÷		<b>-</b>		29393	364	103943		
4 Form 990-T	Exempt Organization Bu					OMB No 1545-0687		
	For calendar year 2016 or other tax year beginning $\overline{\mathtt{JUL}}$ 1				7	2016		
Department of the Treasury	▶ Information about Form 990-T and its instr		-		-	pen to Public Inspection for		
Internal Revenue Service	Do not enter SSN numbers on this form as it m			tion is a 501(c)(3)	. 50	01(c)(3) Organizations Only yer identification number		
A L Check box if address change		Name of organization ( L. Check box if name changed and see instructions.)						
B Exempt under section	Print NATIVE AMERICAN CONNE	יירייד האיפ	, INC.		Instruc	5-0293585		
X 501(c)(37)	or Number, street, and room or suite no. If a P.O. b				E Unrelat	ed business activity codes		
408(e) 220(	I IVAA I				(See ins	structions)		
408A 530(				<u>-</u>				
529(a)	PHOENIX, AZ 85012				<u>5311</u>	<u> 120 541610</u>		
C Book value of all assets at end of year	F Group exemption number (See instructions.)	<u> </u>		<del></del>		<del></del>		
<u>34,264,923.</u>			501(c) trust	401(a) trust		Other trust		
			ATEMENT 1		Yes	X No		
	as the corporation a subsidiary in an affiliated group or a par e and identifying number of the parent corporation.	rent-subsidiar	y controlled group?		162			
	of SUSAN DOLLBAUM		Telenhor	ne number <b>&gt;</b> 6	02-2	254-3247		
	ed Trade or Business Income		(A) Income	(B) Expenses		(C) Net		
1a Gross receipts or s			- *-	-				
<b>b</b> Less returns and a		► 1c	125.					
2 Cost of goods sold	(Schedule A, line 7)	2						
3 Gross profit. Subtr	act line 2 from line 1c	3	125.			125.		
	ome (attach Schedule D)	4a						
	rm 4797, Part II, line 17) (attach Form 4797)	4b						
c Capital loss deduc		4c						
<ul><li>Income (loss) from</li><li>Rent income (Sche</li></ul>	partnerships and S corporations (attach statement)	6 -						
=	inced income (Schedule E)	7	4,718.	26,7	23.	-22,005.		
	royalties, and rents from controlled organizations (Sch. F)	8	<u> </u>	20,1	23.	22,003.		
	of a section 501(c)(7), (9), or (17) organization (Schedule							
	ctivity income (Schedule I)	10						
11 Advertising incom-	e (Schedule J)	11						
2 Other Income (See	instructions; attach schedule)	12						
3 Total. Combine III		13	4,843.	26,7	23.	-21,880.		
	ions Not Taken Elsewhere (See instructions or contributions, deductions must be directly connect			income )				
	officers, directors, and trustees (Schedule K)				14			
<ul><li>5 Salaries and wage</li></ul>					15	<del></del> <del></del> -		
6 Repairs and main					16			
7 Bad debts	THE NOV 2 7 2017 THE				17			
8 Interest (attach so	hedule)				18			
9 Taxes and license	l <sup>a</sup>			_	19	50.		
O Charitable contrib	ution <u>s (See i</u> nstruc <u>tio</u> ns for limitation rules) <b>STATEM</b>	IENT 4	SEE STATI		20	0.		
1 Depreciation (atta	•		21	20,458.		0		
2 Less depreciation	claimed on Schedule A and elsewhere on return		22a	20,458.		0.		
<ul> <li>Taxes and license</li> <li>Charitable contrib</li> <li>Depreciation (attailed)</li> <li>Less depreciation</li> <li>Depletion</li> <li>Contributions to description</li> </ul>	leferred compensation plans				23			
					25			
· ·	penses (Schedule I)				26			
	costs (Schedule J)				27			
	(attach schedule)				28			
	Add lines 14 through 28				29	50.		
<ul><li>Total deductions</li><li>Unrelated busines</li></ul>	s taxable income before net operating loss deduction. Subti	tract line 29 fro			30	-21,930.		
1 Net operating loss	deduction (limited to the amount on line 30)		SEE STATE	EMENT 5	31			
	s taxable income before specific deduction. Subtract line 31				32	<u>-21,930.</u>		
	(Generally \$1,000, but see line 33 instructions for exception				33	1,000.		
	ss taxable income. Subtract line 33 from line 32. If line 33	is greater thai	n line 32, enter the sm	aller of zero or		_21_020		
line 32	Ear Danaguark Dadustina Ant Mating and Industria			<del>-</del>	34	-21,930. Form <b>990-T</b> (2016		
:э/ОТ 01-18-17 LHA	For Paperwork Reduction Act Notice, see instructions.	2				10/11/000~1 (2010)		
		4			- 4	الماتين		

