

Return of Organization Exempt From Income Tax

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2003 calendar year, or tax year beginning JUL 1, 2003 **and ending** JUN 30, 2004

B Check if applicable

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

ALASKA PUBLIC TELECOMMUNICATIONS, INC.

Number and street (or P.O. box if mail is not delivered to street address)

3877 UNIVERSITY DRIVE

City or town, state or country, and ZIP + 4

ANCHORAGE, AK 99508

D Employer identification number

23-7394629

E Telephone number

(907) 563-7070

F Accounting method Cash Accrual

Other (specify)

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

H and I are not applicable to section 527 organizations.

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 Group Exemption Number

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: NA

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

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.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **5,401,673.**

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	3,093,818.		
	b Indirect public support	1b	1,567,811.		
	c Government contributions (grants)	1c	178,385.		
	d Total (add lines 1a through 1c) (cash \$ 3,837,816. noncash \$ 1,002,198.)	1d		4,840,014.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		120,169.	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		12,103.	
	5 Dividends and interest from securities	5			
	6 a Gross rents SEE STATEMENT 1	6a	57,986.		
b Less rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		57,986.		
7 Other investment income (describe)	7				
Expenses	8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b Less cost or other basis and sales expenses	8a			
	c Gain or (loss) (attach schedule)	8b			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	8d	8d			
	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	267,136.		
	b Less direct expenses other than fundraising expenses	9b	66,832.		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		200,304.	
	10 a Gross sales of inventory, less returns and allowances	10a			
b Less cost or goods sold	10b				
c 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		104,265.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		5,334,841.		
Net Assets	13 Program services (from line 44, column (B))	13		2,377,494.	
	14 Management and general (from line 44, column (C))	14		1,533,485.	
	15 Fundraising (from line 44, column (D))	15		59,716.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		3,970,695.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		1,364,146.		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		7,173,547.		
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		8,537,693.		

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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 Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	0.	0.	0.
26	Other salaries and wages	26	1,434,748.	786,529.	617,659.
27	Pension plan contributions	27	14,532.	7,966.	6,256.
28	Other employee benefits	28	115,115.	63,046.	49,517.
29	Payroll taxes	29	121,408.	66,556.	52,266.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	56,234.	5,267.	44,423.
34	Telephone	34			
35	Postage and shipping	35	46,844.	5,803.	41,041.
36	Occupancy	36	294,068.	173,510.	120,558.
37	Equipment rental and maintenance	37			
38	Printing and publications	38	45,680.	372.	32,363.
39	Travel	39	68,165.	15,975.	49,074.
40	Conferences, conventions, and meetings	40			
41	Interest	41	45,627.	18,064.	27,563.
42	Depreciation, depletion, etc (attach schedule)	42	500,846.	500,846.	
43	Other expenses not covered above (itemize)				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 3	43e	1,227,428.	733,560.	492,765.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	3,970,695.	2,377,494.	1,533,485.

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 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

What is the organization's primary exempt purpose? SEE STATEMENT 4		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)		
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.	298,949.
	(Grants and allocations \$ _____)	
b	THE PROGRAMMING DEPARTMENT SELECTS AND PURCHASES QUALITY PROGRAMS AND MUSIC TO BE AIRED ON THE STATIONS AND ALSO SCHEDULES THE MUSIC AND PROGRAMS.	1,096,411.
	(Grants and allocations \$ _____)	
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.	982,134.
	(Grants and allocations \$ _____)	
d	_____	
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,377,494.

Part IV Balance Sheets

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

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash - non-interest-bearing	3,599.	45	
	46 Savings and temporary cash investments	3,342,796.	46	2,634,257.
	47 a Accounts receivable	47a 445,182.		
	b Less allowance for doubtful accounts	47b 102,839.	408,942.	47c 342,343.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable		140,190.	49 77,744.
	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		6,865.	52 2,893.
	53 Prepaid expenses and deferred charges		44,731.	53 82,592.
	54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b		55c
56 Investments - other	SEE STATEMENT 5	439,704.	56 696,130.	
57 a Land, buildings, and equipment basis	57a 13,344,692.			
b Less accumulated depreciation	57b 7,592,990.	3,903,439.	57c 5,751,702.	
58 Other assets (describe ▶ _____)			58	
59 Total assets (add lines 45 through 58) (must equal line 74)		8,290,266.	59 9,587,661.	
Liabilities	60 Accounts payable and accrued expenses	300,259.	60 245,794.	
	61 Grants payable		61	
	62 Deferred revenue	120,881.	62 203,631.	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	STMT 6 STMT 7 559,059.	64b 378,594.	
	65 Other liabilities (describe ▶ SEE STATEMENT 8)	136,520.	65 221,949.	
66 Total liabilities (add lines 60 through 65)		1,116,719.	66 1,049,968.	
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	3,689,410.	67 6,177,805.	
	68 Temporarily restricted	3,484,137.	68 2,359,888.	
	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, column (B) must equal line 21)		7,173,547.	73 8,537,693.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		8,290,266.	74 9,587,661.

