

# Return of Organization Exempt From Income Tax

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

# 2004

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>ALASKA PUBLIC TELECOMMUNICATIONS, INC.</b>		<b>D</b> Employer identification number <b>23-7394629</b>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>3877 UNIVERSITY DRIVE</b>		<b>E</b> Telephone number <b>(907) 563-7070</b>
		City or town, state or country, and ZIP + 4 <b>ANCHORAGE, AK 99508</b>		<b>F</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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

**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.

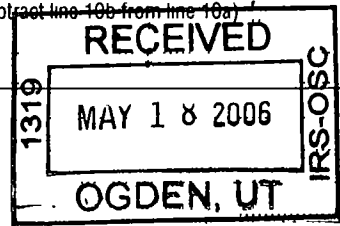
**I** Group Exemption Number ▶

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **5,842,536.**

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

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>	<b>3,834,409.</b>		
	<b>b</b> Indirect public support	<b>1b</b>	<b>1,030,136.</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>178,408.</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>5,024,909.</b> noncash \$ <b>18,044.</b> )	<b>1d</b>			<b>5,042,953.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<b>172,024.</b>
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			<b>21,077.</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>	<b>52,651.</b>		
<b>b</b> Less rental expenses	<b>6b</b>				
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			<b>52,651.</b>	
<b>7</b> Other investment income (describe ▶ )	<b>7</b>				
	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>	<b>8b</b>		
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			
	<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1a)	<b>9a</b>	<b>171,773.</b>		
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			<b>171,773.</b>	
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
Expenses	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			<b>382,058.</b>
	<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			<b>5,842,536.</b>
	<b>13</b> Program services (from line 44, column (B))	<b>13</b>			<b>3,891,354.</b>
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			<b>2,019,719.</b>
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			<b>79,455.</b>
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			<b>5,990,528.</b>
	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			<b>&lt;147,992.&gt;</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			<b>8,537,693.</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			<b>163,236.</b>
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			<b>8,552,937.</b>	



SCANNED JUN 25 2006

**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 \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	0.	0.	0.	0.
26	Other salaries and wages	2,212,567.	1,299,883.	871,530.	41,154.
27	Pension plan contributions	25,716.	15,108.	10,130.	478.
28	Other employee benefits	288,195.	169,444.	112,016.	6,735.
29	Payroll taxes	200,782.	117,960.	79,088.	3,734.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	60,415.	11,720.	48,452.	243.
34	Telephone				
35	Postage and shipping	38,261.	6,716.	30,319.	1,226.
36	Occupancy	134,781.	130,433.	4,048.	300.
37	Equipment rental and maintenance				
38	Printing and publications	36,084.		35,843.	241.
39	Travel	72,399.	36,118.	36,281.	
40	Conferences, conventions, and meetings				
41	Interest	42,993.	5,544.	37,449.	
42	Depreciation, depletion, etc (attach schedule)	948,298.	674,430.	273,868.	
43	Other expenses not covered above (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 4	1,930,037.	1,423,998.	480,695.	25,344.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	5,990,528.	3,891,354.	2,019,719.	79,455.

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? <b>SEE STATEMENT 5</b>		<b>Program Service Expenses</b> (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. (Grants and allocations \$ _____)	291,992.
b	THE PROGRAMMING DEPARTMENT SELECTS AND PURCHASES QUALITY PROGRAMS AND MUSIC TO BE AIRED ON THE STATIONS AND ALSO SCHEDULES THE MUSIC AND PROGRAMS. (Grants and allocations \$ _____)	2,277,556.
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. (Grants and allocations \$ _____)	1,321,806.
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)	3,891,354.

