Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

2019

Department of the Treasury Internal Revenue Service

►Do not enter social security numbers on this form as it may be made public. For to www.irs.gov/Form990PFfor instructions and the latest information.

2013

	calend ne of fou	lar year 2019 or tax year beginning 07/01/19	and ending 06/3	0/20	A Empl	oyer identification number	
		LINK, INC.			+	<u>-0177106</u>	
		street (or P O box number if mail is not delivered to street address)	Ro	oom/suite		hone number (see instructions) -
		MAIN STREET			90	7-225-1040	
		state or province, country, and ZIP or foreign postal code. HIKAN AK 99901			C If exe	mption application is pending	check here
	-		urn of a former public ch	orth.	D 1 F	oreign organizations, check her	
G	леск а		•	anty			
					1	oreign organizations meeting the 6% test check here and attach	
					4		·
		ype of organization Section 501(c)(3) exempt private		04	1 '	ate foundation status was term n 507(b)(1)(A) check here	inated under
			Cash X Acc	 ,	1		
		ket value of all assets at J Accounting method	Cash X Acc	iuai		foundation is in a 60-month ter section 507(b)(1)(B), check he	- l i
		ear (from Part II, col. (c), 1,960,312 (Part I, column (d), mus	4 h.s. on seeh hoose \				
	e 16)			T	<u>. </u>		(d) Disbursements
P	art i	Analysis of Revenue and Expenses(The total of amounts in columns (b) (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	books	ļ	o	ii joo iii ta	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	87,566				
_	2	Check ► X if the foundation is not required to attach Sch B					
2	3	Interest on savings and temporary cash investments	106	 	106		
4	4	Dividends and interest from securities	48,181		48,181	48,181	
•	5a	Gross rents		ļ			
ē	b	Net rental income or (loss)		ļ			
Revenue	6a	Net gain or (loss) from sale of assets not on line 10 STMT 1	-141,044	<u> </u>			· · · · · · · · · · · · · · · · · · ·
	b	Gross sales price for all assets on line 6a 3,808,84	<u> </u>	<u> </u>	40,702		
œ	7	Capital gain net income (from Part IV, line 2)			40,702	0	
	8	Net short-term capital gain					
	9	Income modifications Gross sales less returns and allowances					
	10a b	Less Cost of goods sold			,		······································
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)		<u> </u>			
	12	Total. Add lines 1 through 11	-5,191		88,989	48,287	
7	13	Compensation of officers, directors, trustees, etc	105,300				
ses 777	14	Other employee salaries and wages	2,085				
en.	15	Pension plans, employee benefits	8,585				···
NX.	16a	Legal fees (attach schedule)					
≥ ₩	b	Accounting fees (attach schedule) STMT 2	3,310		===	IVED	
્રાક્	С	Other professional fees (attach schedule)			REU	=14=-10	
اتع ع	17	Interest		 _ F		2 8 2020	
Ξis	18	Taxes (attach schedule) (see instructions)	1	18	DEC-	2 8 2020	
	19	Depreciation (attach schedule) and depletion		 <u> </u> 			
₽₽	20	Occupancy	2,669	 	OGL	EN, UT	
Operating and Administrative Exp	21 22	Travel, conferences, and meetings Printing and publications	2,003	<u> </u>			
ā	23	Other expenses (att sch.) STMT 3	21,423	 			
ing.	24	Total operating and administrative expenses.		 	-		
rat	- '	Add lines 13 through 23	143,372		0	o	0
þe	25	Contributions, gifts, grants paid	99.780				99,780
0	26	Total expenses and disbursements.Add lines 24 and 25	243,152		0	0	99,780
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	-248,343				
	b	Net investment income (if negative, enter -0-)		1	88,989		
	С	Adjusted net income(if negative, enter -0-)	<u> </u>	<u> </u>		48,287	

Pari	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
ran	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash – non-interest-bearing	47,984	111,041	
2	Savings and temporary cash investments			
3	Accounts receivable ▶			
	Less allowance for doubtful accounts ▶	Ì	ĺ	
4	Pledges receivable ▶			
7	Less allowance for doubtful accounts	İ	į	
_	Grants receivable			
5	2			
6	Receivables due from officers, directors, trustees, and other			
1	disqualified persons (attach schedule) (see			
	instructions)			
7	Other notes and loans receivable (att. schedule)			
ŀ	Less allowance for doubtful accounts ▶ 0			
र्ह्म 8	Inventories for sale or use	-		
Assets	Prepaid expenses and deferred charges	299		
č 10.	· · · · · · · · · · · · · · · · · · ·			
t	Investments – corporate stock (attach schedule) SEE STMT 4	47,780	47,780	787
0				
11	Investments – land, buildings, and equipment basis ► 19,182			
	Less accumulated depreciation (attach sch.) STMT 5 19,182			
12	Investments – mortgage loans			
13	Investments – other (attach schedule) SEE STATEMENT 6	2,244,976	1,912,532	1,959,525
14	Land, buildings, and equipment basis			
-	Less accumulated depreciation (attach sch.)			
15	Other assets (describe ▶			
16	Total assets (to be completed by all filers – see the			
	instructions Also, see page 1, item l)	2,341,039	2,071,353	1,960,312
17	Accounts payable and accrued expenses	2,676	1,147	
18	Grants payable			
නි 19	Deferred revenue			
Liabilities 12 02 13	Loans from officers, directors, trustees, and other disqualified persons			
ig 21	Mortgages and other notes payable (attach schedule)			
تا ₂₂	Other liabilities (describe ▶)			
23	Total liabilities (add lines 17 through 22)	2,676	1,147	······································
+=	Foundations that follow FASB ASC 958, check here	, , , , , , , , , , , , , , , , , , ,	- "	***************************************
ω l	and complete lines 24, 25, 29, and 30.			
S 24	Net assets without donor restrictions			
E 25	Net assets with donor restrictions			
Ba	Foundations that do not follow FASB ASC 958, check here			***************************************
힏	and complete lines 26 through 30.			
卫 26	Capital stock, trust principal, or current funds		1	
b 27	Paid-in or capital surplus, or land, bldg , and equipment fund		· · · · · · · · · · · · · · · · · · ·	
\$ 28	Retained earnings, accumulated income, endowment, or other funds	2,338,363	2,070,206	
29 29	Total net assets or fund balances(see instructions)	2,338,363	2,070,206	
¥ 29	Total liabilities and net assets/fund balances(see		2/5/0/200	
Net Assets or Fund Balan	·	2,341,039	2,071,353	
Par	instructions) Analysis of Changes in Net Assets or Fund Balances	2/312/000		
**********	tal net assets or fund balances at beginning of year – Part II, column (a), line 29 (must	agree with		
	ial net assets or fund balances at beginning of year – Fart II, column (a), line 29 (must of defendance). d-of-year figure reported on prior year's return)	agroc min	1 1	2,338,363
			2	-248,343
	ter amount from Part I, line 27a		3	240,545
	ner increases not included in line 2 (itemize)		4	2,090,020
	d lines 1, 2, and 3 creases not included in line 2 (itemize) ► SEE STATEMENT 7		5	19,814
	creases not included in line 2 (itemize) ► SEE STATEMENT / lal net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b),	line 20	6	2,070,206
0 10	iai net assets of luno balances at end of year (line 4 minus line 5) – Part II, column (0),	mic 23		Form 990-PF (2019