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

Table with columns Yes, No and rows 76-92 containing various questions and answers regarding organizational activities, financials, and governance.

Located at 3877 UNIVERSITY DRIVE, ANCHORAGE, AK

ZIP + 4 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

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: 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) Exclu- sion code	(D) Amount	
93 Program service revenue					
a PROGRAM UNDERWRITING					120,169.
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	12,103.	
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	57,986.	
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	200,304.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue.					
a OTHER REVENUE					104,265.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		270,393.	224,434.
105 Total (add line 104, columns (B), (D), and (E))					494,827.

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 (See page 34 of the instructions.)

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 (See page 34 of the instructions)

(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 (See page 34 of the instructions)

- (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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

accompanying schedules and statements, and to the best of my knowledge and belief, it is true,
I Information of which preparer has any knowledge

Date: 1-12-05
Type or print name and title: PAUL STANKOVICH
Preparer's SSN or PTIN: 7191/604

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2003

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

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 page 1 of the 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	ENGR DIR 40	84,999.	4,754.	
ROBERT DICKINSON ----- 9846 SAAYA, EAGLE RIVER, AK 099517	CHIEF ENGR 40	59,846.	3,290.	
DAVID YEARWOOD JR ----- 6135 E TUDOR, #2, ANCHORAGE, AK 99507	FIN/ADM DIR 40	60,750.	3,054.	
VERONICA DENT ----- 1703 BIRCHWOOD, ANCHORAGE, AK 99508	PROG/DEV MGR 40	53,255.	4,118.	
HOWARD MARSH ----- 10631 CUTTER CIR, ANCHORAGE, AK 99515	INF TECH DIR 40	62,350.	4,301.	
Total number of other employees paid over \$50,000 ▶	0			

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

(See page 2 of the 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
NONE -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)		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 ▶ \$ _____ \$ <u>25,201.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) VI-B, LINE I 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 substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
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?	2e	X
3 a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)
 - 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 6 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	5,302,372.	3,204,084.	3,652,031.	936,631.	13,095,118.
16 Membership fees received				1,151,363.	1,151,363.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	123,268.	143,670.	1,050,531.	941,275.	2,258,744.
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	72,952.	71,059.	24,600.	8,366.	176,977.
19 Net income from unrelated business activities not included in line 18				18,723.	18,723.
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.	60,010.	84,816.	SEE STATEMENT 12 211,205.	58,459.	414,490.
23 Total of lines 15 through 22	5,558,602.	3,503,629.	4,938,367.	3,114,817.	17,115,415.
24 Line 23 minus line 17	5,435,334.	3,359,959.	3,887,836.	2,173,542.	14,856,671.
25 Enter 1% of line 23	55,586.	35,036.	49,384.	31,148.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 297,133.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 14,856,671.
d Add: Amounts from column (e) for lines 18 <u>176,977.</u> 19 <u>18,723.</u> 22 <u>414,490.</u> 26b _____					26d 610,190.
e Public support (line 26c minus line 26d total)					26e 14,246,481.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 95.8928%
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2002)	(2001)	(2000)	(1999)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. 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: N/A	(2002)	(2001)	(2000)	(1999)	
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 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 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

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

		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 (See page 9 of the instructions) N/A
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" 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	41	
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 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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) (See page 12 of the instructions)

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	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	X		
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		25,201.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			25,201.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities **SEE STATEMENT 13**

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
TOWER SPACE, ANCHORAGE, ALASKA		2	57,986.
TOTAL TO FORM 990, PART I, LINE 6A			57,986.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
ANNUAL AUCTION	134,118.		134,118.	59,706.	74,412.	
WINE TASTING	26,542.		26,542.	7,126.	19,416.	
OTHER	106,476.		106,476.		106,476.	
TO FM 990, PART I, LINE 9	267,136.		267,136.	66,832.	200,304.	

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
PROGRAM PURCHASES	702,468.	566,435.	136,033.		
PROGRAMMING & PRODUCTION	7,500.	7,500.			
PROMOTION & ADVERTISING	10,843.	10,843.			
PURCHASED SERVICES	303,355.	108,465.	193,989.	901.	
DUES & SUBSCRIPTIONS	51,020.	39,600.	11,345.	75.	
OTHER	152,242.	717.	151,398.	127.	
TOTAL TO FM 990, LN 43	1,227,428.	733,560.	492,765.	1,103.	

