_		"7
Pa	Q8	•

-	~~~		-
Form	990	(201	5

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check 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

- nplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the ory "zation'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.

·	hours for related organizations below dotted line)	Individual trustee or director		s pe	rson	than the state of	ឧn	(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
(1)ANDREW TEUBER	45.00									
CHARIMAN AND PRESIDENT	0.	х		х				1,061,951.	0.	23,874.
(2)LINCOLN BEAN SR	15.00				-					
VICE-CHAIRMAN	-	Х		х				249,500.	0.	0.
(3)CHARLENE NOLLNER	15.00				_		-			
SECRETARY	0.	Х		х				149,250.	0.	0.
(4)EVELYN BEETER	15.00									
TREASURER	0.	Х		Х	ļ			268,000.	0.	0.
(5)ANDREW JIMMIE	9.00									
DIRECTOR	0.	Х						257,500.	0.	0.
(6)EMILY HUGHES	9.00									
DIRECTOR	0.	Х						263,000.	0.	0.
(7)ROBERT HENRICHS	9.00									
DIRECTOR	0.	Х						263,500.	0.	0.
(8)CHARLES FAGERSTROM	1.00									
DIRECTOR	0.	Х			<u> </u>			1,000.	0.	0.
(9)BERNICE KAIGELAK	9.00									
DIRECTOR	0.	X						17,516.	0.	0.
(10)LINDA CLEMENT	9.00									
DIRECTOR	0.	Х						172,214.	0.	0.
(11)KATHERINE GOTTLIEB	9.00									_
DIRECTOR	0.	X						22,500.	0.	0.
(12)GARY HARRISON	9.00							105 100		•
DIRECTOR	0.	X					<u> </u>	125,100.	0.	<u> </u>
(EEN S SYLVESTER RECTOR	9.00	_~						21,000.	٥.	0.
(14)LOUIE A COMMACK JR	9.00	Х	-			<u> </u>	 	21,000.	V.	<u> </u>
DIRECTOR	0.	Х						25,000.	0.	0.

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ıplo	ye	es,	and I	ligi	hest Compensat	ed Employ	ees (co	ontinued)
(A) Name and title	(B) egarevA	(do.	not d	Pos	C) sition	e than c	vn é	(D) Reportable	(E) Reporta		(F) Estimated amount of
	hours per week (list any					is both		compensation from	compensati relate		other
	hours for	office				or/trusi		the	organizations		compensation
	related organizations	ndivi	nstit	Officer	8	ig ig	Former	organization	(W-2/1099	-MISC)	from the organization
	below delled	ecto	Ltion	۳	夏	st c	er.	(W-2/1099-MISC)			and related
	(enit	i trus	181		Key employee	g S		1			organizations
		Individual trustee or director	Institutional trustee		*	Highest compensated employee					
15) DEM ABODUE	9.00					<u> 8</u>					
DIRECTOR	0.	Х						36,750.		0.	0
(16) CHRISTOPHER MERCULIEF	9.00	<u> </u>	-	_		-	┈	30,730.			
DIRECTOR	1 0.	Х						32,000.		0.	0
(17) ESAI TWITCHELL JR	9.00				\vdash						
DIRECTOR	· · · · · · · · · · · · · · · · · · ·	Х				}		31,500.		0.	0
(18) LARRY IVANOFF	9.00										
DIRECTOR	7 70.	Х						30,000.		0.	0
(19) GLORIA J SIMEON	1.00		Г						:		
DIRECTOR	0.	Х						1,500.		0.	0
20) ANGELA S COX	1.00										
DIRECTOR	0.	Х						1,000.		0.	0
(21) ROALD HELGESEN	40.00										
CEO & ADMINISTRATOR	0.	ļ	<u></u>	Х				753,917.		0.	39,876
22) GARVIN FEDERENKO	40.00]									
CHIEF FINANCIAL OFFICER	0.	<u> </u>		Х	<u> </u>			477,488.		0.	55,686
23) ANNE KREUTZER	40.00										
CHIEF OPERATING OFFICER	0.		<u> </u>	Х	┡		<u> </u>	133,087.		0.	11,154
STEVEN WEAVER	40.00	4						200 407			26 252
SENIOR DIRECTOR OF ENVRIONMENT		-	_	X	<u> </u>		┞	302,497.	ļ	0.	36,853
(25) SHAUNA HEGNA	40.00			х				238,968.		0.	20 664
CHIEF ADMINISTRATIVE OFFICER	<u> </u>		<u> </u>	Α.	1	<u> </u>	<u> </u>	2 007 021		0.	20,664
1b Sub-total				• •			▶	6,960,946.		0.	339,416
c Total from continuation sheets to Part VII,	-				• •	• • •	₽	9,857,977.		0.	363,290
d Total (add lines 1b and 1c)						o) jub				1	
reportable compensation from the organization		37		iu a	DOV	C) WII	0 10	scerved more trian	Ψ100,000	O1	
			_								Yes No
3 Did the organization list any former offi	oor disaat	or 01	- 1-1	ieto		kov	om r	alawaa ar hishae	t company	eatod	
employee on line 1a? If "Yes," complete Schel	dule J for su	ch ind	livid	ual		Ney 1	 	noyee, or nighes		ialeu	3 X
• •											1996 1988 V
