

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2000

Open to Public Inspection

A For the 2000 calendar year, OR tax year period beginning **JUL 1, 2000** and ending **JUN 30, 2001**

B Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	C Name of organization ALASKA PUBLIC TELECOMMUNICATIONS, INC.	D Employer identification number 23-7394629
	Please use IRS label or print or type See Specific Instructions Number and street (or P O box if mail is not delivered to street address) Room/suite 3877 UNIVERSITY DRIVE	E Telephone number (907)563-7070
	City or town, state or country, and ZIP ANCHORAGE, AK 99508	F Check <input type="checkbox"/> if application pending

G Organization type (check only one) ▶ 501(c)(3) ◀ (insert no) 527
OR 4947(a)(1)

(H and I are not applicable to section 527 orgs)

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4 digit group exemption no. (GEN) ▶

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method Cash Accrual Other (specify) ▶

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	2,526,408.	
	b	Indirect public support	1b	947,147.	
	c	Government contributions (grants)	1c	178,476.	
	d	Total (add lines 1a through 1c) (cash \$ <u>3,652,031.</u> noncash \$ _____)	1d	3,652,031.	
	2	Program service revenue including government fees and contracts (from Part VII line 93)	2	802,002.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	24,600.	
	5	Dividends and interest from securities	5		
	6a	Gross rents SEE STATEMENT 1	6a	69,229.	
	6b	Less rental expenses SEE STATEMENT 2	6b	31,968.	
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	37,261.	
7	Other investment income (describe ▶)	7			
8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
8b	Less cost or other basis and sales expenses	8a			
8c	Gain or (loss) (attach schedule)	8b			
8d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
9	Special events and activities (attach schedule)				
a	Gross receipts (including \$ _____ of contributions reported on line 1a)	9a	179,300.		
b	Less direct expenses other than fundraising expenses	9b	42,586.		
9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	136,714.		
10a	Gross sales of inventory less returns and allowances	10a			
10b	Less cost of goods sold	10b			
10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	211,205.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	4,863,813.		
Expenses	13	Program services (from line 44 column (B))	13	2,359,804.	
	14	Management and general (from line 44 column (C))	14	1,256,552.	
	15	Fundraising (from line 44, column (D))	15	250,277.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44 column (A))	17	3,866,633.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	997,180.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	4,478,665.	
	20	Other changes in net assets or fund balances (attach explanation)	20	0.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	5,475,845.	

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Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences conventions, and meetings, 41 Interest, 42 Depreciation, depletion etc, 43 Other expenses (itemize), 44 Total functional expenses.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$, (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$.

Part III Statement of Program Service Accomplishments

Table with 2 columns: Description of program service, Program Service Expenses. Row a: THE PRODUCTION DEPARTMENT IS IN CHARGE OF DEVELOPING PROGRAMS FOR A RADIO (KSKA) AND TELEVISION (KAKM) STATION. BOTH STATIONS PROMOTE NON-COMMERCIAL EDUCATIONAL BROADCASTING. Row b: THE PROGRAMMING DEPARTMENT SELECTS AND PURCHASES QUALITY PROGRAMS AND MUSIC TO BE AIRED ON THE STATIONS AND ALSO SCHEDULES THE MUSIC AND PROGRAMS. Row c: THE BROADCASTING AND VIDEO DEPARTMENT IS IN CHARGE OF PROVIDING AND MAINTAINING THE PHYSICAL STUDIO FACILITIES, PROVIDING TECHNICAL EXPERTISE AND MAINTAINING AND OPERATING ALL BROADCAST EQUIPMENT. Row e: Other program services (attach schedule). Row f: Total of Program Service Expenses (should equal line 44, column (B) Program services).

