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Exempt Organization Business Income Tax Return 6.06 2018 2017 2017 2017 or other tax year region group for under section 6338/year and other formation. On the test SST numbers on this form is that the headed place if your organization is 591(c)(3). The didness changed address changed address changed as the section		es .							270	001	75~	~ ·
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						reater th				32 34		U . orm 990-T (2017)

Forn	n 990-`	T (2017) Big River Pu	blic Broadcasting Corp		92	-0107728	Page 2
Pai	rt III	Tax Computation					
á	Çonta Enter (1) (\$ Enter	rolled group members (sections ryour share of the \$50,000, \$25 (2) rorganization's share of: (1) Ad	ditional 5% tax (not more than \$11,750)	e instructions and: rackets (in that order):			
	, ,	dditional 3% tax (not more than	· · · · · · · · · · · · · · · · · · ·	\$		35.0	0
	Trust on lin	ne tax on the amount on line 34 ts Taxable at Trust Rates. See in 34 from Tax rate sch y tax. See instructions native minimum tax	nstructions for tax computation Income		.	35 c 36 37 38	0.
39	Tax o	on Non-Compliant Facility Inco	me. See instructions			39	
		. Add lines 37, 38 and 39 to lin			i	40	0.
	rt IV		_ .				
42	Other Gene Credi Total Subtr	r credits (see instructions) ral business credit. Attach Forn it for prior year minimum tax (a l credits. Add lines 41a through ract line 41e from line 40	ttach Form 8801 or 8827)	41 a 41 b 41 c 41 d		41 e 42	0. 0.
		Other (attach schedule)				43	
44	Total	tax. Add lines 42 and 43				44	0.
t c c f	2017 Tax of Foreign Backing Credit Other	up withholding (see instructions	outhheld at source (see instructions)	45 a 45 b 45 c 45 d 45 e 45 f			
46	Total	payments. Add lines 45a throu	gh 45g	· · · · · · · · · · · · · · · · · · ·		46	0.
47 48 49	Tax o	due. If line 46 is less than the to payment. If line 46 is larger tha	ons) Check if Form 2220 is attached tal of lines 44 and 47, enter amount owe in the total of lines 44 and 47, enter amount over the total of lines 44 and 47, enter amount over the total of lines 44 and 47, enter amount of the total of lines 44 and 47, enter amount of the total of lines 44 and 47, enter amount of the total of lines 44 and 47, enter amount of lin	unt overpaid		47 48 49	
50		_	tredited to 2018 estimated tax		Refunded >	50	
51	finance Repo Durin If YES	y time during the 2017 calenda cial account (bank, securities, or oth rt of Foreign Bank and Financia g the tax year, did the organiza S, see instructions for other for	Certain Activities and Other Information (Information) and the organization have an integer) in a foreign country? If YES, the organication and the first organization from, or was inside the organization may have to file	rest in or a signature of anization may have to f he foreign country here t the grantor of, or tran	r other authoule FinCEN Fo	orm 114, 	Yes No X X
_53	Enter	the amount of tax-exempt inte	est received or accrued during the tax y	ear ► \$	0.		
Sigi Her	n e	Under penalties of perjury, I declare that belief, it is true, correct, and complete	t I have examined this return, including accompanyin Declaration of preparer (other than taxpayer) is base 05/15/2019 Date	k	ſ	May the IRS discuss the preparer shown to constructions)?	this return with pelow (see
Paid Pre- pard Use	- er		Preparer's signature Stefani Dalrymple OUNTING & CONSULTING INC	Date 05/15/2019		PTIN P006831 20-8100291	
Only		Firm's address 810 BARNE			1_	007 470	0063
BAA		FAIRBANKS	, AK 99701 TEEA0202L 03/26/18	`	Phone no	907-479-1	9863 990-T (2017)

TOUTH SOUTH TO THE TOTAL	Tubile bloades	scring corp				0407720	. ago o
Schedule A — Cost of Goods	Sold. Enter method o	f inventory valua	tion 🟲				
1 Inventory at beginning of year	1 Inventory at beginning of year 1			y at e	end of year	6	
2 Purchases	2		7 Cost of	good	s sold. Subtract		
3 Cost of labor	3		line 6 fro and in F			公司 7	
4 a Additional section 263A costs (attach sch	edule)		andinin	art i,	line Z	<u>'</u>	Yes No
•	4a		9 Dothor	ulos	of section 263A (with	respect to	
b Other costs (attach sch)	4 b		property	prod	luced or acquired for	resale) apply	
5 Total. Add lines 1 through 4b	5		to the oi				X
Schedule C - Rent Income (Fror	n Real Property and	Personal Prop	erty Leased	With	Real Property) (se	ee instructions)	
1 Description of property						,	
(1) .							
(2)					,		
(3)				-			
(4)							
2 F	Rent received or accrued	d			3(a) Dadustians	directly conne	atad weth
(a) From personal property	(b) Fro	om real and pers				s directly connec columns 2(a) a	
(if the percentage of rent for per property is more than 10% but	sonal (if the proper	percentage of rer ty exceeds 50% of	nt for personal or if the rent is	l S	(atta	. ,	
more than 50%)		d on profit or income)					
(1)							
(2)							
(3)							
(4)							
Total	Total				(b) Total deductions E	ntor	
(c) Total income. Add totals of column		_	-		here and on page 1, Part	Lincoi Lincoi	
here and on page 1, Part I, line 6, coli		<u> </u>			I, line 6, column (B)		
Schedule E — Unrelated Debt	-Financed Income	(see instructions	<u>) </u>				
		2 Gross in	come from	3 De	eductions directly cor	nected with or a ced property	allocable to
1 Description of debt-fina	anced property	or allocab	le to debt-			1	
		financed			(a) Straight line eciation (attach sch)	(b) Other d (attach so	
						- (====================================	
(1)						-	
(2)						+	
(4)							
	Average adjusted basis	of 6 Col	umn 4		7 Gross income	8 Allocable of	deductions
acquisition debt on or or	r allocable to debt-financ	ced divid	ed by	rep	ortable (column 2 x	(column 6	x total of
allocable to debt-financed property (attach schedule)	property (attach schedul	e) colu	mn 5		column 6)	columns 3(a) and 3(b))
(1)			8				
(2)		-	%				
(3)			8	-			
(4)			ક				
		- 1		Enter	here and on page 1		d on page 1,
					I, line 7, column (A)	Part I, line 7,	column (B)
Totals			•				
Total dividends-received deductions	included in column 8		-		•	•	
BAA		TEEA0203L 10/04	1/17		1	Form	990-T (2017)