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 7

LENDER'S NAME TERMS OF REPAYMENT

WELLS FARGO BANK - LINE OF CREDIT

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
		0.	.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
 LINE OF CREDIT

RELATIONSHIP OF LENDER

BUSINESS

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	0.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

FORM 990 OTHER LIABILITIES STATEMENT 8

DESCRIPTION	AMOUNT
ACCRUED PAYROLL & RELATED TAXES	135,169.
BANK OVERDRAFT	86,780.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	221,949.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 9

DESCRIPTION	AMOUNT
COSTS OF RENTAL REVENUES	
TOTAL TO FORM 990, PART IV-A	

WALTER JOHN 6552 LAKEWAY DRIVE, ANCHORAGE ANCHORAGE, AK 99502	DIRECTOR .5	0.	0.	0.
GARI SISK 4140 APOLLO DRIVE ANCHORAGE, AK 99504	DIRECTOR .5	0.	0.	0.
SUZANNE BARKER PO BOX 112367 ANCHORAGE, AK 99511	DIRECTOR .5	0.	0.	0.
LANCE AHERN 6660 ROUND TREE DRIVE ANCHORAGE, AK 99507	DIRECTOR .5	0.	0.	0.
TOM WILLIAMS P. O. BOX 196612 ANCHORAGE, AK 99510	CHAIR .5	0.	0.	0.
BOB SATIN P. O. BOX 3692 SEWARD, AK 99664	DIRECTOR .5	0.	0.	0.
PAT CORKERY 2219 FOREST PARK DRIVE ANCHORAGE, AK 99517	DIRECTOR .5	0.	0.	0.
LIZ BROOKS 3550 SHARON GAGNON LANE, M192 ANCHORAGE, AK 99508	DIRECTOR .5	0.	0.	0.
SIOUX DOUGLAS 5050 THANE ROAD JUNEAU, AK 99801	DIRECTOR .5	0.	0.	0.
BRIAN KORAL KSDP, BOX 328 SAND POINT, AK 99661	DIRECTOR .5	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>0.</u>	<u>0.</u>	<u>0.</u>

SCHEDULE A	OTHER INCOME			STATEMENT 12
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
OTHER REVENUE	60,010.	84,816.	211,205.	58,459.
TOTAL TO SCHEDULE A, LINE 22	60,010.	84,816.	211,205.	58,459.

SCHEDULE A STATEMENT OF LOBBYING ACTIVITIES - PART VI-B STATEMENT 13

LOBBYING ACTIVITIES PRIMARILY CONSIST OF STAYING IN TOUCH WITH:
1) THE STATE SLEGISTLATURE IN ORDER TO MONITOR PENDING LEGISLATION THAT MAY AFFECT THE FUNDING BY THE STATE TO THE PUBLIC BROADCASTING STATIONS
2) THE US SENATE AND THE HOUSE TO KEEP A DIALOG WITH THE FCC AND OTHER AGENCIES THAT HAVE A BEARING ON PUBLIC BROADCASTING.

ALASKA TELECOMMUNICATIONS, INC - 23-7394629

PROPERTY AND EQUIPMENT
FORM 990
TAX YEAR ENDED: JUNE 30, 2004

	Balance 6/30/2003	Additions	Deletions	Balance 6/30/2004
Land	15,716	0	0	15,716
Buildings and improvements	4,387,925	3,000	0	4,390,925
Furnishings and fixtures	181,513	0	0	181,513
Equipment	6,414,849	2,341,689	0	8,756,538
	<u>11,000,003</u>	<u>2,344,689</u>	<u>0</u>	<u>13,344,692</u>
Less: Accumulated Depreciation	<u>(7,096,564)</u>	<u>(496,426)</u>	<u>0</u>	<u>(7,592,990)</u>
Net Property & Equipment	<u>3,903,439</u>	<u>1,848,263</u>	<u>0</u>	<u>5,751,702</u>

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**
- 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. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization ALASKA PUBLIC TELECOMMUNICATIONS, INC.	Employer identification number 23-7394629
	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 16, 2005

5 For calendar year _____, or other tax year beginning JUL 1, 2003 and ending JUN 30, 2004

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.

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 _____ \$

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

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form or by direct 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 1/13/05

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 _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month 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

EXTENSION APPROVED

FEB 02 2005

FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ 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 **X**
- 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 ALASKA PUBLIC TELECOMMUNICATIONS, INC.	Employer identification number 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	INTERNAL REVENUE SERVICE-FA RECEIVED
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ANCHORAGE, AK 99508	NOV 09 2004

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 | ANCHORAGE, AK |
| <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, 2005** 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, 2003**, and ending **JUN 30, 2004**

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 ▶ Title ▶ **CPA** Date ▶ **11/3/04**
 LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)

COPY