Part IV Capital Gains ar	nd Losses for Tax on Investme	nt Income			
(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co) (b) How acquired P – Purchase D – Donation				(c) Date acquired (mo , day, yr)	(d) Date sold (mo_day, yr)
1a CAPITAL GAIN DI	STRIBUTION	-	B Bendan		
b					
С					
<u>d</u>			<u> </u>		<u> </u>
е		T	L		<u> </u>
(e) Gross sales price	other basis ense of sale		or (loss) f) minus (g))		
a 40,702					40,702
b					
С					
d					
Complete only for an etc above	and the second s	ndation on 12/21/00			
Complete only for assets snowing	gain in column (h) and owned by the four				(h) gain minus
(ı) FMV as of 12/31/69	(i) FMV as of 12/31/69 (j) Adjusted basis (k) Excess of col (i) as of 12/31/69 over col (j), if any		* *	1	t less than -0-)or rom col. (h))
_a					40,702
b	<u> </u>				
С					
d		-			
<u>e</u>					
2 Capital gain net income or (net ca	If gain, also enter in If (loss), enter -0- in If			2	40,702
3 Net short-term capital gain or (loss	s) as defined in sections 1222(5) and (6)	_			
If gain, also enter in Part I, line 8,	column (c) See instructions If (loss), enter	er -0- in			
Part I, line 8				3	
Part V Qualification Un	ider Section 4940(e) for Reduce	ed Tax on Net In	vestment Incom	е	
(For optional use by domestic private to	foundations subject to the section 4940(a)) tax on net investme	nt income)		
If section 4940(d)(2) applies, leave this	s part blank				
Was the foundation liable for the section	on 4942 tax on the distributable amount o	fany year in the has	a nerod?		X Yes No
	under section 4940(e) Do not complete t	• •	s periou.		[] 1es [_] 10
	ach column for each year, see the instruc		any entries	· · · -	
(a)		tions before making t		 	(d)
Base period years Calendar year (or tax year beginning in	(b) Adjusted qualifying distributions	s Net value	(c) e of noncharitable-use asse		tribution ratio divided by cot (c))
2018	*	<u> </u>		(6)	
2017					
2016		'			
2015					
2014					
2 Total of line 1, column (d)				2	
3 Average distribution ratio for the 5	-year base period – divide the total on line	e 2 by 5 0, or by			
the number of years the foundation	n has been in existence if less than 5 yea	rs		3	<u></u>
4 Enter the net value of noncharitab	le-use assets for 2019 from Part X, line 5	1		4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment income	o /1% of Part I. line 27h)			6	
Content of the timestiment income	s (1% OF AICI, line 270)				
7 Add lines 5 and 6				7	
8 Enter qualifying distributions for	Part XII, line 4			8	
8 Enter qualifying distributions from If line 8 is equal to or greater than	Part XII, line 4 line 7, check the box in Part VI, line 1b, a	nd complete that part	t using a 1% tax rate		
Part VI instructions		·			

DAA

Pa	art VII-A Statements Regarding Activities (continued)					
					Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					
	person had advisory privileges? If "Yes," attach statement. See instructions			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	on?		13	X	
	Website address ► N/A					
14	The books are in care of ▶ LAUREN MIRSKY	ephone no 🕨	907-2	47-	576	9
	P.O. BOX 8233					
	Located at ► KETCHIKAN AK	ZIP+4 ▶	99901			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here					▶ _
	and enter the amount of tax-exempt interest received or accrued during the year	▶ _	15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority				Yes	No
	over a bank, securities, or other financial account in a foreign country?			16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of					•
	the foreign country					<u> </u>
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			F	F	Τ
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year, did the foundation (either directly or indirectly)		(T)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	□ v	▼			
	disqualified person?	Yes	X No X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	∐ Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	Yes	X No			
	the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the		22 140			
	foundation agreed to make a grant to or to employ the official for a period after					Ī
	termination of government service, if terminating within 90 days)	Yes	X No			ŀ
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in		<u></u>			
b	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A	1b		Ī
	Organizations relying on a current notice regarding disaster assistance, check here		▶ □			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that					
-	were not corrected before the first day of the tax year beginning in 2019?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines					
	6d and 6e) for tax year(s) beginning before 2019?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)				:	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		/-			ŀ
	all years listed, answer "No" and attach statement – see instructions)		N/A	2b	ļ	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
	▶ 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		₹			
	at any time during the year?	Yes	X No			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or					
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the					-
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of					ļ
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the		N/A	2-	1	ŀ
	foundation had excess business holdings in 2019)	2	11/12	3b 4a	<u> </u>	х
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes' Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	•		7		
b	charitable purpose that had not been removed from leggardy before the first day of the tax year beginning in 20	19?		4b	·	x