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non interest bearing	29,335.	45	98,608.
	46 Savings and temporary cash investments	56,032.	46	671,459.
	47 a Accounts receivable	47a 277,566.		
	b Less allowance for doubtful accounts	47b 46,937.	47c	230,629.
	48 a Pledges receivable	48a 152,198.		
	b Less allowance for doubtful accounts	48b	48c	152,198.
	49 Grants receivable		49	109,685.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	9,317.
	53 Prepaid expenses and deferred charges		53	25,147.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land buildings, and equipment basis	55a 527,785.		
	b Less accumulated depreciation	55b	55c	527,785.
56 Investments other	SEE STATEMENT 6	56	20,035.	
57 a Land buildings and equipment basis	57a 10,447,972.			
b Less accumulated depreciation	57b 5,818,174.	57c	4,629,798.	
58 Other assets (describe ▶ _____)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	5,840,704.	59	6,474,661.	
Liabilities	60 Accounts payable and accrued expenses	432,440.	60	191,251.
	61 Grants payable		61	
	62 Deferred revenue	161,908.	62	158,367.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax exempt bond liabilities		64a	
	b Mortgages and other notes payable	STMT 7 STMT 8 644,719.	64b	539,177.
	65 Other liabilities (describe ▶ SEE STATEMENT 9)	122,972.	65	110,021.
66 Total liabilities (add lines 60 through 65)	1,362,039.	66	998,816.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	4,432,379.	67	4,889,992.
	68 Temporarily restricted	46,286.	68	585,853.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings endowment, accumulated income or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	4,478,665.	73	5,475,845.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	5,840,704.	74	6,474,661.	

Form 990 is available for public inspection and, for some people serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes in Part III the organization's programs and accomplishments.

Part VI Other Information		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 81a 0.			
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts included on line 12, for public use of club facilities 86b N/A			
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A			
88	At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0., section 4912 <input type="checkbox"/> 0., section 4955 <input type="checkbox"/> 0.			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter Amount of tax on line 89c above reimbursed by the organization ▶ 0.			
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> ALASKA			
b	Number of employees employed in the pay period that includes March 12, 2000 90b 39			

91 The books are in care of PATSY PARKER Telephone no (907) 563-7070
 Located at 3877 UNIVERSITY DRIVE, ANCHORAGE, AK ZIP code 99508

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PROGRAM UNDERWRITING					802,002.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	24,600.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property			16	37,261.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	136,714.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a OTHER REVENUE					211,205.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D) and (E))		0.		198,575.	1,013,207.
105 Total (add line 104 columns (B), (D), and (E))					1,211,782.

Note Line 105 plus line 1d, Part I should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	PROGRAM UNDERWRITING ALLOWS ENTITIES TO SPONSOR TELEVISION AND RADIO PROGRAMS OF INTEREST TO THEM.
103A	OTHER INCOME FROM VARIOUS SOURCES GENERATES RESOURCES TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization during the year, receive any funds directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization during the year, pay premiums directly or indirectly, on a personal benefit contract? Yes No

I am preparing this return on behalf of the taxpayer and to the best of my knowledge and belief it is true and correct. I am not a preparer and I am not providing any tax advice. Information of which preparer has any knowledge (important See General Instruction W)

1/4/02 Patsy Parker Financial Officer

Supplementary Information

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury
Internal Revenue Service

Name of the organization **ALASKA PUBLIC TELECOMMUNICATIONS, INC.** Employer identification number **23 7394629**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
FRANK MENGEL ----- 3402 W. 79TH AVENUE, ANCHORAGE, AK 9940	ENG. MGR.	78,336.	1,567.	
PATSY PARKER ----- 8180A COUNTRY WOODS DR, ANCHORAGE, AK 40	FINANCE MGR.	57,218.	1,144.	
LORRAINE FUHR ----- 6610 WEST REEE DRIVE, ANCH., AK 9951640	SPONS. COORD.	58,165.		
VERONICA DENT ----- 1703 BIRCHWOOD, ANCHORAGE, AK 99508 40	PROG/DEV MGR.	51,489.	1,030.	
----- ----- -----				
Total number of other employees paid over \$50 000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none enter "None")