**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
<b>Assets</b>	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	2,634,257.	46 1,062,957.
	47 a Accounts receivable	47a 388,747.	
	b Less allowance for doubtful accounts	47b 103,950.	47c 284,797.
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable	77,744.	49 270,399.
	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	2,893.	52 13,937.
	53 Prepaid expenses and deferred charges	82,592.	53 203,761.
	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 6	696,130.	56 840,744.
57 a Land, buildings, and equipment basis	57a 16,603,124.		
b Less accumulated depreciation	57b 8,541,288.	57c 8,061,836.	
58 Other assets (describe <input type="checkbox"/> )		58	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	9,587,661.	59 10,738,431.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	245,794.	60 312,750.
	61 Grants payable		61
	62 Deferred revenue	203,631.	62 252,914.
	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 8 378,594.	64b 1,280,000.
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 9 )	221,949.	65 339,830.
66 <b>Total liabilities</b> (add lines 60 through 65)	1,049,968.	66 2,185,494.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	6,177,805.	67 8,471,473.
	68 Temporarily restricted	2,359,888.	68 81,464.
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	8,537,693.	73 8,552,937.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	9,587,661.	74 10,738,431.	

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		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 **	X	
77	Were any changes made in the organizing or governing documents but not reported to the IRS? ** SEE STATEMENT 11 If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		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?	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 in Part III) 82b 328,644.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
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		
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 on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
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		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 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		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 NONE REQUIRED		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 47		
91	The books are in care of ALASKA PUBLIC TELECOMMUNICATIONS, I Telephone no (907) 563-7070		
	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		N/A

**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					172,024.
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	21,077.	
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	52,651.	
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	171,773.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a OTHER REVENUE					382,058.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		245,501.	554,082.
105 Total (add line 104, columns (B), (D), and (E))					799,583.

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).

Please Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: M. Shroy Date: 05-15-06 Type or print name and title: Robert E. Shoaf TREASURER

Preparer's signature: O. Andrew Orin, CPA Date: 5/12/06 Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: MIKUNDA, COTTRELL & CO., CPA'S  
3601 C STREET, SUITE 600  
ANCHORAGE, AK 99503

EIN: \_\_\_\_\_ Phone no: (907) 278-8878



<b>Part III Statements About Activities</b> (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 ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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.	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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		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.)		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	4,840,014.	5,302,372.	3,204,084.	3,652,031.	16,998,501.
<b>16</b> Membership fees received					
<b>17</b> 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	120,169.	123,268.	143,670.	1,050,531.	1,437,638.
<b>18</b> 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	258,290.	72,952.	71,059.	24,600.	426,901.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets	104,265.	60,010.	SEE STATEMENT 12 84,816.	211,205.	460,296.
<b>23</b> Total of lines 15 through 22	5,322,738.	5,558,602.	3,503,629.	4,938,367.	19,323,336.
<b>24</b> Line 23 minus line 17	5,202,569.	5,435,334.	3,359,959.	3,887,836.	17,885,698.
<b>25</b> Enter 1% of line 23	53,227.	55,586.	35,036.	49,384.	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					<b>26a</b> 357,714.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					<b>26c</b> 17,885,698.
d Add: Amounts from column (e) for lines 18 426,901. 19 _____ 22 460,296. 26b _____					<b>26d</b> 887,197.
e Public support (line 26c minus line 26d total)					<b>26e</b> 16,998,501.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 95.0396%
<b>27</b> 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	(2003) N/A	(2002) N/A	(2001) N/A	(2000) N/A	
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	(2003) N/A	(2002) N/A	(2001) N/A	(2000) N/A	
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> N/A
d Add: Line 27a total _____ and line 27b total _____					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			<b>27f</b> N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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	NONE				

**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
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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 )  _____ _____ _____		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	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 )  _____ _____		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )  _____ _____		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b>	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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred )	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> 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	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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 11 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
<b>a</b> Volunteers		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)	X		
<b>c</b> Media advertisements		X	
<b>d</b> Mailings to members, legislators, or the public		X	
<b>e</b> Publications, or published or broadcast statements		X	
<b>f</b> Grants to other organizations for lobbying purposes		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
<b>i</b> Total lobbying expenditures (Add lines c through h.)			0.