Form 990-1	THE THE PERSON OF	ONNECTIONS, INC.		86-02	93585	Page 2
Part I	I Tax Computation					
35	Organizations Taxable as Corporations. See inst	tructions for tax computation.				
	Controlled group members (sections 1561 and 15	563) check here 🕨 🔲 See instructions	and:			
а	Enter your share of the \$50,000, \$25,000, and \$9	,925,000 taxable income brackets (in that o	rder):			
	(1) \$ (2) \$	(3) \$		]		
b	Enter organization's share of: (1) Additional 5% to	ax (not more than \$11,750)				
	(2) Additional 3% tax (not more than \$100,000)	\$				
C	Income tax on the amount on line 34			<b>&gt;</b>	35c	0.
36	Trusts Taxable at Trust Rates. See instructions for	or tax computation. Income tax on the amoi	unt on line 34	from:		
	Tax rate schedule or Schedule D (F	orm 1041)		<b>&gt;</b>	36	
37	Proxy tax. See instructions			<b>&gt;</b>	37	
38	Alternative minimum tax				38	
39	Tax on Non-Compliant Facility Income See instr	ructions			39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, w	vhichever applies			40	0.
Part I	/ Tax and Payments					
41a	Foreign tax credit (corporations attach Form 1118	3; trusts attach Form 1116)	41a			
b	Other credits (see instructions)		41b			
C	General business credit. Attach Form 3800		41c	-		
d	Credit for prior year minimum tax (attach Form 88	301 or 8827)	41d			
е	Total credits. Add lines 41a through 41d				41e	
42	Subtract line 41e from line 40				42	0.
43	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	8866	Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43				44	0.
45 a	Payments: A 2015 overpayment credited to 2016	i	45a			
b	2016 estimated tax payments		45b	·		
C	Tax deposited with Form 8868		45c			
— - <b>d</b> -	- oreign-organizations: Tax paid or withheld at sou	rce (see instructions)	<mark>-45d</mark>		·	
	Backup withholding (see instructions)	,	45e		1	
	Credit for small employer health insurance premiu	ıms (Attach Form 8941)	45f		7	
		Form 2439		· · ·	7	
_		Other Total 1	► 45g			
46	Total payments. Add lines 45a through 45g				46	
	Estimated tax penalty (see instructions). Check if I	Form 2220 is attached			47	
	Fax due. If line 46 is less than the total of lines 44			•	48	0.
	Overpayment. If line 46 is larger than the total of			•	49	0.
	nter the amount of line 49 you want: Credited to	· · · · · · · · · · · · · · · · · · ·		Refunded	50	
Part V	Statements Regarding Certain	Activities and Other Informa	ation (see			
51	At any time during the 2016 calendar year, did the	e organization have an interest in or a signat	ture or other a	authority		Yes No
	over a financial account (bank, securities, or other					
1	inCEN Form 114, Report of Foreign Bank and Fin	ancial Accounts. If YES, enter the name of	the foreign co	ountry		
	nere <b>&gt;</b>					_
52	During the tax year, did the organization receive a	distribution from, or was it the grantor of, of	or transferor t	to, a foreign trust?		X
	f YES, see instructions for other forms the organi					
	Inter the amount of tax-exempt interest received of					
	Under penalties of perjury, I declare that I have examine	ed this return, including accompanying schedules a	and statements,	and to the best of my kn	owledge and belief,	it is true,
Sign	correct, and complete Declaration of preparer (other th	an axpayer) is based on all information of which pr	eparer nas any		May the IRS discuss	this return with
Here	Den Stable	レ   //-/3-/7 CFO			the preparer shown	
	Signature of officer	Date			nstructions)?	Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	If PTIN	
Paid				self- employed	1	
Prepai	er BRENDA BLUNT	BRENDA BLUNT	11/13/		P0007	75126
Use O	TITOR DITTE		1	Firm's EIN		250958
JJG U		NTRAL AVE., STE 400	<del>-</del>		<u> </u>	
		AZ 85004-4624		Phone no.	602-264-	-5844
_						990-T (2016)