(a) Name and address of each independent contractor paid more than \$50 000	(b) Type of service	(c) Compensation
J. DONOVAN & SLOAN -----	CAPITAL CAMPAIGN CONSULTANT	191,662.
----- ----- ----- ----- -----		
Total number of others receiving over \$50 000 for professional services ▶	0	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a Do you have a section 403(b) annuity plan for your employees? b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions)	4a	X

SEE STATEMENT 13

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

- The organization is not a private foundation because it is: (Please check only ONE applicable box.)
- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
 - 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
 - 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
 - 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
 - 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
 - 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
 - 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11 or 12) Use cash method of accounting
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	936,631.	966,671.	779,188.	1,669,239.	4,351,729.
16 Membership fees received	1,151,363.	1,105,278.	1,033,153.	1,056,720.	4,346,514.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	941,275.	653,479.	395,873.	638,197.	2,628,824.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	8,366.	8,233.		28,437.	45,036.
19 Net income from unrelated business activities not included in line 18	18,723.	<20,874.>	16,149.	56,352.	70,350.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	58,459.	220,724.	SEE STATEMENT 14 309,166.	490,654.	1,079,003.
23 Total of lines 15 through 22	3,114,817.	2,933,511.	2,533,529.	3,939,599.	12,521,456.
24 Line 23 minus line 17	2,173,542.	2,280,032.	2,137,656.	3,301,402.	9,892,632.
25 Enter 1% of line 23	31,148.	29,335.	25,335.	39,396.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e) line 24				26a 197,853.
	b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.				26b 0.
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				26c 9,892,632.
	d Add: Amounts from column (e) for lines 18 45,036. 19 70,350.				26d 1,194,389.
	22 1,079,003. 26b				26e 8,698,243.
	e Public support (line 26c minus line 26d total)				26f 87.9265%
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:				
	(1999) N/A	(1998)	(1997)	(1996)	
	b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.				
	(1999) N/A	(1998)	(1997)	(1996)	
	c Add: Amounts from column (e) for lines 15 17 20	16 21			27c N/A
	d Add: Line 27a total and line 27b total				27d N/A
	e Public support (line 27c total minus line 27d total)				27e N/A
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %

28 Unusual Grants For an organization described in line 10, 11 or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

NONE

Part V Private School Questionnaire
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body faculty and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues brochures, announcements and other written communications to the public dealing with student admissions, programs and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50 1975 2 C B 587 covering racial nondiscrimination? If "No" attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here If the organization belongs to an affiliated group
 Check here If you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -	The lobbying nontaxable amount is -	
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

2000

Name of organization

ALASKA PUBLIC TELECOMMUNICATIONS, INC.

Employer identification number

23-7394629

Organization type (check one)-Section 501(c)(3) (enter number) 527 or 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose **\$**

Note This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note. You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual payroll or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

ALASKA PUBLIC TELECOMMUNICATIONS, INC.

23-7394629

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 300,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
2		\$ 200,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
3		\$ 300,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
4		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
5		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
6		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
FACILITY, ANCHORAGE, ALASKA	1	9,569.
TOWER SPACE, ANCHORAGE, ALASKA	2	59,660.
TOTAL TO FORM 990, PART I, LINE 6A		69,229.

FORM 990	RENTAL EXPENSES	STATEMENT	2
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SUBLEASE PAYMENTS - UAA		9,300.	
- SUBTOTAL -	1		9,300.
TOWER SPACE RENT PAYMENTS		22,668.	
- SUBTOTAL -	2		22,668.
TOTAL TO FORM 990, PART I, LINE 6B			31,968.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	3
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
NEW YEARS EVE GALA	19,185.		19,185.	5,676.	13,509.
WINE TASTING	13,505.		13,505.	1,634.	11,871.
20TH ANNUAL AUCTION	133,452.		133,452.	35,276.	98,176.
OTHERS	13,158.		13,158.		13,158.
TO FM 990, PART I, LINE 9	179,300.		179,300.	42,586.	136,714.