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Pa	art VII-B Statements Regarding A	ctivities for Which Form 4	720 May Be Re	<u>quired (contir</u>	nu <u>e</u> d)			
- 5a	During the year did the foundation pay or incur a	iny amount to					Yes	No
	(1) Carry on propaganda, or otherwise attempt	to influence legislation (section 49	45(e))?	Y	′es 🏿 No			
	(2) Influence the outcome of any specific public	election (see section 4955), or to	carry on,	_				
	directly or indirectly, any voter registration d	rive?	-		′es 🗓 No			
	(3) Provide a grant to an individual for travel, st			<u> </u>	′es 🗓 No			
	(4) Provide a grant to an organization other than	• •	escribed in					
	section 4945(d)(4)(A)? See instructions	· . 3		□ y	es X No			
	(5) Provide for any purpose other than religious	charitable, scientific, literary, or e	educational					
	purposes, or for the prevention of cruelty to			П	'es 🕱 No			
b	If any answer is "Yes" to 5a(1)-(5), did any of th		the exceptions desc					
_	in Regulations section 53 4945 or in a current no				N/A	5b	1	
	Organizations relying on a current notice regard	= =			▶ 🗂			
c	If the answer is "Yes" to question 5a(4), does the	-			, _			
·	because it maintained expenditure responsibility		Title tax	N/A 🗌 Y	es No			
	If "Yes," attach the statement required by Regula				C3 NO			
6a	Did the foundation, during the year, receive any	· ·	promiume					
va	on a personal benefit contract?	idilas, directly of indirectly, to pay	premiums	□ √	es X No			
_	·	directly or reduce the concentration	anal hanafit aantraat		es A NO	6b	Ī	X
þ	Did the foundation, during the year, pay premium	is, directly or indirectly, on a pers	onal benefit contract	•		90		
7.	If "Yes" to 6b, file Form 8870				es X No			
7a	At any time during the tax year, was the foundat	·		ليسيا	es X No N/A	7.	ŀ	
Ъ	If "Yes," did the foundation receive any proceeds	· ·		17	N/A	7b	·	
8	Is the foundation subject to the section 4960 tax	· • · · ·	חו טטט,טט	□ ∨	es X No			
	remuneration or excess parachute payment(s) d		Indation Manag				11	
Pa	Information About Officers	, Directors, Trustees, Fot	indation Manay	ers, nigiliy Fa	iid Employee	5,		
1 1	and Contractors	lation managers and their com	noncation Secure	tructions				
	List all officers, directors, trustees, and found	ation managers and their com	pensation. See ins	tructions.				
					4 15 0 4 - 6 4 4 -			
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Ex	pense ac	count,
	(a) Name and address		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred		pense ac er allowan	
			hours per week devoted to position	(If not paid,	employee benefit			
	ALPH MIRSKY	P. O. BOX 8233	hours per week devoted to position MANAGER	(If not paid, enter -0-)	employee benefit plans and deferred			
KE	ALPH MIRSKY ETCHIKAN	AK 99901	hours per week devoted to position MANAGER 40.00	(If not paid,	employee benefit plans and deferred			
<u>KE</u>	ALPH MIRSKY STCHIKAN AUREN MIRSKY	AK 99901 P. O. BOX 8233	hours per week devoted to position MANAGER 40.00 BUS MANAGER	(If not paid, enter -0-)	employee benefit plans and deferred			
LA KE	ALPH MIRSKY ETCHIKAN AUREN MIRSKY ETCHIKAN	AK 99901 P. O. BOX 8233 AK 99901	hours per week devoted to position MANAGER 40.00	(If not paid, enter -0-)	employee benefit plans and deferred			
LA KE SC	ALPH MIRSKY ETCHIKAN AUREN MIRSKY ETCHIKAN COTT C. MILNER, CPA	AK 99901 P. O. BOX 8233 AK 99901 426 MAIN STREET	hours per week devoted to position MANAGER 40.00 BUS MANAGER	(If not paid, enter -0-)	employee benefit plans and deferred			
KE LA KE SC KE	ALPH MIRSKY ETCHIKAN AUREN MIRSKY ETCHIKAN COTT C. MILNER, CPA ETCHIKAN	AK 99901 P. O. BOX 8233 AK 99901 426 MAIN STREET AK 99901	hours per week devoted to position MANAGER 40.00 BUS MANAGER	(If not paid, enter -0-)	employee benefit plans and deferred			
KE LA KE SC KE	ALPH MIRSKY ETCHIKAN AUREN MIRSKY ETCHIKAN COTT C. MILNER, CPA ETCHIKAN K RICE	AK 99901 P. O. BOX 8233 AK 99901 426 MAIN STREET AK 99901 97 HUCKLEBERRY CIRCLE	hours per week devoted to position MANAGER 40.00 BUS MANAGER	(If not paid, enter -0-)	employee benefit plans and deferred			
KE LA KE SC KE R. KE	ALPH MIRSKY ETCHIKAN AUREN MIRSKY ETCHIKAN EOTT C. MILNER, CPA ETCHIKAN K RICE ETCHIKAN	AK 99901 P. O. BOX 8233 AK 99901 426 MAIN STREET AK 99901 97 HUCKLEBERRY CIRCLE AK 99901	hours per week devoted to position MANAGER 40.00 BUS MANAGER 20.00	(If not paid, enter -0-) 69,300 36,000	employee benefit plans and deferred compensation			
KE LA KE SC KE R. KE	ALPH MIRSKY ETCHIKAN AUREN MIRSKY ETCHIKAN EOTT C. MILNER, CPA ETCHIKAN K RICE ETCHIKAN COMpensation of five highest-paid employe	AK 99901 P. O. BOX 8233 AK 99901 426 MAIN STREET AK 99901 97 HUCKLEBERRY CIRCLE AK 99901	hours per week devoted to position MANAGER 40.00 BUS MANAGER 20.00	(If not paid, enter -0-) 69,300 36,000	employee benefit plans and deferred compensation			
KE LA KE SC KE R. KE	ALPH MIRSKY ETCHIKAN AUREN MIRSKY ETCHIKAN EOTT C. MILNER, CPA ETCHIKAN K RICE ETCHIKAN	AK 99901 P. O. BOX 8233 AK 99901 426 MAIN STREET AK 99901 97 HUCKLEBERRY CIRCLE AK 99901	hours per week devoted to position MANAGER 40.00 BUS MANAGER 20.00	(If not paid, enter -0-) 69,300 36,000	employee benefit plans and deferred compensation			
KE LA KE SC KE R. KE	ALPH MIRSKY ETCHIKAN AUREN MIRSKY ETCHIKAN EOTT C. MILNER, CPA ETCHIKAN K RICE ETCHIKAN COMpensation of five highest-paid employee	AK 99901 P. O. BOX 8233 AK 99901 426 MAIN STREET AK 99901 97 HUCKLEBERRY CIRCLE AK 99901 es (other than those included	hours per week devoted to position MANAGER 40.00 BUS MANAGER 20.00 on line 1 – see inst	(If not paid, enter -0-) 69,300 36,000	employee benefit plans and deferred compensation	othe	r allowan	ces