Schedule A - Cost of Goods	s Sold. Enter method of invent	ory valuation N/A			
1 Inventory at beginning of year	1	6 Inventory at end of year		6	
2 Purchases	2	7 Cost of goods sold. Su	btract line 6		_
3 Cost of labor	3	from line 5. Enter here a	and in Part I,		
4a Additional section 263A costs		line 2		7	
(attach schedule)	4a	8 Do the rules of section	263A (with respect to	Yes N	lo_
<b>b</b> Other costs (attach schedule)	4b	property produced or a	cquired for resale) apply to		
5 Total Add lines 1 through 4b	5	the organization?			
Schedule C - Rent Income	(From Real Property and	Personal Property I	_eased With Real Pr	operty)	
(see instructions)	<del>-</del>				
1 Description of property					
(1)					_
(2)					
(3)					
(4)					
	2. Rent received or accrued		2/3\ Deductions direc	ctly connected with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than of rent for pe	d personal property (if the percenta ersonal property exceeds 50% or if is based on profit or income)	ge columns 2(a)	and 2(b) (attach schedule)	
(1)					
(2)					
(3)					_
(4)					_
Total	O . Total		0.		
(c) Total income. Add totals of columns :	2(a) and 2(b). Enter		(b) Total deductions.		
here and on page 1, Part I, line 6, column	(A)		Enter_here_and on page 1 Part I, line 6, column (B)	' <sub>'-</sub> ►	0.
Schedule E - Unrelated Deb	ot-Financed Income (see I	nstructions)			
		2. Gross income from		connected with or allocable anced property	
1. Description of debt-fir	nanced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
			STATEMENT 6	STATEMENT 7	
(1) 609 NORTH 2ND AV	E	8,335.	20,45	8. 26,756	6.
(2)					
(3)					
(4)					
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)      STATEMENT 8	5. Average adjusted basis of or allocable to debt-financed property  STATEMENT 9	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of column 3(a) and 3(b))	
(1) 191,302.	337,983.	56.60%	4,71	8. 26,723	<del>3</del> .
(2)	331,363.	%		20,725	<u>•</u>
(3)					—
(4)			<del> </del>		—
		76	Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals			4,71		3.
Total dividends-received deductions in	cluded in column 8		<u></u>		<del>0 .</del>
The state of the s	5.5255 III 9514IIII 9			Form <b>990-T</b> (20	

