	E .	orm 990-T	EX	empt Organization b		r section 6033(e))	ix Return	29	OMB No 1545-0687
	г	٠.٠٠	For calendar ve	ar 2018 or other tax year beginning $\frac{1}{2}$			9/30	2019	20 18
		, -	· ·	o to www.irs.gov/Form990T fo					
[Depar Interna	tment of the Treasury	c)(3).	Open to Public Inspection for					
-	A [Check box if	4	enter SSN numbers on this form as it		changed and see instructions)	<u>`</u>	D E	mployer identification number
7	. L	address change		ALASKA AIRMEN'S ASS	SOCT	ATTON INC		(E	imployees' trust, see structions)
		xempt under sedfid 501(C)(_3	7 ' or	4200 FLOATPLANE DRI				92-0074966	
	F	408(e) 220(e) Type	ANCHORAGE, AK 99502	2			FU	nrelated business activity cod
		408A 530(,	(See instructions)					
_		529(a)	!	511120					
(C Bo	ook value of all assets end of year	F Group	exemption number (See instruct	ions)	-			
	-	1,663,808	401(a)	trust Other trust					
Ī	H E	nter the number of th	ne organization	's unrelated trades or businesses		<u>▶ 1</u> D	escribe the on	ly (or first)	unrelated
		rade or business he							ne, complete Parts I-V
_				t in the blank space at the endess, then complete Parts III-V	of the	e previous sentence, co	mplete Parts	I and II, o	complete a Schedule M
2020	<u>-</u>			oration a subsidiary in an affilia	ted ar	oup or a parent-subsid	ary controlled	d group?	► Yes X No
7) 			fying number of the parent cor	-		,	- g p	
9				KA AIRMEN'S ASSOCIA	·		elephone nur	nber► 9(7-248-1251
ŀ	P,ar			Business Income		(A) Income	(B) Expe		(C) Net
\exists	1 a	Gross receipts or s	sales				No.	7.1	以为其他是不
,		Less returns and allowa		c Balance ►	1c		a 10 12 10 12		
)		Cost of goods sold			2		 		是。我们的对话的
		Gross profit Subtr			3		K. Ballion, J.		
		Capital gain net in	•	·	4 a		1. 6 38 E . C		
5		Net gain (loss) (Form 4		7) (attach Form 4797)	4b		To Take In the		
•		Capital loss deductions (loss) from a		r an S cornoration	4 c		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	الا يلام المستطنية معادمة معادمة	
	,	(attach statement)		and corporation	5				,
	6	Rent income (Sche	edule C)		6				
	7	Unrelated debt-fina	anced income	(Schedule E)	7				
	8	Interest, annuities, royal	lties, and rents fro	om a controlled organization (Schedule F)	8				
	9			, (9), or (17) organization (Schedule G)	9			i	
	10	Exploited exempt a	•	,	10		<u> </u>		
	11	Advertising income			11	51,885.	2	<u>6,986.</u>	24,899.
	12	Other income (See	e instructions,	attach schedule)	12		State of the	A 50. 48.00 M	
	12	Total. Combine line	oc 2 through 1	12	12	IRI	CEIVE	C 000	24 000
_				en Elsewhere (See instru		\$1,885\		07 7 8 B	24,899. ept for
L	ı ,uı	contribution	ons, deduct	ions must be directly con	nect	ed with the unirelati	ଜଣ ପ୍ରମୟମଧ୍ୟ		
	14			ors, and trustees (Schedule K)		0		14	
	15	Salaries and wage	s				GDEN, L	IT 15	
	16	Repairs and mainte	enance			[0	SOLIN, C	16-	
	17	Bad debts						17	
	18	Interest (attach sch	, ,	nstructions)				18	
	19	Taxes and licenses						19	
	20			structions for limitation rules)		اما		20	
	21	Depreciation (attac				21			
	22 23	·	ciaimed on Sc	hedule A and elsewhere on ret	urn	22a		22b	
	23 24	Depletion Contributions to de	ferred compa	neation plane				23	
	25		24 25	· · · · · · · · · · · · · · · · · · ·					
		26 Excess exempt expenses (Schedule I)							
									24,899.
	28 Other deductions (attach schedule)								24,000.
	29	Total deductions.		_			7	4 29	24,899.
	30			me before net operating loss de			m line 13	30	
	31	·		n tax years beginning on or after January		8 (see instructions)		31	ESTERVISM SERVE
_				me Subtract line 31 from line 3 otice, see instructions.	sU	TEEA0201L 1/31	/19	32	Form 990-T (2018)
		i oi i apeiwoik ne	aacuun ACUN	once, see misuuchons.					1 UIIII 33U*1 (2010)