FORM 990	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROGRAM PURCHASES	582,679.	582,679.		
PROGRAMMING & PRODUCTION	2,759.	2,759.		
PROMOTION & ADVERTISING	138,420.	24,058.	97,887.	16,475.
PURCHASED SERVICES	436,750.	86,144.	146,802.	203,804.
DUES & SUBSCRIPTIONS	21,198.	11,440.	9,758.	
OTHER	123,683.	20,431.	102,852.	400.
TOTAL TO FM 990, LN 43	1,305,489.	727,511.	357,299.	220,679.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

ALASKA PUBLIC TELECOMMUNICATIONS IS ORGANIZED TO ENCOURAGE EDUCATIONAL TELEVISION AND RADIO BROADCASTING IN THE STATE OF ALASKA.

FORM 990	OTHER INVESTMENTS	STATEMENT 6
DESCRIPTION	VALUATION METHOD	AMOUNT
DEFERRED PRODUCTION COSTS	COST	20,035.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		20,035.

FORM 990	MORTGAGES PAYABLE	STATEMENT 7
DESCRIPTION	BALANCE DUE	
WELLS FARGO BANK	519,966.	
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	519,966.	

FORM 990	OTHER NOTES AND LOANS PAYABLE	STATEMENT	8
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LENDER'S NAME	TERMS OF REPAYMENT
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CHANNEL 2 BROADCASTING	2,009/MO
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DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
01/31/00	10/01/01	22,000.	9.50%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
-------------------------------	-----------------

NONE	OPERATION
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RELATIONSHIP OF LENDER

BUSINESS

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	19,211.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	19,211.
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FORM 990	OTHER LIABILITIES	STATEMENT	9
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DESCRIPTION	AMOUNT
ACCRUED INTEREST PAYABLE	2,634.
ACCRUED PAYROLL & RELATED TAXES	107,387.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	110,021.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	10
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DESCRIPTION	AMOUNT
COSTS OF SPECIAL EVENTS	42,586.
COSTS OF RENTAL REVENUES	31,968.
TOTAL TO FORM 990, PART IV-A	74,554.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	11
DESCRIPTION		AMOUNT	
COSTS OF SPECIAL EVENTS		42,586.	
COSTS OF RENTAL REVENUES		31,968.	
TOTAL TO FORM 990, PART IV-B		74,554.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	12
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SUSAN S. REED P. O. BOX 110204 ANCHORAGE, AK 99511	PRESIDENT/GM FULL TIME	84,106.	1,682.	0.
MARJORIE KASSIER 2210 ARCA, ANCHORAGE, AK 99508	DIRECTOR PART TIME	0.	0.	0.
FRANKLIN ANDREWS 250 PEPPERTREE ANCHORAGE, AK 99504	DIRECTOR PART TIME	0.	0.	0.
SAMUEL ROSE 1441 W. NORTHERN LIGHTS BLVD. ANCHORAGE, AK 99503	DIRECTOR PART TIME	0.	0.	0.
ROBIN KRONFIELD 7023 TANAINA, ANCHORAGE, AK 99502	DIRECTOR PART TIME	0.	0.	0.
DON ZOERB P. O. BOX 2929 PALMER, AK 99645	TREASURER PART TIME	0.	0.	0.
ROBERT BULMER 841 N STREET ANCHORAGE, AK 99501	DIRECTOR PART TIME	0.	0.	0.
STEVE BUTTERWORTH PO BOX 100360 ANCHORAGE, AK 99510	DIRECTOR PART TIME	0.	0.	0.

