

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREW TEUBER CHARIMAN AND PRESIDENT	45.00 0.	X		X				1,061,951.	0.	23,874.
(2) LINCOLN BEAN SR VICE-CHAIRMAN	15.00 0.	X		X				249,500.	0.	0.
(3) CHARLENE NOLLNER SECRETARY	15.00 0.	X		X				149,250.	0.	0.
(4) EVELYN BEETER TREASURER	15.00 0.	X		X				268,000.	0.	0.
(5) ANDREW JIMMIE DIRECTOR	9.00 0.	X						257,500.	0.	0.
(6) EMILY HUGHES DIRECTOR	9.00 0.	X						263,000.	0.	0.
(7) ROBERT HENRICHS DIRECTOR	9.00 0.	X						263,500.	0.	0.
(8) CHARLES FAGERSTROM DIRECTOR	1.00 0.	X						1,000.	0.	0.
(9) BERNICE KAIGELAK DIRECTOR	9.00 0.	X						17,516.	0.	0.
(10) LINDA CLEMENT DIRECTOR	9.00 0.	X						172,214.	0.	0.
(11) KATHERINE GOTTLIEB DIRECTOR	9.00 0.	X						22,500.	0.	0.
(12) GARY HARRISON DIRECTOR	9.00 0.	X						125,100.	0.	0.
(13) DEEN S SYLVESTER DIRECTOR	9.00 0.	X						21,000.	0.	0.
(14) LOUIE A COMMACK JR DIRECTOR	9.00 0.	X						25,000.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BEN ATORUK DIRECTOR	9.00 0.	X						36,750.	0.	0.
(16) CHRISTOPHER MERCULIEF DIRECTOR	9.00 0.	X						32,000.	0.	0.
(17) ESAI TWITCHELL JR DIRECTOR	9.00 0.	X						31,500.	0.	0.
(18) LARRY IVANOFF DIRECTOR	9.00 0.	X						30,000.	0.	0.
(19) GLORIA J SIMEON DIRECTOR	1.00 0.	X						1,500.	0.	0.
(20) ANGELA S COX DIRECTOR	1.00 0.	X						1,000.	0.	0.
(21) ROALD HELGESEN CEO & ADMINISTRATOR	40.00 0.			X				753,917.	0.	39,876.
(22) GARVIN FEDERENKO CHIEF FINANCIAL OFFICER	40.00 0.			X				477,488.	0.	55,686.
(23) ANNE KREUTZER CHIEF OPERATING OFFICER	40.00 0.			X				133,087.	0.	11,154.
(STEVEN WEAVER SENIOR DIRECTOR OF ENVIRONMENT	40.00 0.			X				302,497.	0.	36,853.
(25) SHAUNA HEGNA CHIEF ADMINISTRATIVE OFFICER	40.00 0.			X				238,968.	0.	20,664.
1b Sub-total								2,897,031.	0.	23,874.
c Total from continuation sheets to Part VII, Section A								6,960,946.	0.	339,416.
d Total (add lines 1b and 1c)								9,857,977.	0.	363,290.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **378**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **98**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) HIGHTOWER, CHARLES D MEDICAL DIRECTOR - ORTHOPEDICS	40.00 0.			X				810,656.	0.	64,968.
(27) HORAZDOVSKY, RYAN PHYSICIAN - ORTHOPEDIC SURGEON	40.00 0.				X			781,231.	0.	54,495.
(28) THOMSON, GREGORY J PHYSICIAN - ORTHOPEDIC SURGEON	40.00 0.				X			774,359.	0.	31,187.
(29) BETTS, WILLIAM B PHYSICIAN - NEUROSURGEON	40.00 0.				X			731,398.	0.	7,800.
(30) MILAM, GRAHAM S PHYSICIAN - ORTHOPEDIC SURGEON	40.00 0.				X			721,024.	0.	16,733.
(31) H SALLY SMITH FORMER DIRECTOR	0. 0.						X	250,321.	0.	0.
(32) EBEN HOPSON JR FORMER DIRECTOR	0. 0.						X	122,000.	0.	0.
(33) RITA L STEVENS FORMER DIRECTOR	0. 0.						X	107,000.	0.	0.
(34) EILEEN L EWAN FORMER DIRECTOR	0. 0.						X	105,000.	0.	0.
(3) CHARLES CLEMENT FORMER DIRECTOR	0. 0.						X	65,750.	0.	0.
(36) PERCY BALLOT SR FORMER DIRECTOR	0. 0.						X	58,643.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **378**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) FREDERICA SCHAEFFER FORMER DIRECTOR	0.						X	46,000.	0.	0.
(38) TERRANCE H BOOTH SR FORMER DIRECTOR	0.						X	45,000.	0.	0.
(39) ROBERT SAMPSON FORMER DIRECTOR	0.						X	43,500.	0.	0.
(40) FRITZ L GEORGE FORMER DIRECTOR	0.						X	38,500.	0.	0.
(41) ESTHER K RONNE FORMER DIRECTOR	0.						X	30,000.	0.	0.
(42) DENISE A MAY FORMER DIRECTOR	0.						X	30,000.	0.	0.
(43) HENRY J HUNTER SR FORMER DIRECTOR	0.						X	30,000.	0.	0.
(44) RUTH M MOTO-HINSBERGEN FORMER DIRECTOR	0.						X	27,750.	0.	0.
(45) V CHRISTINA WESTLAKE FORMER DIRECTOR	0.						X	22,857.	0.	0.
(46) WILLARD G MAYO FORMER DIRECTOR	0.						X	18,750.	0.	0.
(47) MICHAEL A HUNT FORMER DIRECTOR	0.						X	18,000.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **378**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	378
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	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶		