Form 990-T (2016) NATIVE Schedule F - Interest, A	American	CONNECTION	IS, INC.	ad Organizat	86-0293	585 Page
Schedule r - Interest, I	Hillulues, Roya		Controlled Organizati		(see instruc	cuons)
1. Name of controlled organizat	tion 2. Em	ployer 3. Net un (loss) (see	related income 4. Tot	tal of specified 5.	. Part of column 4 that included in the controlling	g connected with income
						<del></del>
(1)	<del></del>					
(2)				_ <del></del>		<del> </del>
(3)						<del>                                     </del>
(4)					_	
Nonexempt Controlled Organi	,		<del></del>			
7. Taxable Income	8. Net unrelated incor (see instruction		of specified payments made	10. Part of column s in the controlling of gross ind	organization's	Deductions directly connected with income in column 10
(1)						
(2)				<del>-</del>		
(3)						
(4)						<del> </del>
	L		-	Add columns Enter here and on line 8, colu	page 1, Part I,	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals			<b></b>		0.	0
Schedule G - Investme (see instr		Section 501(c)	(7), (9), or (17) Or	ganization		
1 Descr	ription of income		2. Amount of income	3. Deductions directly connected (attach schedule)		
(1)						
(2)	-	-	1			
(3)		<u></u>				
(4)						
			Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page Part I, line 9, column (B)
Totals		•	0.			0
Schedule I - Exploited (see instru	•	/ Income, Othe	r Than Advertisi	ing Income		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	attributable	to 6 minus column 5,
(1)			†			
(2)	<del> </del> -		<del> </del>			
(3)			<del> </del>	<u> </u>		<del></del>
(4)			<del>                                     </del>		<del></del>	
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26
Totals -	<u> </u>		<u> </u>			0
Schedule J - Advertisii						
Part I Income From I	Periodicals Rep	orted on a Cor	nsolidated Basis			
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compucols 5 through 7		6. Readershi costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<del></del>						
Totals (carry to Part II, line (5))	•	0.	o .			0
Cours to Fait II, IIII (3/)		<u> </u>				Form <b>990-T</b> (201)

Form 990-T (2016) <b>NATIVE</b>	AM:	ERICAN CO	NNEC	TIONS	INC.		86-	-0293585	Page <b>5</b>
Part II Income From columns 2 through				a Sepa	rate Basis (For each	ch perio	dical listed in P	art II, fill in	
1. Name of periodical		2 Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7		rculation 6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			_						
(2)									
(3)			_						
(4)									
Totals from Part I	<b></b>	0.	_	0.					0.
		Enter here and on page 1, Part I, line 11, col (A)	page	ere and on 1, Part I, 1, col (B)					Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<b>•</b>	0.		0.					0.
Schedule K - Compen	satio	n of Officers,	Direct	ors, an	d Trustees (see in	structio	ns)		
1. (	Name				2. Title		<ol> <li>Percent of time devoted to business</li> </ol>		nsation attributable ated business
(1)							9/		

Form **990-T** (2016)

%

%

%

(2)

\_(3)

(4)