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

**SEE STATEMENT 13**



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FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
TOWER SPACE, ANCHORAGE, ALASKA	2	52,651.
TOTAL TO FORM 990, PART I, LINE 6A		52,651.

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FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL AUCTION, WINE TASTING, ETC	171,773.		171,773.		171,773.
TO FM 990, PART I, LINE 9	171,773.		171,773.		171,773.

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
TRANSFER FROM MERGER WITH ALASKA PUBLIC RADIO NETWORK	510,681.
TRANSFER OF EQUIPMENT	<347,445.>
TOTAL TO FORM 990, PART I, LINE 20	163,236.

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FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROGRAM PURCHASES	572,448.	569,924.	2,524.	
PROGRAMMING & PRODUCTION	13,836.	13,836.		
PROMOTION & ADVERTISING	336,190.	160,638.	160,159.	15,393.
PURCHASED SERVICES	302,360.	138,899.	156,711.	6,750.
DUES & SUBSCRIPTIONS	86,760.	73,252.	13,348.	160.
TAXES/INSURANCE/OTHE	207,405.	112,627.	94,778.	

UTILITIES	256,773.	223,072.	31,000.	2,701.
MAINTENANCE	154,265.	131,750.	22,175.	340.
TOTAL TO FM 990, LN 43	<u>1,930,037.</u>	<u>1,423,998.</u>	<u>480,695.</u>	<u>25,344.</u>

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

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## EXPLANATION

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

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FORM 990 OTHER INVESTMENTS STATEMENT 6

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DESCRIPTION	VALUATION METHOD	AMOUNT
GOOSE BAY JOINT VENTURE	COST	840,744.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		<u>840,744.</u>

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FORM 990 MORTGAGES PAYABLE STATEMENT 7

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DESCRIPTION	BALANCE DUE
WELLS FARGO BANK	0.
WELLS FARGO BANK	1,120,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	<u>1,120,000.</u>

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 8

LENDER'S NAME TERMS OF REPAYMENT

WELLS FARGO BANK - LINE OF CREDIT

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
		0.	7.25%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN  
 LINE OF CREDIT

RELATIONSHIP OF LENDER

BUSINESS

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	160,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 160,000.

FORM 990 OTHER LIABILITIES STATEMENT 9

DESCRIPTION	AMOUNT
ACCRUED PAYROLL & RELATED TAXES	339,830.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	339,830.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARJORIE KASSIER 2210 ARCA, ANCHORAGE, AK 99508	SECRETARY .5	0.	0.	0.
DAVID BENNETT 1328 H STREET, ANCHORAGE, AK 99501	DIRECTOR .5	0.	0.	0.
JAMES POSEY PO BOX 196650, ANCHORAGE, AK 99519	DIRECTOR .5	0.	0.	0.
MARY MORSE KULAWIK 3215 WESTMAR CIRCLE ANCHORAGE, AK 99508	DIRECTOR .5	0.	0.	0.
TERRY SCHOENTHAL 441 W 5TH AVENUE, STE 200 ANCHORAGE, AK 99501	DIRECTOR .5	0.	0.	0.
REBECCA PARKER PO BOX 110608, ANCHORAGE, AK 99511	DIRECTOR .5	0.	0.	0.
SUSAN REEVES 1007 W. 3RD. AVE. STE. 100, ANCHORAGE, AK 99501	CHAIR .5	0.	0.	0.
ROBERT SHOAF PO BOX 100038, ANCHORAGE, AK 99510 ANCHORAGE, AK 99503	TREASURER .5	0.	0.	0.
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.
MICHAEL CUNNINGHAM 5601 MINNESOTA DRIVE ANCHORAGE, AK 99518	DIRECTOR .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	VICE PRESIDENT .5	0.	0.	0.
RON DAUGHERTY PO BOX 468 BETHEL, AK 99559	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.
DOUG JOHNSON 700 G STREET, ANCHORAGE, AK 99501	DIRECTOR .5	0.	0.	0.
GREG PETROWICH PO BOX 755620 FAIRBANKS, AK 99775	DIRECTOR .5	0.	0.	0.
TIM PINE 7011 LOWELL CIRCLE ANCHORAGE, AK 99502	DIRECTOR .5	0.	0.	0.
JIM TORGERSON 510 L STREET, SUITE 500 ANCHORAGE, AK 99501	DIRECTOR .5	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>0.</u>	<u>0.</u>	<u>0.</u>

