Yes	No	Yes	No		
		· · · · · · · · · · · · · · · · · · ·			100	110	103	- 110			·	
			•		}							
					†							
												
			-			<u> </u>						
					1							
otal					1							
		ou Act and Br	Populary Poduction Act No	tice see the Instructions for	.I	1	L	L	Schod:		orm 990 or 990 E7	2000

			VE MEDICAL			2-0055126	Page 2
7					(1)(A)(IV) and	1/U(¤)(1)(A)(VI)	
Sec	(Complete only if you che ction A. Public Support	ecked the box	on line 5, 7, or	o or Part 1)			
	lendar 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")	(4) 2000	(8) 2000	(0) 2001	(4) 2000	(0) 2000	(i) Total
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		I				
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 from line 4		<u> </u>				
	tion B. Total Support		T	T	r	1	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				-		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)		=				
11	Total support. Add lines 7 through 10	L	<u> </u>	L	1	140	
12	Gross receipts from related activities, etc. (•		L 64L t		12	
13	First five years. If the Form 990 is for the	•	secona, tnira, tourt	n, or τίπη tax year a	as a section 501(c)	(3)	. □
Sec	organization, check this box and stop here tion C. Computation of Public Su		ane		 		
	Public support percentage for 2009 (line 6,	 		(A)		14	%
14	Public support percentage from 2008 Sche			(1))			
15	,, ,	•		and line 14 is 22	1/2 9/ or more shi	15	%_
16a	33 1/3 % support test—2009. If the organiand stop here. The organization qualifies a			5, and line 14 is 55	1/3 /6 Of Hiore, Cit	SCK (IIIS DOX	▶ □
	· · · · · · · · · · · · · · · · · · ·		•	or 16a, and line 15	12 22 1/2 9/ or mor	a abaak thia	
р	33 1/3 % support test—2008. If the organi				15 33 1/3 76 01 11101	e, check this	▶ □
470	box and stop here. The organization qualif		· · · · · ·		as 16h and line 14	L to 100/ an	
17a	10%-facts-and-circumstances test—200	-					
	more, and if the organization meets the "factorization meets the "facto			· ·	•	v now the	▶ □
h	organization meets the "facts-and-circumst					no 15 io 100/	
b	10%-facts-and-circumstances test—200	-					
	more, and if the organization meets the "facts and circumst					v now the	▶ □
18	organization meets the "facts-and-circumst Private foundation . If the organization did					actructions	ZH
10	Tivate foundation. If the organization did	HOLDIECK & DOX OF	imie 13, 10a, 10b,	Tra, or Tru, Check	i iiio box anu see ii	เอเเนตเเซาเร	

Schedule A (Form 990 or 990-EZ) 2009

AKMEDICAL 08/04/2010 7 24 AM ALASKA NATIVE MEDICAL CENTER AUXIL. Schedule A (Form 990 or 990-EZ) 2009 92-0055126 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part 1) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (d) 2008 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 3,667 12,677 13,725 6,194 3,748 40.011 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 1,210,273 1,196,067 1,215,507 1,076,338 813,289 5,511,474 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 5 The value of services or facilities furnished by a governmental unit to the organization without charge 7,500 7,500 7,500 7,500 7.500 37,500 6 Total. Add lines 1 through 5 1,221,440 1,216,244 1,236,732 1,090,032 824,537 5,588,985 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support (Subtract line 7c from line 6) 5,588,985 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 1,221,440 1,216,244 1,236,732 1,090,032 824,537 5,588,985 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 7,659 14,979 16,946 3,721 69 43,374 sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 7,659 14,979 16,946 3,721 69 43,374 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 gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, and 12) 824.606 5,632,359 1,229,099 1,231,223 1,253,678 1,093,753 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) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 99.23% Public support percentage from 2008 Schedule A, Part III, line 15 16 99.28% Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 17 1% Investment income percentage from 2008 Schedule A, Part III, line 17 18 18 1% 33 1/3 % support tests—2009. 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 % **support tests—2008**. 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

<u>20</u> DAA Schedule A (Form 990 or 990-EZ) 2009 ALASKA NATIVE MEDICAL CENTER AUXIL. 92-0055126

Page 4

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 Provide any other additional information. See instructions

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.