Form	1 990- t III	T (2018) ALASKA AIRMEN'S ASSOCIATION INC. Total Unrelated Business Taxable Income	····	92	-0074966	Page 2
	Total	of unrelated business taxable income computed from all unrelated trades outtons)	or businesses (s	ee	22	
34		unts paid for disallowed fringes		33	0.	
	Dedu	ction for net operating loss arising in tax years beginning before January 1,	, 2018 (see			
36		of unrelated business taxable income before specific deduction. Subtract Ii	35			
30		es 33 and 34	36	0.		
37		ific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	
38		lated business taxable income. Subtract line 37 from line 36. If line 37 is g the smaller of zero or line 36.	reater than line 3	36,	38	0.
lPar		Tax Computation				<u> </u>
		nizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		•	39	0.
40		s Taxable at Trust Rates. See instructions for tax computation. Income tax	on the amount			
44		ne 38 from.		•	40	
		y tax. See instructions native minimum tax (trusts only)		•	41 42	
		on Noncompliant Facility Income. See instructions			43	
		. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Par	t.V.	Tax and Payments			<u> </u>	
		gn tax credit (corporations attach Form 1118, trusts attach Form 1116)	45 a		2.12	
		r credits (see instructions)	45 b		33 7 4	
		ral business credit Attach Form 3800 (see instructions) t for prior year minimum tax (attach Form 8801 or 8827)	45 c 45 d			
		credits. Add lines 45a through 45d	450		45 e	0.
		act line 45e from line 44			46	0.
47		taxes Check if from Form 4255 Form 8611 Form 8697 Form	8866			
48		other (attach schedule) tax. Add lines 46 and 47 (see instructions)			47	
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (I	k) line 2		49	0.
50 a		ents A 2017 overpayment credited to 2018	50 a		1/2 TP3	
	-	estimated tax payments	50 b			
С	Tax d	eposited with Form 8868	50 c		3.5.5	
		gn organizations Tax paid or withheld at source (see instructions)	50 d		3,000	
		up withholding (see instructions) t for small employer health insurance premiums (attach Form 8941)	50 e			
		credits, adjustments, and payments Form 2439	301		4	
	F	orm 4136 Other Total	50 g		200	
51	Total	payments. Add lines 50a through 50g			51	0.
52		nated tax penalty (see instructions) Check if Form 2220 is attached		▶ 🗍	52	
53		ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount ow		•	53	
54 55	-	payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount of line 54 you want. Credited to 2019 estimated tax.	ount overpaid	Defunded >	54	
		Statements Regarding Certain Activities and Other Informa	tion (see instri	Refunded >	22	
		time during the 2018 calendar year, did the organization have an interest in or a			er a	Yes No
		cial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization	-	-		明日 - 年間
	Repor	t of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign	country here	▶		- X
		g the tax year, did the organization receive a distribution from, or was it the	grantor of, or tr	ansferor to,	a foreign trust?	' X
		the amount of the control of the restaurant and the restaurant of the control of the restaurant of the				
58	Enter	the amount of tax-exempt interest received or accrued during the tax year Under penalties of periory. I declare that I have examined this return, including accompanying sche	Ş dules and statements.	0.	of my knowledge an	nd (2.5%) ************************************
Sign	1	Under penalties of perjury, I declare that I have examined this return, including accompanying sche belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all			knowledge May the IRS discus	
Here	•	Signature of officer Date 9 = 7 a Tit	XECUTIVE D	IR.	the preparer shown	below (see
	_	toja photo d f-20			. <u>[X</u>	Yes No
Paid		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ate /5 / 20	Check If	PTIN	0.61
Pre-		JOSEPH L. MOORE, CPA Firm's name ALTMAN, ROGERS & COMPANY	~131 40	self-employed	P000252 92-014318	
pare Use	1	Firm's address 44539 STERLING NICHWAY, SUITE 205		Firm's EIN	JZ-U14318	
Only	,	SOLDOTNA, AK 99669		Phone no	(907) 26	52-7478
BAA		TEEA0202L 01/24/19				990-T (2018)