4 For any individual listed on line 1a, is the organization and related organizations g	sum on representations	portat \$1:	วเษา รถก	10011 1001	ipei	isauo f″Ye.	∏ 11 121 S″	na omer compen complete Schedu	sauon non ile .l for	such	
individual											4 X
5 Did any person listed on line 1a receive o											
for services rendered to the organization? If "	res," comple	te Sc	hedu	ule .	J foi	such	pei	rson , , , , , ,			5 X
Section B. Independent Contractors											
1 Complete this table for your five highest con											
compensation from the organization. Report year.	compensat	ion fo	r the	e ca	ılen	dar ye	ar e	ending with or witi	hin the org	anizatior	ı's tax
(A)							Т	(B)			(C)
Name and business a	idress						_	Description of se	ervices	С	ompensation
ATTACHMENT 2							-				N
							┪				
							┪				
							1				
2 Total number of independent contractors (nite	d t	o tho	se	listed above) who	received	5.63	: A W 2 E - 1
more than \$100,000 in compensation from t						8				4.52	filosofie:

	Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	35,	and I	ligi	nest Compensat	ed Employ	ees (c	ontinued)
	(A) Name and litle	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	ot ch unless rand	s pe	ition more	n of the state of	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compensatic related organizat (W-2/1099-	n from f lons	(F) Estimated amount of other compensation from the organization and related organizations
(26) HIGHTOWER, CHARLES D	40.00							0.0 656			C. 0.60
(MEDICAL DIRECTOR - ORTHOPEDICS 27) HORAZDOVSKY, RYAN	40.00			Х				810,656.		0.	64,968
(PHYSICIAN - ORTHOPEDIC SURGEON 28) THOMSON, GREGORY J	0. 40.00				X		<u> </u>	781,231.		0.	54,495
,	PHYSICIAN - ORTHOPEDIC SURGEON 29) BETTS, WILLIAM B	40.00				Х		_	774,359.		0.	31,187
`	PHYSICIAN - NEUROSURGEON	0.				х			731,398.		0.	7,800
(30) MILAM, GRAHAM S PHYSICIAN - ORTHOPEDIC SURGEON	40.00				х			721,024.		0.	16,733
(31) H SALLY SMITH FORMER DIRECTOR	0.						x	250,321.		0.	0
(32) EBEN HOPSON JR FORMER DIRECTOR	0.			•			х	122,000.		0.	0
(33) RITA L STEVENS	0.										
(FORMER DIRECTOR 34) EILEEN L EWAN	0.				_		Х	107,000.		0.	0
,	FORMER DIRECTOR 3 CHARLES CLEMENT	0. 0.					<u> </u>	Х	105,000.		0.	0
	FORMER DIRECTOR	0.						х	65,750.		0.	0
(36) PERCY BALLOT SR FORMER DIRECTOR	0.	1					х	58,643.		0.	0
	to Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)					bov	e) wh	o re		\$100,000	of	
	To a proper section from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler in the section of the sect	n ▶ cer, directo lule J for su	37: or, or och ind	8 tru Iividu	uste u <i>al</i>	e, • •	key	em;	oloyee, or highes	t compens	ated	Yes N
	4 For any individual listed on line 1a, is the organization and related organizations grindividual	eater thar	1 \$1:	50,0	007	? !	f "Ye •••	s,"	complete Schedu	ile J for	such • • •	4 X
	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5 X
	Section B. Independent Contractors											
	 Complete this table for your five highest com- compensation from the organization. Report of year. 	ipensated i compensat	indep ion fo	ende r the	ent ca	cor	ntracto dar ye	ors ear	that received more ending with or wit	e than \$100 hin the orga	0,000 (anizatio	of on's tax
	(A) Name and business add	dress							(B) Description of s	ervices		(C) Compensation
	2 Total number of independent contractors (i				nite	d t	o tho	se	listed above) who	received		

	/A\	(2)	l		10	*1		- 1	/m\	75.0	1		/E1	
J	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles r and	Pos neck s pe i a d	more rson irect	than o is both or/trust	an 00)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from	Est am c comp	(F) timated ount of other censation	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Көу етрюуее	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	em the enizatio related nization	đ
37)	FREDERICA SCHAEFFER	0.						х	46,000.					