Total. Enter here and on page 1, Part II, line 14

## Department of the Treasury Internal Revenue Service

## **Alternative Minimum Tax - Corporations**

► Attach to the corporation's tax return

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No 1545-0123

Name	•			Employer identification number
	NATIVE AMERICAN CONNECTIONS, INC.			86-0293585
	Note: See the instructions to find out if the corporation is a small corporation exempt			
	from the alternative minimum tax (AMT) under section 55(e).			
1	Taxable income or (loss) before net operating loss deduction		1_	-21,930.
2	Adjustments and preferences:			
a	Depreciation of post-1986 property		2a	
b	Amortization of certified pollution control facilities		2b_	
C	Amortization of mining exploration and development costs		2c	
d	Amortization of circulation expenditures (personal holding companies only)		2d	
е	Adjusted gain or loss		2e	
f	Long-term contracts		2f	
g	Merchant marine capital construction funds		<u>2g</u>	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	
i	Tax shelter farm activities (personal service corporations only)		2i	
j	Passive activities (closely held corporations and personal service corporations only)		<u>2j</u>	
k	Loss limitations		2k_	
ı	Depletion		21	
n	Tax-exempt interest income from specified private activity bonds		2m	
n	Intangible drilling costs		2n	
0	Other adjustments and preferences	*	20	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20		3_	-21,930.
4	Adjusted current earnings (ACE) adjustment:			
a	- ACE-from line 10 of the ACE worksheet in the instructions	4a21,930.		
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a			
	negative amount. See instructions	4b 0.		
	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c		
đ	Enter the excess, if any, of the corporation's total increases in AMTI from prior		l	
	year ACE adjustments over its total reductions in AMTI from prior year ACE			
	adjustments. See instructions. Note: You must enter an amount on line 4d	40.000		
	(even if line 4b is positive) SEE STATEMENT 13	4d 42,932.		
е	ACE adjustment.	)		
	If line 4b is zero or more, enter the amount from line 4c  If line 4b is less than 7550 parts the amount from line 4c	•		1
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	J	4e	-21,930.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	CMAMENEN 12	5_	-21,930.
6	Alternative tax net operating loss deduction. See instructions  Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a	STATEMENT 12	6_	
1	interest in a REMIC, see instructions	a residual	7	
8	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on	ino 9o):	<del></del>	
	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled	ille oc).		
а	group, see instructions). If zero or less, enter -0-	8a		
h	Multiply line 8a by 25% (0.25)	8b	1	
	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a contro			
·	group, see instructions). If zero or less, enter -0-	nicu	80	
9	Subtract line 8c from line 7. If zero or less, enter -0-		8c 9	
10	Multiply line 9 by 20% (0.20)		10	
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions		11_	
12	Tentative minimum tax. Subtract line 11 from line 10		12	
13	Regular tax liability before applying all credits except the foreign tax credit		13	
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter her	e and on	<u> </u>	<del> </del>
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return		14	
\Λ/Δ	For Panerwork Reduction Act Notice see consists instructions	··		Form 4626 (2016)

\* SEE ALSO

STATEMENT 10 STATEMENT 11

Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property

Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of

9

10

<u>-21,930.</u>

## **Adjusted Current Earnings (ACE) Worksheet** ➤ See ACE Worksheet Instructions. Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 -21,930. 1 ACE depreciation adjustment: 20,458. a AMT depreciation 2a **b** ACE depreciation: (1) Post-1993 property 2b(1) (2) Post-1989, pre-1994 property 2b(2) (3) Pre-1990 MACRS property 2b(3) (4) Pre-1990 original ACRS property 2b(4) (5) Property described in sections 168(f)(1) through (4) 2b(5) 20,458 (6) Other property 2b(6) 20,458. (7) Total ACE depreciation. Add lines 2b(1) through 2b(6) 2b(7) c ACE depreciation adjustment. Subtract line 2b(7) from line 2a 2c Inclusion in ACE of items included in earnings and profits (E&P): a Tax-exempt interest income 3a b Death benefits from life insurance contracts 3Ь c All other distributions from life insurance contracts (including surrenders) 3с d Inside buildup of undistributed income in life insurance contracts 3d e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) 3e f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e 3f Disallowance of items not deductible from E&P: a Certain dividends received 4a b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P L 113-295, Div A, section 221(a)(41)(A), Dec 19, 2014, -128 Stat -4043) 4b c Dividends paid to an ESOP that are deductible under section 404(k) 4c d Nonpatronage dividends that are paid and deductible under section 1382(c) 4d e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e 4f Other adjustments based on rules for figuring E&P: a Intangible drilling costs 5a **b** Circulation expenditures 5b c Organizational expenditures 5c d LIFO inventory adjustments 5d e Installment sales 5e f Total other E&P adjustments. Combine lines 5a through 5e 5f Disallowance of loss on exchange of debt pools 6 Acquisition expenses of life insurance companies for qualified foreign contracts 7 7 8 Depletion 8

Form 4626

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

STATEMENT

1

NON-RESIDENTIAL RENTAL MANAGEMENT AND CONSULTING

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

THE ORGANIZATION IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F).

FORM 990-T	CONTRIBUTIONS	STATEMENT	3
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
4520 N CENTRAL LLC	N/A	100,00	0.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	100,00	0.

ORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	4
QUALIFIED C	ONTRIBUTIONS SUBJECT TO 100% LIMIT			
CARRYOVER C FOR TAX Y FOR TAX Y				
FOR TAX Y FOR TAX Y	EAR 2013 671 EAR 2014			
TOTAL CARRY TOTAL CURRE	OVER INT YEAR 10% CONTRIBUTIONS	671 100,000		
	IBUTIONS AVAILABLE OME LIMITATION AS ADJUSTED	100,671		
EXCESS 100%	CONTRIBUTIONS CONTRIBUTIONS S CONTRIBUTIONS	100,671 0 100,671		
ALLOWABLE C	ONTRIBUTIONS DEDUCTION			C
FOTAL CONTR	IBUTION DEDUCTION			

FORM 990-T	NET	OPERATING L	OSS DEDUC	TION	STATEMENT	5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSL APPLIED		LOSS EMAINING	AVAILABLE THIS YEAR	
06/30/06 06/30/07	53,043. 397,773.	53,0 75,8		0. 321,958.	321,95	0.
06/30/09	80,373.	75,0	0.	80,373.	80,37	
06/30/11	27,932.		0.	27,932.	27,93	
06/30/13	17,435.		0.	17,435.	17,43	
06/30/14	63,762.		0.	63,762.	63,76	
NOL CARRYOV	ER AVAILABLE THIS	YEAR		511,460.	511,46	ō .
FORM 990-T	SCHEDULE	E - DEPRECIA	TION DEDU	CTION	STATEMENT	6
DESCRIPTION	T		ACTIVITY NUMBER	AMOUNT	TOTAL	
· ·						
DEPRECIATIO	- N			20,458.		
<del></del>	- N	- SUBTOTAL -	1	20,458.	20,4	58.
DEPRECIATIO	- N RM 990-T, SCHEDUL			20,458.		==
DEPRECIATIO	RM 990-T, SCHEDUL		3(A)		20,4	===
DEPRECIATIO TOTAL OF FO	SCHEDUL	E E, COLUMN	3(A)	ons	20,4	58.
DEPRECIATION TOTAL OF FO FORM 990-T DESCRIPTION INSURANCE INTEREST	SCHEDUL	E E, COLUMN	3(A) DEDUCTION ACTIVITY	ons	20,4 20,4 STATEMENT	58.
DEPRECIATION TOTAL OF FO  FORM 990-T  DESCRIPTION INSURANCE INTEREST REPAIRS, MA UTILITIES AUDIT FEES UTILITIES	SCHEDUL SCHEDUL	E E, COLUMN	3(A) DEDUCTION ACTIVITY	AMOUNT  3,295 6,443 4,868 264 11,796	20,4 20,4 STATEMENT	58.
DEPRECIATION TOTAL OF FO  FORM 990-T  DESCRIPTION INSURANCE INTEREST REPAIRS, MA UTILITIES AUDIT FEES	SCHEDUL SCHEDUL SCHEDUL SCHEDUL SCHEDU	E E, COLUMN	3(A)  DEDUCTION  ACTIVITY  NUMBER	AMOUNT  3,295. 6,443. 4,868. 264.	20,4 20,4 STATEMENT	58.

NATIVE	AMERICAN	CONNECTIONS,	TNC
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FORM 990-T	AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT	8
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
OUTSTANDING DEBT	- SUBTOTAL -	1	191,302.	191,30	02.
TOTAL OF FORM 990-	T, SCHEDULE E, COLUMN	4		191,30	02.

MATTUR	AMEDICAN	CONNECTIONS,	TNO
NATIAL	AMERICAN	CONNECTIONS,	TNC.

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FORM 990-T	STATEMENT	9			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
ASSET	- SUBTOTAL -	1	337,983.	337,98	33.
TOTAL OF FORM 990	-T, SCHEDULE E, COLUMN	5		337,98	33.