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ų	')	_	[]	()	· /	4	ч	h	h

Page 3

Schedule A - Cost of Good	s Sold. Ente	er method of inve	entory valuatio	n ►							
1 Inventory at beginning of year	r	1		6 I	nvento	ry at	end of year	6			
2 Purchases		2		7 Cost of goods so			Is sold. Subtract				
3 Cost of labor		3				from line 5 Enter here Part I, line 2					
4 a Additional section 263A costs (attach	schedule)	4 a		а	ina in i	art I,	, line 2	7		Yes	No
b Other costs	}	4 b					of section 263A (with				
(attach sch) 5 Total. Add lines 1 through 4b	5					duced or acquired for zation?	r resa	le) apply		Χ	
Schedule C - Rent Income	(From Real	Property and	l Personal l	Pro	perty	Leas	sed With Real Pr	ope	rty) (see ıı	nstructi	ons)
1 Description of property											
(1)											
(2)											
(3)										<u></u> .	
(4)											
	2 Rent receive						3(a) Deductions	dire	ctly connec	ted wit	h
(if the percentage of rent for p	(a) From personal property (If the percentage of rent for personal property is more than 10% but not property expenses more than 50%) (b) From reference (if the percent property expenses (if the percent proper				ersona e rent i	al	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)											
(2)											
(3)											
(4)		-							-		
Total		Total									
(c) Total income. Add totals of colu here and on page 1, Part I, line 6,		2(b) Enter					(b) Total deductions. E here and on page 1, Part I, line 6, column (B)				
Schedule E — Unrelated Del	ot-Finance	Income (see	ınstructions)								
1 Description of debt.f	inanced prope	ertv.	2 Gross inco			3 De	eductions directly coi debt-finan			allocab	le to
1 Description of debt-financed property			or allocable to debt- financed property depi			(a) Straight line eciation (attach sch)		(b) Other deductions (attach schedule)			
(1)					-						
(2)		-				·					
(3)	•										
(4)			-				•				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable to	justed basis of debt-financed ach schedule)	6 Colun divided columi	by by			7 Gross income ortable (column 2 x column 6)		Allocable ((column 6 lumns 3(a)	x total	of
(1)					%						
(2)					%						
(3)					%						
(4)					%						
						Enter Part	here and on page 1 I, line 7, column (A)	, Ent	er here and t I, line 7,	d on pa column	ige 1, 1 (B)
Totals.					•						
Total dividends-received deduction	ns included in	column 8						-			
RΔΔ			E 403031 01/30/19						Form	990-T (20181

Schedule F — Interest, A	muiti	es, Royalli			trolled O			Orgai	iizations (see in	Structions	<u> </u>
organization ident		Employer entification number	itification incom		et unrelated ome (loss) instructions)		4 Total of spec payments ma			iuded trolling ation's	in c	eductions directly onnected with ome in column 5
(1)										•		
(2)				-		Ť						
(3)						+						
(4)		 ·				T						
Nonexempt Controlled Organiza	ations	**										
7 Taxable Income	8 N	let unrelated come (loss) e instructions)	ome (loss) paymer		ents made i		ıncluded ıı	10 Part of column 9 that is included in the controlling organization's gross income			connecte	ctions directly d with income olumn 10
(1)		•		_								
(2)										 		
(3)			1									
(4)			+-									
Totals			<u> </u>				Add columns here and on p 8, co		, Part I, line		e and on p	s 6 and 11 Enter page 1, Part I, line lumn (B)
Schedule G - Investmen	t Inco	ome of a Se	ctio	n 5016	c)(7), (9	<u>), (</u>	or (17) Organ	nizati	on (see ins	tructio	ns)	
1 Description of income			2 Amount of income		3 Deductions directly connected (attach schedule)		ductions connected	4 Set-asides (attach schedule		;	5 Total deductions as set-asides (column plus column 4)	
(1)					ļ		·				 	· · · · · · · · · · · · · · · · · · ·
(2)											 	
(3)												
(4)												
		Enter here ar Part I, line 9	nd on p	page 1, nn (A)	, ,		ţ .	·	٠,	+^	Enter he Part I, I	ere and on page 1, one 9, column (B)
Totals.							•	2				
Schedule I — Exploited E	xemp	t Activity I	ncon	ie, Otl	her Tha	n /	Advertising	Incor	ne (see inst	ruction	ıs)	
1 Description of exploited a	ctivity	2 Gross unrelate busines income fr trade o busines	ed is om r	conne prod of u	ises directly ected with duction nrelated ess income	fro or 2 i	Net income (loss) om unrelated trade business (column minus column 3) a gain, compute umns 5 through 7	actıvı unrela	s income from ty that is not ated business income	attribi	penses itable to imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						\vdash						
(2)									1		·	
(3)						 			+			
(4)						┼						
Totals.		Enter here on page Part I, line column	e 1, on pag e 10, Part I, lii		page 1, , line 10,	age 1, line 10						Enter here and on page 1, Part II, line 26
Schedule J - Advertising	n Inco	me (coc :===	ruotic	nc)		1			-			
					!:	A = .	d Danie					
Part I Income From Per	riodic											
1 Name of periodical		2 Gross advertisi income	ng	3 Direct advertising costs		(1	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5 Circulation 6 F		adership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)TRANSPONDER	31,3	<u>35</u> .	1	1,829.			4,411.		21,503		•	
(2)GAAG PROGRAM		20,5			5,157.],				9,877.]
(3)]; .						<u></u>
(4)						_						
					-							
Totals (carry to Part II, line (5))		<u>51,8</u>	85.	2	6,986.		24,899.		4,411.	3	1,380.	24,899.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 2 Gross 3 Direct 5 Circulation 6 Readership 7 Excess readership advertising advertising income costs costs (col 6 minus col 5, but not more than col 4) .1 Name of periodical income costs (1) (2) (3) (4) Totals from Part I 51,885 26,986 24,899 Enter here and Enter here and Enter here and on page 1, Part I, line 11, on page 1, Part I, line 11, on page 1, Part II, line 27 column (A) column (B)

51,885 Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
	-	%	
		%	
		0/0	
		%	
Total. Enter here and on page 1, Part II, line 14		•	

26,986

BAA

Totals, Part II (lines 1-5)

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Form **990-T** (2018)

24,899.