FORM 990 STATEMENT OF ACTIVITIES NOT PREVIOUSLY REPORTED - PART VI, LINE 76 STATEMENT 11

EXPLANATION

ALASKA PUBLIC TELECOMMUNICAITONS, INC (APTI) AND ALASKA PUBLIC RADIO NETWORK (APRN) HAVE BEEN MERGED DURING THE YEAR. AS A RESULT, ALL ASSETS LIABILITIES OF APRN HAVE BEEN TRANSFERRED TO APTI. SEE ATTACHED FOR DETAILS.

SCHEDULE A OTHER INCOME STATEMENT 12

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
OTHER REVENUE	104,265.	60,010.	84,816.	211,205.
TOTAL TO SCHEDULE A, LINE 22	104,265.	60,010.	84,816.	211,205.



ALASKA TELECOMMUNICATIONS, INC - 23-7394629

PROPERTY AND EQUIPMENT  
FORM 990  
TAX YEAR ENDED: JUNE 30, 2005

	Balance 6/30/2004	Additions	Deletions	Balance 6/30/2005
Land	15,716	0	0	15,716
Buildings and improvements	4,390,925	0	0	4,390,925
Furnishings and fixtures	181,513	0	0	181,513
Equipment	8,756,538	3,258,432	0	12,014,970
	13,344,692	3,258,432	0	16,603,124
Less: Accumulated Depreciation	(7,592,990)	(948,298)	0	(8,541,288)
Net Property & Equipment	5,751,702	2,310,134	0	8,061,836

REPORTING THE DISSOLUTION/MERGER OF A TAX-EXEMPT ORGANIZATION  
OTHER THAN A PRIVATE FOUNDATION

NAME: ALASKA PUBLIC RADIO NETWORK  
TIN: 92-0068879  
YEAR ENDING: JUNE 30, 2005

This statement is submitted to describe the dissolution of the above referenced organization during the current reporting year.

The following information is provided in accordance with Reg. 1.6043(a)(1) and the Form 990 instructions:

The entity receiving assets as a result of the organization's dissolution/merger:

NAME/ADDRESS:

Alaska Public Telecommunications, Inc. 23-7394629  
3877 University Drive  
Anchorage, AK 99508

	FMV	DATE RECEIVED
ASSETS RECEIVED:		
Cash	227,104	7/1/2005
Accounts Receivable	345,569	7/1/2005
Grant Receivable	66,079	7/1/2005
Prepaid Expenses	117,901	7/1/2005
Equipment and Furniture	144,059	7/1/2005
	<u>900,712</u>	

LIABILITIES RECEIVED:

Accounts Payable/Accrued Expenses	155,158	7/1/2005
Deferred Revenue (made up of underwriting revenue, grant, and membership dues not earned yet)	222,684	7/1/2005
Due to Alaska Public Endowment Trust	11,274	7/1/2005
Rental Security Deposit	915	7/1/2005
	<u>390,031</u>	

**ARTICLES OF MERGER  
OF  
ALASKA PUBLIC RADIO NETWORK (92-0068879)  
INTO  
ALASKA PUBLIC TELECOMMUNICATIONS, INC. (23-7394629)**

Alaska Public Radio Network ("APRN"), an Alaska non-profit corporation having its principal place of business at 810 East Ninth Avenue, Anchorage, Alaska 99501, and Alaska Public Telecommunications, Inc. ("APTI"), an Alaska non-profit corporation having its principal place of business at 3877 University Drive, Anchorage, Alaska 99508, hereby adopt the following Articles of Merger, pursuant to AS 10.20.216 – 10.20.280.