KE LA KE SC KE R. KE	ALPH MIRSKY ETCHIKAN AUREN MIRSKY ETCHIKAN EOTT C. MILNER, CPA ETCHIKAN K RICE ETCHIKAN COMpensation of five highest-paid employe	AK 99901 P. O. BOX 8233 AK 99901 426 MAIN STREET AK 99901 97 HUCKLEBERRY CIRCLE AK 99901 es (other than those included	hours per week devoted to position MANAGER 40.00 BUS MANAGER 20.00 on line 1 – see inst	(If not paid, enter -0-) 69,300 36,000	employee benefit plans and deferred compensation e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp		count,
KE LA KE SC KE R. KE	ALPH MIRSKY ETCHIKAN AUREN MIRSKY ETCHIKAN ETCHIKAN ETCHIKAN K RICE ETCHIKAN Compensation of five highest-paid employee "NONE."	AK 99901 P. O. BOX 8233 AK 99901 426 MAIN STREET AK 99901 97 HUCKLEBERRY CIRCLE AK 99901 es (other than those included	hours per week devoted to position MANAGER 40.00 BUS MANAGER 20.00 on line 1 – see inst	(If not paid, enter -0-) 69,300 36,000	employee benefit plans and deferred compensation e, enter (d) Contributions to employee benefit	(e) Exp	pense ac	count,
KE LA KE SC KE R. KE	ALPH MIRSKY ETCHIKAN AUREN MIRSKY ETCHIKAN EOTT C. MILNER, CPA ETCHIKAN K RICE ETCHIKAN COMpensation of five highest-paid employee	AK 99901 P. O. BOX 8233 AK 99901 426 MAIN STREET AK 99901 97 HUCKLEBERRY CIRCLE AK 99901 es (other than those included	hours per week devoted to position MANAGER 40.00 BUS MANAGER 20.00 on line 1 – see inst	(If not paid, enter -0-) 69,300 36,000	employee benefit plans and deferred compensation e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ac	count,
KE LA KE SC KE R. KE	ALPH MIRSKY ETCHIKAN AUREN MIRSKY ETCHIKAN ETCHIKAN ETCHIKAN K RICE ETCHIKAN Compensation of five highest-paid employee "NONE."	AK 99901 P. O. BOX 8233 AK 99901 426 MAIN STREET AK 99901 97 HUCKLEBERRY CIRCLE AK 99901 es (other than those included	hours per week devoted to position MANAGER 40.00 BUS MANAGER 20.00 on line 1 – see inst	(If not paid, enter -0-) 69,300 36,000	employee benefit plans and deferred compensation e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ac	count,
KE LA KE SC KE R. KE	ALPH MIRSKY ETCHIKAN AUREN MIRSKY ETCHIKAN ETCHIKAN ETCHIKAN K RICE ETCHIKAN Compensation of five highest-paid employee "NONE."	AK 99901 P. O. BOX 8233 AK 99901 426 MAIN STREET AK 99901 97 HUCKLEBERRY CIRCLE AK 99901 es (other than those included	hours per week devoted to position MANAGER 40.00 BUS MANAGER 20.00 on line 1 – see inst	(If not paid, enter -0-) 69,300 36,000	employee benefit plans and deferred compensation e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ac	count,
KE LA KE SC KE R. KE	ALPH MIRSKY ETCHIKAN AUREN MIRSKY ETCHIKAN ETCHIKAN ETCHIKAN K RICE ETCHIKAN Compensation of five highest-paid employee "NONE."	AK 99901 P. O. BOX 8233 AK 99901 426 MAIN STREET AK 99901 97 HUCKLEBERRY CIRCLE AK 99901 es (other than those included	hours per week devoted to position MANAGER 40.00 BUS MANAGER 20.00 on line 1 – see inst	(If not paid, enter -0-) 69,300 36,000	employee benefit plans and deferred compensation e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ac	count,
KE LA KE SC KE R. KE	ALPH MIRSKY ETCHIKAN AUREN MIRSKY ETCHIKAN ETCHIKAN ETCHIKAN K RICE ETCHIKAN Compensation of five highest-paid employee "NONE."	AK 99901 P. O. BOX 8233 AK 99901 426 MAIN STREET AK 99901 97 HUCKLEBERRY CIRCLE AK 99901 es (other than those included	hours per week devoted to position MANAGER 40.00 BUS MANAGER 20.00 on line 1 – see inst	(If not paid, enter -0-) 69,300 36,000	employee benefit plans and deferred compensation e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ac	count,
KE LA KE SC KE R. KE	ALPH MIRSKY ETCHIKAN AUREN MIRSKY ETCHIKAN ETCHIKAN ETCHIKAN K RICE ETCHIKAN Compensation of five highest-paid employee "NONE."	AK 99901 P. O. BOX 8233 AK 99901 426 MAIN STREET AK 99901 97 HUCKLEBERRY CIRCLE AK 99901 es (other than those included	hours per week devoted to position MANAGER 40.00 BUS MANAGER 20.00 on line 1 – see inst	(If not paid, enter -0-) 69,300 36,000	employee benefit plans and deferred compensation e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ac	count,
KE LA KE SC KE R. KE	ALPH MIRSKY ETCHIKAN AUREN MIRSKY ETCHIKAN ETCHIKAN ETCHIKAN K RICE ETCHIKAN Compensation of five highest-paid employee "NONE."	AK 99901 P. O. BOX 8233 AK 99901 426 MAIN STREET AK 99901 97 HUCKLEBERRY CIRCLE AK 99901 es (other than those included	hours per week devoted to position MANAGER 40.00 BUS MANAGER 20.00 on line 1 – see inst	(If not paid, enter -0-) 69,300 36,000	employee benefit plans and deferred compensation e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ac	count,
KE LA KE SC KE R. KE	ALPH MIRSKY ETCHIKAN AUREN MIRSKY ETCHIKAN ETCHIKAN ETCHIKAN K RICE ETCHIKAN Compensation of five highest-paid employee "NONE."	AK 99901 P. O. BOX 8233 AK 99901 426 MAIN STREET AK 99901 97 HUCKLEBERRY CIRCLE AK 99901 es (other than those included	hours per week devoted to position MANAGER 40.00 BUS MANAGER 20.00 on line 1 – see inst	(If not paid, enter -0-) 69,300 36,000	employee benefit plans and deferred compensation e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ac	count,
KE LA KE SC KE R. KE	ALPH MIRSKY ETCHIKAN AUREN MIRSKY ETCHIKAN ETCHIKAN ETCHIKAN K RICE ETCHIKAN Compensation of five highest-paid employee "NONE."	AK 99901 P. O. BOX 8233 AK 99901 426 MAIN STREET AK 99901 97 HUCKLEBERRY CIRCLE AK 99901 es (other than those included	hours per week devoted to position MANAGER 40.00 BUS MANAGER 20.00 on line 1 – see inst	(If not paid, enter -0-) 69,300 36,000	employee benefit plans and deferred compensation e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ac	count,
KE LA KE SC KE R. KE 2	ALPH MIRSKY ETCHIKAN AUREN MIRSKY ETCHIKAN ETCHIKAN ETCHIKAN K RICE ETCHIKAN Compensation of five highest-paid employee "NONE."	AK 99901 P. O. BOX 8233 AK 99901 426 MAIN STREET AK 99901 97 HUCKLEBERRY CIRCLE AK 99901 es (other than those included	hours per week devoted to position MANAGER 40.00 BUS MANAGER 20.00 on line 1 – see inst	(If not paid, enter -0-) 69,300 36,000	employee benefit plans and deferred compensation e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ac	count,