OMB No 1545-0047

Open to Public Inspection

► Attach to Form 990. ► See separate instructions. Name of the organization Employer identification number ALASKA NATIVE MEDICAL CENTER AUXIL. 92-0055126 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2с d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Part IV Can representations a pages, trusted in a second properties of Art, Historical Treasures, or Other Similar Assets (continued)	Sched	dule D (Form 990) 2009 ALLASKA NAI	TAP WEDICHT	CENTER AUX	YTD. 32-00	J22T70	F	Page ≱
a Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of is collection dems (check at that apply) a X Public exhibition	Pa	rt III Organizations Maintaining	Collections of Art,	Historical Treas	ures, or Other	Similar Assets		
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 2b If "Yes," explain the arrangement in Part XIV and complete the following table 2 Beginning balance 3 Additions during the year 4 Distributions during the year 5 Distributions during the year 6 Distributions during the year 7 Ending balance 8 Distributions during the year 9 Distributions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 3 Distributions during the year 9 Distributions during the year 1 Ending balance 1 Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 1 Beginning of year balance 2 Distributions 3 Distributions 1 Administration expenses 9 End of year balance 9 Contributions 1 Administrative expenses 9 End of year balance 1 City Three years back (0) Three years ba	3		and other records, check	any of the following	that are a significant	use of its		
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 2b If "Yes," explain the arrangement in Part XIV and complete the following table 2 Beginning balance 3 Additions during the year 4 Distributions during the year 5 Distributions during the year 6 Distributions during the year 7 Ending balance 8 Distributions during the year 9 Distributions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 3 Distributions during the year 9 Distributions during the year 1 Ending balance 1 Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 1 Beginning of year balance 2 Distributions 3 Distributions 1 Administration expenses 9 End of year balance 9 Contributions 1 Administrative expenses 9 End of year balance 1 City Three years back (0) Three years ba	а	X Public exhibition	d 🗍 Loan	or exchange program	ns			
c				or enumange program				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV. Jine 9, or reported an amount on Form 990, Part X, Jine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves Stephan the arrangement in Part XIV and complete the following table Amount 10	С		- <u>_</u>			-		
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Secrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 2, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is if "Yes," explain the arrangement in Part XIV and complete the following table Is the organization and the part XIV Is the contributions during the year It does not be sufficient or the part XIV It is the part XIV It	5	During the year, did the organization solicit or re					□ vas 5	K No
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Included on Form 990, Part X? If 'Yes,' explain the arrangement in Part XIV and complete the following table Amount Ic	12		·		accets not			
b If "Yes," explain the arrangement in Part XIV and complete the following table Amount Complete Comple	IG		or other intermediary for t	continuations of other	assets 110t		[] Vaa [٦ ٨,٠
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e Distributions during the year 16								
1 ft yes								
Dut the organization include an amount on Form 990, Part X, line 21? Yes Yes Explain the arrangement in Part XIV		• ,						
b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back		•				1f		
Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back		•	1 990, Part X, line 217				Yes _	No
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years				1 (1) / 11 /		. 13 / 43 / 45		
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and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶	d	Grants or scholarships						
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(ii) unrelated organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (investment) (a) Cost or other basis (other) (b) Cost or other depreciation (c) Accumulated (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other Other		organization by					Yes	No
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (i		(i) unrelated organizations						
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (in		(ii) related organizations						
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Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land		•	•					
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Schedule D (Form 990) 2009 ALASKA NATIVE MEDICA		92-0055126	Page 3
Part VII Investments—Other Securities. See Form 9			
(a) Description of security or category	(b) Book value	(c) Method of	
(including name of security)		Cost or end-of-year	r market value
Financial derivatives			
Closely-held equity interests			·
Other	_		
	_		
	_		
	_		
	_		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. See Form			
(a) Description of investment type	(b) Book value	(c) Method of	valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year	
			THAIRCE VALUE
			·
		·	
		-	

			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX Other Assets. See Form 990, Part X, line 15			
(a) Description		<u> </u>	(b) Book value
HERITAGE NATIVE ART CO	OLLECTION.		528,983
MENTINGE MATTY AND CO	<u>BEECTION</u>		320,903
			
 			-
	·	,	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		>	528,983
Part X Other Liabilities. See Form 990, Part X, line	25		
1 (a) Description of liability	(b) Amount		
Federal income taxes			
GIFT CERTIFICATES	1,780		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 1,780		
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organic		hat reports the	