38)	FORMER DIRECTOR TERRANCE H BOOTH SR	0.						^	46,000.		0.	,		0.
	FORMER DIRECTOR	-						х	45,000.		0.			0.
39)	ROBERT SAMPSON	0.												
	FORMER DIRECTOR	0.						X	43,500.		0.			0.
40)	FRITZ L GEORGE	0.												
411	FORMER DIRECTOR	0.	<u> </u>					Х	38,500.		0.			0
41)	ESTHER K RONNE FORMER DIRECTOR	0.						х	30,000.		0.			0
42)		0.						<u></u>	30,0001					
	FORMER DIRECTOR	0.						х	30,000.		0.			0
43)	HENRY J HUNTER SR	0.												
	FORMER DIRECTOR	0.				L	ļ	Х	30,000.		0.			0
44)	RUTH M MOTO-HINSBERGEN	0.						.,	07 750					^
45)	FORMER DIRECTOR V CHRISTINA WESTLAKE	0.						Х	27,750.		0.			0
73/	FORMER DIRECTOR		4					х	22,857.		0.			0
ĩ	WILLARD G MAYO	0.					ļ	Ë	02,0011					
-	FORMER DIRECTOR	0.						Х	18,750.		0.			0
47)	MICHAEL A HUNT	0.												
	FORMER DIRECTOR	0.						Х	18,000.		0.			0
1b	Sub-total							>						
	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	•		• •			• • •	▶						
	Total number of individuals (including but not								ceived more than	\$100,000	of			
	reportable compensation from the organization	n 🕨	378	3										
													Yes	
3	Did the organization list any former office											1,40,811	X	~6h;
	employee on line 1a? If "Yes," complete Sched											3	7 75	-
4	For any individual listed on line 1a, is the organization and related organizations gr												100000 1121115	1 27
	individual											4	Х	
	Did any person listed on line 1a receive or										idual	100	in h	1
	for services rendered to the organization? If "	'es," comple	te Scl	hedu	ile .	l foi	such	per	son	<u> </u>		5		X
	ction B. Independent Contractors													
1	Complete this table for your five highest concompensation from the organization. Report year.	npensated i compensati	naepe ion foi	the	ent e ca	con len	tracto dar ye	ear e	nat received more ending with or with	than \$100 nin the orga	anizatio	r n's tax		
	(A)								(B)	_		(C)		
	Name and business ad	oress						-	Description of se	ervices	C	compens	sation	
								┢						
	:							+						
-	J 							\top						
								_						
_												*******		

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	yee	s,	and I	lig	hest Compensat	ed Employ	ees (c	ontinuec	1)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	ot ch unles: r and	spe	ition more rson irect	a than c is both or/trust	an :ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d	Esti amo o	(F) imated ount of ther ensatio	n
	related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	m the nization related nization	
48) WILLIAM R KRISTOVICH SR FORMER DIRECTOR	0.						х	16,000.		0.			0
49) HERMAN M KIGNAK FORMER DIRECTOR	0. 0.						х	15,000.	T	0.			0
50) JAKE WELLS FORMER DIRECTOR	0.						х	13,500.		0.			0

		-											
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	lection A		liste		• •		0 16		\$100,000	of			
reportable compensation from the organizatio		371							····			Yes	N
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	х	n.
4 For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	1 \$15	50,00	00?	11	"Ye	s, "	complete Schedu	ile J for	such	4	x	100
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mper	satio	on i	fron	n any	, ur	related organizati	on or indiv	idual	5	10.4	×
Complete this table for your five highest component compensation from the organization. Report of year.	npensated i	indepo	ende the	ent ca	con	tracto	ors ear	that received more ending with or with	than \$10 hin the org	0,000 d anizatio	of in's tax		
(A) Name and business ad	dress							(B) Description of se	ervices	((C) Compens	ation	
					~~~~								
2 Total number of independent contractors (i more than \$100,000 in compensation from the				nite	d to	tho	se	listed above) who	received				

## 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.

2015
Open to Public Inspection

OMB No. 1545-0047

Department of the Tressury mai Revenue Service ine of the organization

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Employer identification number

92-0162721

Part | Questions Regarding Compensation Yes No 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. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 Х 1b 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 Х 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. Written employment contract Compensation committee X X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations 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: 4a Х Participate in, or receive payment from, a supplemental nonqualified retirement plan?...... 4b Х c Participate in, or receive payment from, an equity-based compensation arrangement?...... 4c 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. 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: Х 5a Х 5b If "Yes" to line 5a or 5b, describe in Part III. 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: Х 6a X 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed X 7 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 8 Χ If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 

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 addition

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from r instructions, 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 c individual.

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

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from r instructions, 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 c individual.

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

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from r instructions, 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 c individual.

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

## 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, 5 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

"AVINGS 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.