Part VIII	Information About Officers, Directors, Trustees, Foundational Contractors (continued)		oloyees,
3 Five h	ighest-paid independent contractors for professional services. See instruc	tions. If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	r of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	>
Part IX-A	Summary of Direct Charitable Activities		
List the founda organizations	ation's four largest direct charitable activities during the tax year. Include relevant statistical information suc and other beneficiaries served, conferences convened, research papers produced, etc	h as the number of	Expenses
1 N/A			
2			
3	-		
3			
4			
Part IX-E		ons)	
	wo largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
All other progr	am-related investments. See instructions		
3			
Total. Add lin	es 1 through 3	•	

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	found	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
•	purposes		
а	Average monthly fair market value of securities	1a	2,010,588
b	Average of monthly cash balances	1b	115,610
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	2,126,198
e	Reduction claimed for blockage or other factors reported on lines 1a and		, , , , , , , , , , , , , , , , , , , ,
•	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	· · · · · · · · · · · · · · · · · · ·		2,126,198
4			
	instructions)	4	31,893
5			2,094,305
6	Minimum investment return. Enter 5% of line 5	6	104,715
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	unda	tions
	and certain foreign organizations, check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	104,715
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019 (This does not include the tax from Part VI)]	
С	Add lines 2a and 2b	2c	1,780 102,935
3	Distributable amount before adjustments Subtract line 2c from line 1	3	102,935
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	102,935
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	102,935
P	art XII Qualifying Distributions (see instructions)	···········	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	99,780
þ	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	<u> </u>
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions.Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	99,780
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		_
	Enter 1% of Part I, line 27b See instructions	5	0
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	99,780
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	n	
	qualifies for the section 4940(e) reduction of tax in those years		

P	art XIII Undistributed Income (see instruct	ions)			
	•	(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7				102,935
2	Undistributed income, if any, as of the end of 2019				
а	Enter amount for 2018 only	444-44-44-44-44-44-44-44-44-44-44-44-44		40,025	
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2019				
Įа	From 2014				
b	From 2015				
C	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
4	Qualifying distributions for 2019 from Part XII,		1		
	line 4 ▶ \$ 99,780				
а	Applied to 2018, but not more than line 2a			40,025	
b	Applied to undistributed income of prior years			1	
	(Election required – see instructions)				
С	Treated as distributions out of corpus (Election			1	
	required – see instructions)				
d	Applied to 2019 distributable amount				59,755
е	Remaining amount distributed out of corpus			<u> </u>	
5	Excess distributions carryover applied to 2019	•			•
	(If an amount appears in column (d), the same				*
	amount must be shown in column (a))				<u>'.</u>
6	Enter the net total of each column as				
	indicated below:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract				
	line 4b from line 2b		1 +		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed	***************************************			
d	Subtract line 6c from line 6b Taxable			1	
	amount – see instructions				······································
е	Undistributed income for 2018 Subtract line				
	4a from line 2a Taxable amount – see				
	instructions				
f	Undistributed income for 2019 Subtract lines				
	4d and 5 from line 1. This amount must be				42 100
	distributed in 2020		-		43,180
7	Amounts treated as distributions out of corpus			į	
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
_	required—see instructions)				
8	Excess distributions carryover from 2014 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2020.			1	
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9		1	<u> </u>	
a	Excess from 2015		1	-	
b	Excess from 2016			1	
C	Excess from 2017			1	
d	Excess from 2018				
е	Excess from 2019		1		