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 ALASKA NATIVE MEDICAL CENTER A	IXU	L. 92-005512	26	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to A	Audit	ed Financial Statem	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
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	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
	rt XII Reconciliation of Revenue per Audited Financial Statemen	ts Wi	th Revenue per Re		
1	Total revenue, gains, and other support per audited financial statements		<u></u>	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			•	
- а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		1	
c	Recoveries of prior year grants	2c		1 1	
_	Other (Describe in Part XIV)	2d		1 1	
d	Add lines 2a through 2d	Zu		ا ۾ ا	
e	Subtract line 2e from line 1			2ө	
3		1 1		1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ا ـ ا			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIV)	4b		┨. ऻ	
_C	Add lines 4a and 4b			4c	
<u> </u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		Gh Funanas nan F	5	<u> </u>
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts v	vitii Expenses per r	teturr	1
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	ا ـ ا			
a	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b		-	
C	Other losses	2c		-	
d	Other (Describe in Part XIV)	2d		-	
е	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1	1 1		3	
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		4 1	
	Other (Describe in Part XIV)	4b		4	
C	Add lines 4a and 4b			4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Pa	rt XIV Supplemental Information				
Com	plete 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 2	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	2d and	4b Also complete		
	art to provide any additional information				
_P	art III, lINE 4 - Collection and Relation to	_Ex	empt Purpose	one	!
_	the purposes of this organization is to ma	int	ain a collect	tion	
	THE Purposes of this ordanization is to me		a_11_a_c_11ec	CT 011	
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i	n the Alaska Native Medical Center				
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

9
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20
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OMB No 1545-0047

Open to Public Inspection

Employer identification number

	ALASKA NATIVE MEDICAL CENTER	AL CENTER	AUXIL.	Б.		92-00	92-0055126		
Part I	General Information on Grants and Assistance	Assistance							
1 Doe:	Does the organization maintain records to substantiate the amount of the grants the selection criteria used to award the grants or assistance?	amount of the gra	nts or assist	or assistance, the grantees' eligibility for the grants or assistance, and	libility for the grants or	assistance, and		X Yes	8
2 Desc	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	oring the use of gr	ant funds in	the United States]]
Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Dart IV and School 14 (Form 900) if additional energies is peopled.	vernments an cipient that recipient	d Organi seived m	Organizations in the United States. Complete if the organization answered "Yes" to lived more than \$5,000. Check this box if no one recipient received more than \$5,000 colors.	ited States. Com Sheck this box if n	olete if the orga to one recipient	nization answereceived more	ered "Yes" to e than \$5,000. Use	_
-	(a) Name and address of organization	(b) FIN	(c) IRC	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation	to notamosed (a)	(h) Pumose of grant	.
-	or government	(2)	section if applicable		assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance	-
2 Ente	Enter total number of section 501(c)(3) and government organizations	ganizations						A 4	
For Privac	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	e Instructions for	Form 990.					Schedule I (Form 990) 2009	990) 2009
מסני									

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

	als in the United States. Complete If the organization answered "Yes" to Form 990, Part IV, line 22.	
92-0055126	Complete if the organization ans	Jed
Schedule I (Form 990) 2009 ALASKA NATIVE MEDICAL CENTER AUXIL.	nce to Individuals in the United States.	I-1 (Form 990) if additional space is needed
m 990) 2009 ALASKA NAI	Grants and Other Assistance to Individual	Use Part IV and Schedule I-1 (Form 990) if
Schedule I (For	Part III	

	Use Part IV and Schedule I-1 (Form 990) if additional	(Form 990) if addition	ial space is needed.			
<u>ت</u>	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
SCHOLA	SCHOLARSHIPS	42	62,032			
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	omplete this part to p	rovide the information	n required in Part I, li	ne 2, and any other additior	nal information

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

ΙĘ Scholarships are paid directly to the school of recipients attending.

student does not attend school then the scholarship is returned to the

auxillary.