**A. Plan of Merger.**

The following plan of merger, whereby APRN proposes to merge into APTI, was adopted by the Board of Directors of APRN on May 14, 2004 and approved by the membership of APRN at a special meeting called for such purpose on June 1, 2004, and was adopted by the Board of Directors of APTI on May 27, 2004.

1. The name of the corporation proposing to merge is Alaska Public Radio Network.

2. The name of the corporation into which APRN proposes to merge is Alaska Public Telecommunications, Inc., which shall be the surviving corporation.

3. The corporations are being merged for the purpose of consolidated resources, in order to provide and expand statewide news reporting services that have been provided by APRN and to provide and expand public radio and television broadcasting delivery services that have been provided by APTI within Southcentral Alaska and in the state of Alaska. There shall be two classes of membership in APTI, one comprised of listeners and viewers of its stations and other members of the public, and another comprised of the licensees of the public radio stations that are currently members of APRN and will become members of APTI upon the merger. The composition of the Board of Directors of APTI shall be changed to allow certain directors to be representative of public radio stations that are currently members of APRN while allowing other directors to be representative of listeners and viewers of the public radio and television stations that APTI operates.

4. The terms and conditions of the merger are as follows:

- a. The merging corporations shall become a single corporation.
- b. The separate existence of APRN shall cease while that of APTI shall continue, and the operations of APRN shall become operations of APTI.
- c. APTI shall assume the rights, privileges, immunities and fran-

chises, public and private, of APRN. All real, personal and mixed property, and all debts due, and every other interest of or belonging to or due to APRN, shall be transferred to and vested in APTI.

d. APTI shall be allowed to conduct business in APRN's name as well as in its own name and those of its radio and television stations.

e. APTI shall be liable for the liabilities and obligations of APRN. Neither the rights of creditors nor liens upon the property of APRN shall be impaired by the merger.

5. The articles of incorporation of APTI shall be amended as a result of the merger, as follows:

a. Article I is amended by inserting the following at the end of the article:

The corporation may do business in its own name and may also, if and as permitted by applicable law, do business in the name of its initials "APTI", in the name "Alaska Public Radio Network" and the initials "APRN", in the name or call letters of any radio or television station for which it is the broadcast licensee, and in any other name authorized by its board of directors.

b. Article III is amended by inserting the following as subsection (b) and redesignating the existing subsection (b) as subsection (c):

(b) To provide statewide news reporting services to non commercial educational and community broadcast stations.

c. Article VI is amended to read as follows:

The principal offices of the corporation shall be located at 3877 University Drive, Anchorage, Alaska 99508, or at such other place or places within the Municipality of Anchorage as may from time to time be designated in the bylaws or otherwise determined by the Board of Directors.

6. The terms and conditions of merger are more fully set forth in an Agreement of Merger that has been approved by the Boards of Directors of each corporation and duly executed by and on behalf of each corporation. The Agreement of Merger is available for inspection at the principal offices of APRN and APTI and on their respective websites, and a copy of it will be provided at no cost upon request by any member of either corporation.

#### B Adoption by Alaska Public Radio Network

1. The date of the meeting at which APRN's Board of Directors approved the Plan of Merger and authorized the corporation to enter into the Agreement of Merger was May 14, 2004.

2 APRN is a membership corporation with one class of members. Each member of APRN is entitled to cast one vote on the merger, which was recommended by APRN's Board of Directors.

3. The date of the meeting at which the merger set forth in the Plan of Merger was approved by the members of APRN was June 1, 2004. A quorum of the members participated in the meeting, and such merger was approved by the affirmative vote of at least two-thirds of the votes which such members were entitled to cast.

C. Adoption by Alaska Public Telecommunications, Inc.

1. APTI is a membership corporation with one class of members prior to the merger; however, under APTI's Articles of Incorporation and bylaws, its members are not entitled to vote on the merger.

2. The date of the meeting at which APTI's Board of Directors adopted the Plan of Merger and authorized the corporation to enter into the Agreement of Merger was May 27, 2004.