	1990-PF (2019) SEA LINK, IN			92-01771		Page 10
Pŧ	ert XIV Private Operating Fou	ndations (see in:	structions and Part	VII-A, question 9)		
1a	If the foundation has received a ruling or o	letermination letter tha	t it is a private operating	3		
	foundation, and the ruling is effective for 2	019, enter the date of	the ruling	_		
b	Check box to indicate whether the foundar	tion is a private operat	ing foundation describe	d in section 4	942(j)(3) or	4942(1)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years_		(e) Total
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(6) 10141
	investment return from Part X for					
	each year listed					
b	85% of line 2a					
c	Qualifying distributions from Part XII,					
	line 4, for each year listed			/	1	
d	Amounts included in line 2c not used directly					
•	for active conduct of exempt activities					
•	Qualifying distributions made directly		-		·	
е	, ,			/		
	for active conduct of exempt activities					
_	Subtract line 2d from line 2c			 		
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test – enter					
	(1) Value of all assets				 	
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)	/	1		 	
b	"Endowment" alternative test – enter 2/3		-			
	of minimum investment return shown in					
	Part X, line 6, for each year listed					
C	"Support" alternative test – enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties) (2) Support from general public					
	and 5 or more exempt					
	organizations as provided in		4			
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Pa	ert XV Supplementary Inform	ation (Complete	this part only if the	ne foundation had	d \$5,000 or m	ore in assets at
-	any time during the ye	•			•	
1	Information Regarding Foundation Ma					
а	List any managers of the foundation who I	_	than 2% of the total co	ntributions received by	the foundation	
_	before the close of any tax year (but only					
	N/A					
b	List any managers of the foundation who	own 10% or more of th	e stock of a corporation	o (or an equally large p	ortion of the	
-	ownership of a partnership or other entity)					
	N/A	5. III.aar ale louileatie				
2	Information Regarding Contribution, (Grant Gift Loan Sci	holarship etc. Progr	ams.		
4			o preselected charitable		es not accent	
	unsolicited requests for funds. If the found					
	•		its, etc., to individuals t	or organizations under	other conditions,	
	The same address and telephone number		the nerson to whom an	olications should be ad	dressed	
а	The name, address, and telephone number		the person to whom ap	pilications should be ad	uresseu	
	RALPH MIRSKY 088-857		201			
	P. O. BOX 8233 KETCH					
b	The form in which applications should be				m Tec	
	RESUME AND PROGRAM D	ESTRED QUAL	TEXTUR AS I	MAKITIME ST	INTES.	
С	Any submission deadlines					
	NONE					
d	Any restrictions or limitations on awards, s	such as by geographic	al areas, charitable field	ls, kinds of institutions,	or other	
	factors					
	SEE STATEMENT 9					Form 990-PF (2019
~						Form 990-PF /2010

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ISAAC JOHNSON 3072 SOUTH TONGASS HIGHWA KETCHIKAN AK 99901 MARITME ACADEMY SCHOLARSHIP 20,000 LUCAS OSWALD 606 CARLANNA LAKE ROAD KETCHIKAN AK 99901 MARITIME ACADEMY SCHOLARSHIP 20,000 MICAH STICKWAN 848 BROWN DEER ROAD KETCHIKAN AK 99901 MARITIME ACADEMY SCHOLARSHIP 20,000 PATRICK RAUWOLF 5286 N TONGASS HWY KETCHIKAN AK 99901 MARITIME ACADEMY SCHOLARSHIP 20,000 ALEXANDER DANIELS P. O. BOX 7932 KETCHIKAN AK 99901 MARITIME STUDIES 4,253 HOWARD BRAND 8204 S TONGASS HWY KETCHIKAN AK 99901 MARITIME STUDIES 3,981 JAKOB BAKEN 1 SMITH BROTHERS CT CHICO CA 95926 MARITIME STUDIES 3,042 NATHAN CONNOLLY P. O. BOX 7214 KETCHIKAN AK 99901 MARITIME STUDIES 2,888 ERIC WALLIN P. O. BOX 7184 KETCHIKAN AK 99901 MARITIME STUDIES 2,755 JAMES KRISTOVICH P. O. BOX 7894 KETCHIKAN AK 99901 MARITIME STUDIES 2,215 99,780 Total ▶ 3a b Approved for future payment N/A Total ▶ 3b

Part XV Supplementary Information (co	ntinued)	- 4 - 5		
3 Grants and Contributions Paid During th		Future Payment		
Recipient	If recipient is an individual show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business) a Paid during the year JOHN KARL C. DE LEON P. O. BOX 5095 KERCHIKAN AK 99901	or substantial contributor		STIDIES	614
KETCHIKAN AK 99901	<u>-</u>	MARITIME	STUDIES	646
	•			1
				<u>.</u>
Total		Υ	▶ 3a	
b Approved for future payment N/A				
Total			▶ 3b	