Schedule I (Form 990) 2009

ALASKA NATIVE MEDICAL CENTER AUXILIARY
EIN# 92-0055126
SCHOLARSHIP RECIPENT LIST
TAX YEAR 2009

Туре	Date	Run	Name	Address	NSS	Amount
Check	07/27/2009	1301	Abegail Chris	8320 Henery Cır Anchorage Ak		1,500.00
Check	05/01/2009	1299	Alaska Pacific University	4101 University Drive Anchorage, AK 99508		5,000 00
Check	09/20/2009	1343	Alyssa Hoskie	4319 E. 5th Ave Anchorage, AK 99508		2,500 00
Check	07/27/2009	1302	Amanda McKenney	PO Box 770914 Eagle River Ak 99577		1,500.00
Check	11/30/2009	1344	Antonio Arroyo	8505 Rangeview Ave Anchorage, AK 99504		1,000 00
Check	09/17/2009	1341	Casey Roberts	PO Box 755 Whittier Ak 99693		1,500.00
Check	07/27/2009	1310	Changkuk R Rolland Kaeraiuak			1,500 00
Check	07/27/2009	1315	Chelsie Burgett	P O Box 19107 Anchorage, AK 99519		1,000 00
Check	08/03/2009	1325	Cheryl Lestenkof	1831 33rd # 4 Anchorage AK 99503		5,000 00
Check	08/23/2009	1333	Christina Keller	3351 Kendall Loop Anchorage, AK 99507		1,000 00
Check	09/20/2009	1342	Crystal Worl	PO Box 221676 Anchorage, AK 99522-1676		1,000 00
Check	08/26/2009	1335	Darin J Pestrikoff	7710 Ascot Anchorage, AK 99502		1,000.00
Check	07/27/2009	1309	Dustin Carl	PO Box 211583 anchorage AK 99521		1,500 00
Check	07/27/2009	1322	Elle Fuller	833 Commercial Dr Anchorage, AK 99654		1,000.00
Check	07/27/2009	1318	Erın Feller	1951 Blue Grass Circle Anchorage, AK 99502		1,000 00
Check	07/27/2009	1303	Ethan Hughton	2607 Puffin Point Cir Anchorage AK 99507		1,500 00
Check	02/28/2009	1323	George Ilustık	2821 Beluga Bay Circle Anchorage, AK 99507		1,000 00
Check	08/26/2009	1336	Gerald Pestrickoff	7710 Ascot ST Anchorage AK 99502		1,000 00
Check	07/27/2009	1308	Gwebdolyn DeGrass	5842 Dow Place Anchorage AK 99507		1,500 00
Check	07/27/2009	1311	Haeley Necolet-Loyd	11053 Bluff Creek Circle Anchorage AK 99515		1,500 00
Check	07/27/2009	1317	lan Broste	7900 Alatna Avenue Anchorage, AK 9950		1,000 00
Check	07/27/2009	1313	Janell Sharp	1250 Landmar St Anchorage AK 99515		1,500 00
Check	08/03/2009	1327	Janie Ferguson	925 Shakespeare Circle Anchorage, AK 99503		1,000.00
Check	09/15/2009	1339	Jermaine Jackson	8912 Huber House S Quad 600 E Madison		1,000 00

Check	02/20/2009	1300	Justena Ilutsek	Alif Albor, Mr. 46 109-1372 2821 Beluga Bay Circle Anchorage, AK 99507	1,500 00
Check	08/26/2009	1334	Kayen Kaeraluak		1,500 00
Check	01/27/2009	1306	Kelsey Campbell	311 Anna St Palmer Ak 99645	1,500 00
Check	08/12/2009	1332	Kera Larochelle	5901 E 6th Avenue, Apt 68	1,000 00
				Anchorage, AK 99504	
Check	08/03/2009	1330	Kimberly Ayek	9531 Emerald St Anchorage Ak 99502	1,000 00
Check	02/22/2009	1319	Kyle Foster	3703 S 194th St SeaTac WA	1,000 00
Check	04/06/2009	1297	Kyle N Foster	8307 Jewel Lake Road, Unit C	1,000 00
				Anchorage, AK 99502	
Check	07/27/2009	1321	Megan Aspelund	2540 Brandy Circle Anchorage, AK 99516	1,000 00
Check	07/27/2009	1314	Mellisa A Johnson	PO Box 142182 Anchorage AK 99514	1,000 00
Check	02/22/2008	1320	Michon Alvariz	PO Box 243123 Anchorage AK 99524	1,000 00
Check	08/03/2009	1329	Monica S KooKesh	4631 Juneau St #18 Acnhorage Ak 99508	1,000 00
Check	09/17/2009	1340	Muriel A Lewis	1101 Dunedin Street Wasilla, AK 99654	1,000 00
Check	08/26/2009	1337	Patrick R Pestrikoff	7710 Ascot Street Anchorage, AK 99502	1,000 00
Check	08/03/2009	1328	Rachael Ferguson	925 Shakespeare Circle Anchorage, AK 99503	1,000 00
Check	08/12/2009	1331	Sharon Merritt	Box 29 Goodnews Bay	2,000 00
Check	07/27/2009	1312	Spencer Broste	7900 Alatna Anchorage AK 99507	1,500 00
Check	07/27/2009	1316	Talitha Ferger	8451 Comet Court Anchorage Ak 99507	1,000 00
Check	08/03/2009	1326	Tina Marie Woods	9400 Cantom LOOP Anhorage Ak 99518	5,000 00
Check	04/25/2009	1298	Univ of Alaska Foundation	PO Box 755080 Fairbanks, AK 99775-5080	3,000 00
Check	07/27/2009	1307	Zandra Christenson Vavalis	1200 S Bodenburg Loop Palmer AK 99645	00 0
Deposit	08/03/2009		misc		468 00
Deposit	10/30/2009				11 -3,500 00
					62,032 00

SCHEDULE O

Supplemental Information to Form 990

(Form 990)

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALASKA NATIVE MEDICAL CENTER AUXIL.