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Schedule F — Interest, F		ies, Royald	_		trolled Or	_		Orga	III Zations	(300)	iristi uctioi		
1' Name of controlled organization			tification incom		et unrelated ome (loss) instructions)		4 Total of speci payments ma	ade that is inc the con organiz		ncluded in c		eductions directly onnected with ome in column 5	
(1)						<u> </u>	-						
(2)													
(3)								-					
(4)						1							
Nonexempt Controlled Organiza	ations												
7 Taxable Income		let unrelated	9	Total o	f specified	T I	10 Part of	columi	n 9 that is	Τ	11 Deduc	tions directly	
7 Taxable Income	in	come (loss) e instructions)		payments made		•	included in the contro organization's gross in		ontrolling		connected	d with income slumn 10	
(1)			T										
(2)													
(3)													
(4)													
Totals				-			Add columns here and on p 8, co		, Part I, line		and on p	6 and 11 Enter age 1, Part I, line umn (B)	
Schedule G - Investmen	nt Inc	ome of a Se	ection	n 5016	'c)(7), (9)). (or (17) Orga	nizat	ion (see in	struction	ons)		
1 Description of income			Amount of income		3 Ded		eductions		4 Set-asides (attach schedule)		5 Tota set-as	al deductions and isides (column 3 us column 4)	
(1)				·	· ·		· · · · · · · · · · · · · · · · · · ·				<u> </u>		
(2)													
(3)													
(4)										•			
	Enter here and Part I, line 9,		d on page 1, column (A)			. .					re and on page 1, ne 9, column (B)		
Totals	>							۸ .					
Schedule I - Exploited I	Exemp	t Activity I	ncon	ne, Ot	her Tha	in /	Advertising	Inco	me (see in:	structio	ns)		
1 Description of exploited a	ctivity	2 Gross unrelate busines income fr trade o busines	d s om r	conne prod of u	ises directly ected with duction nrelated ess income	from or 1	Net income (loss) m unrelated trade business (column ninus column 3). a gain, compute umns 5 through 7	activi unrela	s income from ty that is not sted business income	attrıbi	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)													
(2)						<u> </u>							
(3)													
(4)						 					-		
Enter on p Part I,		Enter here on page Part I, line column (e 1, on p ne 10, Part I,		r here and page 1, t I, line 10, umn (B)		, ,	•	a de car		a	Enter here and on page 1, Part II, line 26	
Totals	· <u>-</u>					<u></u>			<u> </u>				
Schedule J - Advertisin					<u> </u>	_							
Part I Income From Pe	riodic	als Reporte	ed or			ite	d Basis						
1 Name of periodical		2 Gross advertisii income	ing adve		Direct vertising costs		Advertising gain or oss) (col 2 minus col 3) If a gain, compute cols. 5 through 7	5 Circulation income		6 Readership costs		7 Excess readership costs (col 6 minus col 5, but not more than col 4)	
(1)						1						. 1	
(2)		ļ				-						1	
(3)						-	· '					. /	
(4)		- 				+-			-		_		
Totals (carry to Part II, line (5)).		•											
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Part II Income From Periodica 7 on a line-by-line basis)	Is Reported o	n a Separate	Basis (For each p	periodical listed in	Part II, fill in col	umns 2 through
2 Gross advertising income		3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col. 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(3)						
(4) Totals from Part I				***		
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)			Enter here an on page 1, Part II, line 27	
Totals, Part II (lines 1 − 5)			, , ,	<u> </u>		
Schedule K - Compensation of	f Officers, Dire	ctors, and Tr	ustees (see insti	ructions)		
1 Name			2 Title	3 Percent of time devoted to business	d 📗 " to unrela	ation attributable ated business
				9	26	
				5	8	
,				5	ő	
				9	8	
Total. Enter here and on page 1, Part II,	line 14				<u> </u>	
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