Part XVI-A Enter gross amo	Analysis of Income-Producing A ounts unless otherwise indicated		business income	Excluded by	section 512, 513, or 514	
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1 Program ser	rvice revenue					
		_				
		_				
е		_				
f		_ }				
g Fees an	d contracts from government agencies					
2 Membership	dues and assessments		 			
3 Interest on s	savings and temporary cash investments					106
4 Dividends a	nd interest from securities		····			48,181
5 Net rental in	come or (loss) from real estate					
a Debt-fin	anced property					
b Not deb	t-financed property					
6 Net rental in	come or (loss) from personal property					
7 Other invest	ment income					
8 Gain or (loss	s) from sales of assets other than inventory					-141,044
9 Net income	or (loss) from special events			_		
10 Gross profit	or (loss) from sales of inventory					
11 Other reven	ue a	_				
С		_				
d						
е						
12 Subtotal Ad	ld columns (b), (d), and (e)	:		0	0	-92,757
13 Total. Add l	ine 12, columns (b), (d), and (e)				13	-92,757
(See worksheet	in line 13 instructions to verify calculations)					
Part XVI-B						
Line No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt pur)
N/A						
			•			
<u> </u>						
		_				
						•
 -				-		
						
	1					
-						
-						
	-			-		

Page **12**

Part		•	rding Trai	nsfers To an	d Transactio	ons and Relationships Wit	h Noncharitable	Exem	pt	
4 0		Organizations	roethy opposes	un any of the fell	auma with any a	other organization described			Yes	No
	_	•		•	-	-			163	140
	rganization	01(c) (other than section	1 50 1(0)(3) 01	ganizations) of it	i section 527, re	stating to political				ĺ
	-	om the reporting founda	ation to a none	charitable evemn	t organization of	f				į
	i ansiers in I) Cash	on the reporting founds	illon to a none	chantable exemp	it organization o	•		1a(1)	i i	X
•	i) Casii 2) Other as	ceate						1a(2)		X
•	ther transa							14(2)		
		assets to a noncharita	hle evemnt or	raanization				1b(1)	1	X
		es of assets from a noi	•	•	nn.			1b(2)		X
-	-	of facilities, equipment,		. •	м			1b(3)		X
•	•	rsement arrangements	א טווופו מסספו	13				1b(4)		$\frac{\mathbf{x}}{\mathbf{x}}$
-		r loan guarantees						1b(5)		X
		ance of services or me	mharshin ar fi	undraising solicit	ations			1b(6)	1	X
		acilities, equipment, mai	•	-				1c	-	X
	•	• •	-			mn (b) should always show the fair	market			
						the foundation received less than t				
						the goods, other assets, or service				
	Line no	(b) Amount involved		e of noncharitable exe			s, transactions and sharing	arrangem	ents	
N/A										
				-						
				•						
					- ,		<u> </u>			
		<u> </u>								
										
						1				
2a Is	the founda	ation directly or indirectl	y affiliated wit	th, or related to, o	one or more tax-	exempt organizations				
		section 501(c) (other th		01(c)(3)) or in se	ction 527?			Y6	es X	No
b If		plete the following sch	edule							
		a) Name of organization		(b) Type of	organization	(c) Desc	cription of relationship			
N/	<u>A</u>			· <u> </u>						
				-		 				
					 _	- 				
•	Linder nen	alties of normal I declare the	t I have evamine	ad this rotum, includin	o accompanying sc	hedules and statements and to the best of	my knowledge and helief	il is this		
						f which preparer has any knowledge	· ———			_
		// \					May the IRS dis with the prepare			
Sign	\ <i>\</i>	\star)		_	_	See instructions			No
lere		/ \/~ ///	1		1	12 10 · 20 \ EXE	CUTIVE DIR	ECTO	D D	
	Signa	iture of officer or trustee	<u> </u>		Da		COTTAE DIK	<u> </u>		
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	Printity	oe preparer's name			Preparer's signa	alui e	Date		Check	if
aid	SCOTT	C. MILNER, C	'DA		Scopp &	DILINER CPA	12/1	1/20	self-emp	лоува
repare	Firm's na	\/TT\\T	-	ARD, PAL		WARDS, CPA PC		1207	233	
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Federal Statements

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

	Net Gain / Loss	\$ 16,055	2,258	2,722	-1,144	-2,475	-1,243	-19,336	960'5	-3,405	-1,078	-1,264	10,542	10,548	4,124	2,019	-3,602	-1,551	18,694
	Depreciation	٠																	
	Expense																		
	Cost	129,816 \$	196,991	197,965	140,292	130,029	195,632	119,324	205,042	136,676	136,652	204,948	136,604	205,011	203,543	210,223	133,231	135,550	13,300
How Received	Sale Price	PURCHASE 145,871 \$	FURCHASE 199,249 PURCHASE	200,687 PURCHASE	139,148 PURCHASE	127,554 PURCHASE	194,389 PURCHASE	99,988 PURCHASE	210,138 PURCHASE	133,271	135,574	203,684	FURCHASE 147,146 prochase	215,559 PITECHASE	207,667 PURCHASE	212,242 PITECHASE	129,629 PITECHASE	133,999 precence	31,994
	Date Sold	\$ 61/10//	7/01/19	7/01/19	7/01/19	7/01/19	7/01/19	7/16/19 D	7/01/19 10/01/19 TSCRETTONARY	7/01/19 10/01/19	7/01/19 10/01/19	ElGN 10/01/19	1/03/20	1/03/20	1/03/20	1/03/20	1/03/20	1/03/20	1/13/20
Description	Date Acquired	UTILITIES 1/02/19	k KAIE 4/02/19 LAYS	4/02/19 REIT INDEX	4/02/19 TELECOMMUNICATIONS	4/02/19 REAL ESTATE	4/02/19 GROWTH	12/07/12 VALUE LINE DIVIDEND	7/01/19 10/C CONSIMER DISCRETIONARY	7/01/19	AL 7/01/19	SOVER 01/19	K STAPLES 7/01/19 OPP BOND	7/01/19	10/01/19	10/01/19 T TNDEX	10/01/19		
0	Whom Sold	INVESCO S&P 500 UTI:	INVESCO EXCHANGE VAR KALE 4/0 SPDR BLOOMBERG BARCLAYS	TRUST S&P	ISHARES US TELECOMM	4/02/19 SPDR DOW JONES INT REAL ESTATE	4/0 TOUCHSTONE MID CAP GROWTH	FIRST TRUST VALUE L	FIRST TRUST CONSUME		FIRST TRUST FINANCIAL		FIRST IRUST CONSUMER STAPLE 7/01/	7/0 TINVESCO EXCHANGE VAN	0/01 0/01 VTT:ITT:IOW WO:I NOSEM 558:I	TIBS GAS TRIIST TRATE	135 135 OF	MIRON ED	