D. Merger Documents.

Copies of the Plan of Merger and Agreement of Merger are attached hereto as Exhibits A and B, respectively. This merger is to become effective as of July 1, 2004 upon, and only upon, the issuance of the Certificate of Merger by the Commissioner of Community and Economic Development, or as of such other effective date as may be prescribed and set out in such Certificate of Merger.

**ALASKA PUBLIC RADIO NETWORK**

DATED this 17<sup>th</sup> day of June, 2004

By Paul Stankavich  
President

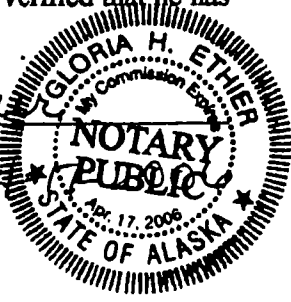
\_\_\_\_\_  
Secretary

Acknowledgment and Verification

State of Alaska            )  
                                  ) ss.  
Third Judicial District    )

Paul Stankavich, as President and on behalf of Alaska Public Radio Network known to me to be the person acknowledging and verifying these Articles of Merger, on this date appeared before me and acknowledged that he executed the foregoing Articles of Merger on behalf of such corporation; and he represented that he is the President of such corporation; has acknowledged that said Articles of Merger were executed on behalf of the principal, the corporation, freely, voluntarily and for the uses and purposes set forth therein; has averred that he has been duly authorized to so execute this document on behalf of such corporation; and has verified that he has read the foregoing document and believe all statements made in it are true.

Gloria H. Ether  
Notary Public in and for Alaska  
My Commission expires: 04



State of Alaska            )  
                                  ) ss.  
Third Judicial District    )

Sioux Douglas, as Secretary and on behalf of Alaska Public Radio Network, and on behalf of such corporation, known to me to be the person acknowledging and verifying these Articles of Merger, on this date appeared before me and acknowledged that she executed the foregoing Articles of Merger on behalf of such corporation; and she represented that she is the Secretary of such corporation; has acknowledged that said Articles of Merger were executed on behalf of the principal, the corporation, freely, voluntarily and for the uses and purposes set forth therein; has averred that she has been duly authorized to so execute this document on behalf of such corporation; and has verified that she has read the foregoing document and believe all statements made in it are true.

\_\_\_\_\_  
Notary Public in and for Alaska  
My Commission expires:



## Application for Extension of Time To File an Exempt Organization Return

▶ 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).
- 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)

**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.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>ALASKA PUBLIC TELECOMMUNICATIONS, INC.</b>	Employer identification number <b>23-7394629</b>
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. <b>3877 UNIVERSITY DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ANCHORAGE, AK 99508</b>	

**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))	<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

- The books are in the care of ▶ **DAVID M. YEARWOOD, JR**  
 Telephone No. ▶ **(907) 563-7070** FAX No. ▶ \_\_\_\_\_
- 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-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2006** 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, 2004**, and ending **JUN 30, 2005**.

**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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# COPY

- 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).

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

**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.**

- The books are in the care of **DAVID M. YEARWOOD, JR**  
Telephone No. **(907)563-7070** FAX No. \_\_\_\_\_
- 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, 2006.

5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2004 and ending JUN 30, 2005.

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.**

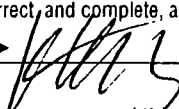
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated 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, 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 **2/13/06**

**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 you a request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended 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 <b>MIKUNDA, COTTRELL &amp; CO., CPA'S</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>3601 C STREET, SUITE 600</b>
	City or town, province or state, and country (including postal or ZIP code) <b>ANCHORAGE, AK 99503</b>

**INTERNAL REVENUE SERVICE-FA**  
**RECEIVED**  
**FEB 15 2006**  
**ANCHORAGE**  
**EXTENSION APPROVED**  
**MAR 22 2006**  
 FIELD DIRECTOR,  
 SUBMISSION PROCESSING, OGDEN