STATEMENT 10	ORM 4626 AMT CONTRIBUTION LIMITATION	FORI
AD)21,930 OTHER	.  1) REGULAR TAXABLE INCOME BEFORE NOL, CHARITABLE CONTRIBUTIONS AND DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	
-21,930	3) PREADJUSTMENT AMTI BEFORE ACE, CHARITABLE DEDUCTIONS,  NOL AND DPAD	
MOUNT) IVE AMOUNT . INCREASES	5) ACE WITHOUT CHARITABLE CONTRIBUTIONS (LINE 3 PLUS LINE 4). 6) LINE 5 LESS LINE 3 (ENTER EXCESS AS A NEGATIVE AMOUNT) 7) MULTIPLY LINE 6 BY 75%. ENTER RESULT AS A POSITIVE AMOUNT 8) ENTER EXCESS OF THE CORPORATION'S PRIOR YEAR NET INCREASES IN AMTI DUE TO ACE	6) 7) 8)
LIMITATION DEDUCTIONS T ON LINE 9	10) AMTI WITHOUT CHARITABLE CONTRIBUTIONS, NOL AND DPAD  (LINE 3 PLUS LINE 9)	11)
	13) CONTRIBUTION DEDUCTION TO CALCULATE 90% AMTI LIMITATION FOR NOL (LESSER OF LINE 11 OR LINE 12)	13)
-21,930 -19,737	14) AMTI FOR PURPOSES OF 90% NOL LIMITATION (LINE 10 LESS LINE 13)	15)
0	17) AMT NOL (LESSER OF LINE 15 OR LINE 16)	17)
17)21,930	18) AMTI FOR CHARITABLE DEDUCTION LIMITATION (LINE 10 PLUS SPECIAL DEDUCTIONS LESS AMT NOL ON LINE 17) 19) 10% OF LINE 18	-
	20) AMT CHARITABLE DEDUCTION (LESSER OF LINE 12 OR LINE 19) . 21) REGULAR CONTRIBUTION DEDUCTION	
20)0	22) AMT CONTRIBUTION ADJUSTMENT (LINE 21 LESS LINE 20)	22)

FORM 4626	AMT CONTRIBUTIONS		STATEMENT	11
CARRYOVER OF PRIOR YEARS FOR TAX YEAR 2011 FOR TAX YEAR 2012 FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015	S UNUSED CONTRIBUTIONS	2,994		
TOTAL CARRYOVER CURRENT YEAR CONTRIBUTION	ONS ——		2, 100,	994 000
TOTAL CONTRIBUTIONS 10% OF TAXABLE INCOME AS	S ADJUSTED		102,	99 <b>4</b> 0
EXCESS CONTRIBUTIONS			102,	994
ALLOWABLE CONTRIBUTIONS				0

FORM 4626	ALTERNATI	VE MINIMUM TAX N	OL DEDUCTION	STATEMENT	12
		LOSS			
•		PREVIOUSLY	LOSS		
TAX YEAR	LOSS SUSTAINED	APPLIED	REMAINING		
06/30/06	52,589.	52,589.	0.		
06/30/07	397,773.	57,182.	340,591.		
06/30/09	80,373.	0.	80,373.		
06/30/11	27,932.	0.	27,932.		
06/30/13	17,435.	0.	17,435.		
06/30/14	42,959.	0.	42,959.		
AMT NOL CA	RRYOVER AVAILABLE T	THIS YEAR	509,290.		
	NET POSITIVE	ACE ADJUSTMENT F	ROM PRIOR YEARS	STATEMENT	13
TAX YEAR	ORIGINAL	PREVIOUSLY APPLIED	REMAINING	AVAILABLE THIS YEAR	
					•
0.6.40.0.44.0		^	22,129.	22,129.	
06/30/13	22,129.	0.		<del>-</del>	
06/30/13 06/30/14	22,129. 20,803.	0.	20,803.	20,803.	