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets (continued)

	Net	Gain / Loss		2,937		1,828		-56,308		-30,844		-39,366		-26,447		-35,944		-34,562	-181,746
		- I		₩															ۍ ا
		Depreciation		₩															\$
		Expense																	0
		Cost		38,057 \$		21,166		141,276		141,274		211,965		141,342		212,010		211,967	3,949,886 \$
How Received	Sale	Price (PURCHASE	40,994 \$	PURCHASE	22,994	PURCHASE	84,968	PURCHASE	110,430	PURCHASE	172,599	PURCHASE	114,895	PURCHASE	176,066	PURCHASE	177,405	3,768,140 \$ 3
	Date	Sold		1/13/20 \$		6/10/13 1/13/20	₩.	4/01/20		4/01/20		4/01/20		4/01/20		4/01/20		4/01/20	ۍ ^ا
Description	Date	Acquired	Ω	3/01/16	ROWTH	6/10/13	ALS ALPHADE	1/03/20	GY ALPHDEX	1/03/20	SA MOMENTUM	1/03/20	NICATIONS	1/03/20	AYS CONV	1/03/20	IN ANGEL	1/03/20	
De	Whom	Sold	AIG FOCUSED DIVIDEND		TOUCHSTONE MID CAP GROWTH		FIRST TRUST FINANCIALS ALPHADEX		FIRST TRUST TECHNOLOGY ALPHDEX		ISHARES EDGE MSCI USA MOMENTUM		ISHARES US TELECOMMUNICATIONS		SPDR BLOOMBERG BARCLAYS CONV		VANECK VECTORS FALLEN ANGEL		TOTAL

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	ACCOUNTING	TOTAL
		₩.
Total	3,310	3,310
Net Investment	Ş	vs.
jt.		0
Adjusted Net	\$	0 8
Charitable Purpose	ళు	\$

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Expenses
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Statement

Charitable · Purpose	w	\$ ·
Adjusted Net	φ	w
Net Investment	w	\$
Total	\$ 10,853 5,706 2,476 1,658 602	\$ 21,423
Description	EXPENSES INVESTMENT FEES RECRUITMENT ADVERTISING TELEPHONE INSURANCE OFFICE MISCELLANEOUS	TOTAL

Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Fair Market Value	\$ 787	\$
Basis of Valuation	COST	
End of Year	47,780	47,780
	ψ	တ္
Beginning of Year	47,780	47,780
<u> </u>	δ	က္
Description	AMERIPRISE INVESTMENT ACCOUNT SECURI	TOTAL

Statement 5 - Form 990-PF, Part II, Line 11 - Land, Building, and Equipment Investments

Net FMV	φ.	\$
Accumulated epreciation	19,182	19,182
End	৵	w
End Cost / Basis	19,182	19,182
ပို	ক	₩
ning ook		0
Beginning Net Book	w	₩.
Description	LAND, BUILDINGS, AND EQUIPMENT	TOTAL

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: 6 - Form 990-PF, Part II, Line 13 - Other	Investments
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Fair Market Value	\$ 1,100,714 858,811 \$ 1,959,525
Basis of Valuation	COST COST COST
End of Year	\$ 1,051,523 838,008 23,001 \$ 1,912,532
Beginning of Year	\$ 31,688 2,171,301 41,987 \$ 2,244,976
Description	AMERIPRISE INVESTMENT ACCOUNT MM AMERIPRISE INVESTMENT ACCOUNT MUTUAL UNREALIZED GAINS TOTAL

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Statement 7 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	 Amount
UNREALIZED LOSSES ON INVESTMENTS 2018 EXCISE TAXES	\$ 18,986 828
TOTAL	\$ 19,814

Statement 8 - Explanation for Not Filing on Time

Description

ADDITIONAL TIME IS NECESSARY TO RECONCILE INVESTMENT INCOME.

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Form 990-PF, Part VIII,	Line 1	of Officers,	- List of Officers, Directors, Trustees, Etc.	s, Etc.	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
R. K. RICE 97 HUCKLEBERRY CIRCLE KETCHIKAN AK 99901	VICE-PRESIDE	00.00	0	0	0
SCOTT C. MILNER, CPA 426 MAIN STREET KETCHIKAN AK 99901	PRESIDENT	0.00	0	0	0
RALPH MIRSKY P. O. BOX 8233 KETCHIKAN AK 99901	EXECUTIVE DI	40.00	69,300	0	0
LAUREN MIRSKY P. O. BOX 8233 KETCHIKAN AK 99901	BUSINESS MAN	20.00	36,000	0	0
HANS ANTONSEN 701 CARLANNA LAKE ROAD KETCHIKAN AK 99901	SCHOLARSHIP	0.00	0	O·	0
WILLIAM HOPKINS 12810 SNOWBERRY LANE KETCHIKAN AK 99901	SCHOLARSHIP	0.00	0	0	0
RICK COLLINS 1 DOUBLE EAGLE LANE KETCHIKAN AK 99901	SCHOLARSHIP	00.00	0	0	0
		;			
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Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

RESUME AND PROGRAM DESIRED QUALIFYING AS MARITIME STUDIES.

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

NONE

Statement 9 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

INDIVIDUALS MUST BE GRADUATES OF A KETCHIKAN, ALASKA HIGH SCHOOL PROGRAM.