**SCHEDULE J
(Form 990)**

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service
Name of the organization

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Employer identification number

92-0162721

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from other sources on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable to that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation		
1 ANDREW TEUBER CHAIRMAN AND PRESIDENT	(i)	842,951.	219,000.	0.	20,800.	3,074.
	(ii)	0.	0.	0.	0.	0.
2 LINCOLN BEAN SR VICE-CHAIRMAN	(i)	249,500.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
3 EVELYN BEETER TREASURER	(i)	268,000.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
4 ANDREW JIMMIE DIRECTOR	(i)	257,500.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
5 EMILY HUGHES DIRECTOR	(i)	263,000.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
6 ROBERT HENRICHs DIRECTOR	(i)	263,500.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
7 LINDA CLEMENT DIRECTOR	(i)	172,214.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
8 H SALLY SMITH FORMER DIRECTOR	(i)	250,321.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
9 EBEN HOPSON JR FORMER DIRECTOR	(i)	122,000.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
10 RITA L STEVENS FORMER DIRECTOR	(i)	107,000.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
11 EILEEN L EWAN FORMER DIRECTOR	(i)	105,000.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
12 CHARLES CLEMENT FORMER DIRECTOR	(i)	65,750.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
13 PERCY BALLOT SR FORMER DIRECTOR	(i)	58,643.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
14 FREDERICA SCHAEFFER FORMER DIRECTOR	(i)	46,000.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
5 TERRANCE H BOOTH SR FORMER DIRECTOR	(i)	45,000.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
16 ROBERT SAMPSON FORMER DIRECTOR	(i)	43,500.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from other sources on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable to that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation		
1 FRITZ L GEORGE FORMER DIRECTOR	(i)	38,500.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
2 ESTHER K RONNE FORMER DIRECTOR	(i)	30,000.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
3 DENISE A MAY FORMER DIRECTOR	(i)	30,000.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
4 HENRY J HUNTER SR FORMER DIRECTOR	(i)	30,000.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
5 RUTH M MOTO-HINSBERGEN FORMER DIRECTOR	(i)	27,750.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
6 V CHRISTINA WESTLAKE FORMER DIRECTOR	(i)	22,857.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
7 WILLARD G MAYO FORMER DIRECTOR	(i)	18,750.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