Employer identification number 92 - 0055126

Form 990, Part III, Line 4d - All Other Achievements

SPECIAL GRANTS/ALLOCATIONS - PATIENTS AND THE HOSPITAL

BENEFIT BY RECEIVING SUPPLIES AND EQUIPMENT FOR

MEDICAL CARE.

HERITAGE COLLECTION - DISPLAY NATIVE ARTWORK AND CRAFT COLLECTION THROUGHOUT HOSPITAL TO PROMOTE A HEALING ATMOSPHERE.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 Both Rusty Becker (charge of the books) and the Board of Directors review the 990 tax form.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The 990 and other documents are available to the public upon request. "AKMEDICAL ALASKA NATIVE MEDICAL CENTER AUXIL. 92-0055126 Federal Asset Report

Less: Dispositions and Transfers Less: Start-up/Org Expense

Net Grand Totals

08/04/2010 7:24 AM

1,769

211

Form 990, Page 1

FYE: 12/31/2009

Asset	Description	Date In Service	Cost	Bus <u>%</u>	Sec 179Bonus	Basis for Depr	<u>Per</u>	Conv Meth	Prior	Current
	RS: RINTER . 9300 COMPUTER	11/06/01 5/09/05 =	250 1,836 2,086		X -	175 1,836 2,011	_	HY 200DB HY 200DB	250 1,519 1,769	0 211 211
	Grand Totals		2 086			2 011			1 769	211

2,086

2,011

ARMEDICAL ALASKA NATIVE MEDICAL CENTER AUXIL.
92-0055126 Federal Statements

92-0055126

8/4/2010 7:24 AM

FYE: 12/31/2009

Taxable Interest on Investments

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
INTEREST INCOME	\$ 69		14		
Total	\$ 69				

### Service Se	•			
Stant Manager Stant St	8/4/2010 7:24 AM •	Fund Raising		
All Other Expenses Program Service \$ 2,724 \$ \$ 2,779		Management &		
	ements	Form 990, Part IX, Line 24f - All Other Expenses Total Expenses	2, 2,	
	MEDICAL ALASKA NATIVE MEDICAL CENTER AUXIL. 92-0055126 FYE: 12/31/2009	Description	POSTAGE & TELEPHONE SPECIAL SALES EXPENSES MEMBERSHIP MAINTENANCE BANK FEES STORAGE FEES VOLUNTEER EXPENSES	

ALASKA NATIVE MEDICAL CENTER AUXILIARY EIN# 92-0055126 BOARD OF DIRECTORS

Name Carole Solheım Holly Ambrose Betsy Armbrust	Title President Vice President Secretary	2009 TAX RETURN Address 2600 Melvin Ave , Anc AK 99517 18409 Stillwater Dr , Eagle River, AK 99577 9900 Basher Dr , Anc. AK 99507	Average hours/week 3 1	Compensation 0.00 0.00 0.00	Contributions to Employee Benefits Plans Deferred Comp 0 00	Expense Accounts and Other Allowances 0 00 0 00 0 00
Donna Pederson	Treasurer	2928 Princeton Way, Anc , AK 99508	8	0.00	00 0	00 0
Innette Hathaway	Member at Large	2115 Dawnlight Court, Anc , AK 99504	1/2 hr	0.00	0.00	00 0
Pat Hackley	Member at Large	4550 E. 135th Ave , Anc , AK 99516	1/2 hr	0.00	000	00 0

. 4562

Department of the Treasury Internal Revenue Service •

Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions.

► Attach to your tax return.

OMB No. 1545-0172 2009

tachment

Name(s) shown on return Identifying number ALASKA NATIVE MEDICAL CENTER AUXIL. 92-0055126 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part 1 Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instri Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 211 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property f 20-year property S/L 25-year property 25 yrs Residential rental 27 5 yrs ММ S/L property MM 27 5 yrs S/L MM Nonresidential real 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

portion of the basis attributable to section 263A costs

For Paperwork Reduction Act Notice, see separate instructions.

Summary (See instructions.)

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

Listed property Enter amount from line 28

Form 4562 (2009)

211

MM

23

12 yrs

40 yrs

S/L

S/L

S/L

21

22

20a

21

22

Class life

12-year

40-year

Part IV