CYNTHIA MATSON 6210 CORNER TREE DRIVE, ANCHORAGE, AK 99516	DIRECTOR PART TIME	0.	0.	0.
SUSAN REEVES 1007 W. 3RD. AVE. STE. 100, ANCHORAGE, AK 99501	DIRECTOR PART TIME	0.	0.	0.
PERRY MERKEL 229 E. 51ST AVENUE ANCHORAGE, AK 99503	VICE CHAIR PART TIME	0.	0.	0.
WALTER JOHN 6552 LAKEWAY DRIVE, ANCHORAGE, AK 99502	DIRECTOR PART TIME	0.	0.	0.
GARI SISK 4140 APOLLO DRIVE ANCHORAGE, AK 99504	DIRECTOR PART TIME	0.	0.	0.
CHRIS JAY 3601 C STREET ANCHORAGE, AK 99503	DIRECTOR PART TIME	0.	0.	0.
ED RATLIFF 6448 BARCLAY COURT ANCHORAGE, AK 99516	SECRETARY PART TIME	0.	0.	0.
TOM WILLIAMS P. O. BOX 196612 ANCHORAGE, AK 99510	CHAIR PART TIME	0.	0.	0.
BOB SATIN P. O. BOX 3692 SEWARD, AK 99664	DIRECTOR PART TIME	0.	0.	0.
LON TROTTER 1835 S BRAGAW ANCHORAGE, AK 99508	DIRECTOR PART TIME	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>84,106.</u>	<u>1,682.</u>	<u>0.</u>

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH DIRECTORS, TRUSTEES, PRINCIPAL OFFICERS OR CREATOR PART III, LINE 2 STATEMENT 13

SEE FORM 990, PART V

SCHEDULE A OTHER INCOME STATEMENT 14

DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
OTHER REVENUE	58,459.	220,724.	309,166.	490,654.
TOTAL TO SCHEDULE A, LINE 22	58,459.	220,724.	309,166.	490,654.

ALASKA TELECOMMUNICATIONS, INC

PROPERTY AND EQUIPMENT
FORM 990
TAX YEAR ENDED JUNE 30, 2001

	Balance 6/30/00	Additions	Deletions	Balance 6/30/01
Land	15,716	0	0	15,716
Buildings and improvements	4,611,621	0	(250,649)	4,360,972
Furnishings and fixtures	282,652	0	(89,065)	193,587
Equipment	6,389,732	1,242,364	(1,754,399)	5,877,697
Adjustment				
	<u>11,299,721</u>	<u>1,242,364</u>	<u>(2,094,113)</u>	<u>10,447,972</u>
Less Accumulated Depreciation	(6,553,242)	(578,571)	1,313,639	(5,818,174)
Net Property & Equipment	<u>4,746,479</u>	<u>663,793</u>	<u>(780,474)</u>	<u>4,629,798</u>

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print.	Name of Exempt Organization ALASKA PUBLIC TELECOMMUNICATIONS, INC.	Employer identification number 23-7394629
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions 3877 UNIVERSITY DRIVE	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions ANCHORAGE, AK 99508	

Check type of return to be filed (File a separate application for each return)

- Form 990
- Form 990-EZ
- Form 990-T (sec 401(a) or 408(a) trust)
- Form 1041 A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number, (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until MAY 15, 2002

5 For calendar year _____, or other tax year beginning JUL 1, 2000 and ending JUN 30, 2001

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

INTERNAL REVENUE SERVICE
RECEIVED

8a If this application is for Form 990 BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions **FEB 04 2002** \$ _____

b If this application is for Form 990 PF, 990-T, 4720, or 6069 enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 **Phoenix, Arizona 6-009R** \$ _____

c **Balance Due** Subtract line 8b from line 8a Include your payment with this form, or, if required deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title **CPA** Date **2/1/02**

Notice to Applicant - To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting the 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name MIKUNDA, COTTRELL & CO., CPA'S
	Number and street (include suite, room, or apt no) Or a P O box number 3601 C STREET, SUITE 600
	City or town, province or state and country (including postal or ZIP code) ANCHORAGE, AK 99503

312 RESORT FEB 1 / 2002

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
	ALASKA PUBLIC TELECOMMUNICATIONS, INC.	23-7394629
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions	
	3877 UNIVERSITY DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ANCHORAGE, AK 99508	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until FEBRUARY 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year _____ or tax year beginning JUL 1, 2000 and ending JUN 30, 2001

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [Signature] Title ▶ CPA Date ▶ 11/14/01
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

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NOV 15 2001

Wage & Investment Area 6 Director
Phoenix, Arizona
6-009R

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