8 MICHAEL A HUNT FORMER DIRECTOR	(i)	18,000.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
9 WILLIAM R KRISTOVICH SR FORMER DIRECTOR	(i)	16,000.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
10 HERMAN M KIGNAK FORMER DIRECTOR	(i)	15,000.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
11 JAKE WELLS FORMER DIRECTOR	(i)	13,500.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.
12 ROALD HELGESEN CEO & ADMINISTRATOR	(i)	610,910.	143,007.	0.	20,800.	19,076.
	(ii)	0.	0.	0.	0.	0.
13 GARVIN FEDERENKO CHIEF FINANCIAL OFFICER	(i)	477,488.	0.	0.	20,800.	34,886.
	(ii)	0.	0.	0.	0.	0.
14 STEVEN WEAVER SENIOR DIRECTOR OF ENVIRONMENT	(i)	276,497.	26,000.	0.	20,702.	16,151.
	(ii)	0.	0.	0.	0.	0.
SHAUNA HEGNA CHIEF ADMINISTRATIVE OFFICER	(i)	238,968.	0.	0.	4,360.	16,304.
	(ii)	0.	0.	0.	0.	0.
16 HIGHTOWER, CHARLES D MEDICAL DIRECTOR - ORTHOPEDICS	(i)	663,252.	147,404.	0.	20,800.	44,168.
	(ii)	0.	0.	0.	0.	0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from other sources on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable to that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation		
1 HORAZDOVSKY, RYAN PHYSICIAN - ORTHOPEDIC SURGEON	(i)	708,731.	72,500.	0.	20,327.	34,168.
	(ii)	0.	0.	0.	0.	0.
2 THOMSON, GREGORY J PHYSICIAN - ORTHOPEDIC SURGEON	(i)	724,359.	50,000.	0.	20,800.	10,387.
	(ii)	0.	0.	0.	0.	0.
3 BETTS, WILLIAM B PHYSICIAN NEUROSURGEON	(i)	716,398.	15,000.	0.	7,800.	
	(ii)	0.	0.	0.	0.	0.
4 MILAM, GRAHAM S PHYSICIAN - ORTHOPEDIC SURGEON	(i)	580,207.	140,817.	0.	6,346.	10,387.
	(ii)	0.	0.	0.	0.	0.
5	(i)					
	(ii)					
6	(i)					
	(ii)					
7	(i)					
	(ii)					
8	(i)					
	(ii)					
9	(i)					
	(ii)					
10	(i)					
	(ii)					
11	(i)					
	(ii)					
12	(i)					
	(ii)					
13	(i)					
	(ii)					
14	(i)					
	(ii)					
15	(i)					
	(ii)					
16	(i)					
	(ii)					

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b. Also complete this part for any additional information.

FORM 990, SCHEDULE J, PART I, LINE 1A:

FIRST CLASS TRAVEL AUTHORIZING ALLOWS FOR THE UPGRADE IF THE NECESSARY SCHEDULES TO/FROM ANCHORAGE ARE OTHERWISE FULL. THE COST OF THE UPGRADE IS COMPARED TO A FULL FARE/REIMBURSABLE TICKET AS WELL AS POTENTIAL SAVINGS FOR LEAVING RATHER THAN STAYING OVER NIGHT. THE SCHEDULED TO/FROM ANCHORAGE FROM THE EAST COAST ARE CHALLENGING TO ALIGN FLIGHTS FOR APPROPRIATE TIMES. THE OFFICERS TYPICALLY HAVE AN ADDITIONAL LEG TO REMOTE SITES IN ALASKA.

ANTHC PROVIDES HOUSING FOR MEMBERS OF THE WORKFORCE WHO DO NOT RESIDE WITHIN COMMUTING DISTANCE OF ANCHORAGE, BUT WHO ARE REQUIRED TO BE ON SITE TO PERFORM THEIR RESPONSIBILITIES. DUE TO THE FREQUENCY OF ON-SITE MEETINGS AND OTHER WORK, IT WAS COST EFFECTIVE TO PROVIDE A HOUSING ALLOWANCE TO THE PRESIDENT, WHO AS A DIRECTOR IS ALSO EXPECTED TO MAINTAIN A RESIDENCE IN HIS HOME REGION.