**Exempt Organization Business Income Tax Return** Form 990-T OMB No 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2015 or other tax year beginning 7/1/2015 , and ending 6/30/2016 Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Department of the Treasury Open to Public Inspection ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). internal Revenue Service for 501(c)(3) Organizations Or Check box if D Employer identification number Name of organization ( Check box if name changed and see instructions ) address changed Exempt under section Interior Alaska Center for Non-Violent Living X 501 ( C )(3 ) Number, street, and room or suite no. If a P.O. box, see instructions 92-0063639 **Print** 408(e) 220(e) E Unrelated business activity codes 726 26th Avenue, Suite 1 or (See instructions ) 408A 530(a) City or town ZIP code Type 529(a) Fairbanks ΑK 99701 Foreign country name Foreign province/state/county Foreign postal code 900099 Book value of all assets at Group exemption number (See instructions.) end of year 13,938,873 G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Describe the organization's primary unrelated business activity. ▶ Charitbable Gaming During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . If "Yes," enter the name and identifying number of the parent corporation The books are in care of ▶ Brenda Stanfill Telephone number ▶ Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales 13.162 **b** Less returns and allowances c Balance ▶ 1c 13.162 2 Cost of goods sold (Schedule A. line 7) 2 2,476 Gross profit. Subtract line 2 from line 1c . . 3 10,686 4 a Capital gain net income (attach Schedule D) . . . . . . 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . 4b Walter Control 4c 5 Income (loss) from partnerships and S corporations (attach statement) . 5 6 Rent income (Schedule C) . . . . . . . 6 7 Unrelated debt-financed income (Schedule E) . . . . . 7 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) . . . . . 10 Advertising income (Schedule J) . . . 11 Other income (See instructions; attach schedule). . . 12 Total. Combine lines 3 through 12 13 10.686 10.686 Part II Deductions Not Taken Elsewhere (See-instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 4.083 Compensation of officers, directors, and trustees (Schedule K) . . . . . Salaries and wages 15 3.095 Repairs and maintenance 16 Bad debts . . 17 17 18 Interest (attach schedule) . . . . 18 19 Taxes and licenses . . . . . 19 815 20 Charitable contributions (See instructions for limitation rules.) 20 81 21 22 Less depreciation claimed on Schedule A and elsewhere on return . . . 22b 23 23 Contributions to deferred compensation plans . . . . . . 24 24 Employee benefit programs . . . . . . 25 25 26 Excess exempt expenses (Schedule I) . 26 27 Excess readership costs (Schedule J) . . . 27 1.880 28 28 Other deductions (attach schedule) . . 9,954 29 29 732 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13. 30 31 31 Net operating loss deduction (limited to the amount on line 30) . . . . . . . . . . . . . . . . . . 732 32 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 732 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . . . 33 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 34 32, enter the smaller of zero or line 32

Preparer's signature

SELF-PREPARED RETURN

Print/Type preparer's name

Firm's name

Firm's address

Paid

**Preparer** 

**Use Only** 

Firm's EIN ▶

Phone no

Form **990-T** (2015)

Check If

self-employed

Date

• Form 990-T (2015) Inte	erior Alaska Cen	ter for Nor	n-Violent Living			92	-0063	639 Page <b>3</b>	
Schedule C-Rent Income				Prope	rty Leased				
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)		·							
(4)									
<del></del>	<ol><li>Rent receive</li></ol>	d or accrued							
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)			om real and persona ge of rent for persona if the rent is based or	ty exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)	<del></del>								
(2)			······································						
(3)						<del> </del>			
(4)									
Total		F-4-1	<del></del>			<u> </u>			
		Total	0			(b) Total deductions.			
(c) Total income. Add totals of columber and on page 1, Part I, line 6, co		) Enter . ▶	0			Enter here and on page 1, Part I, line 6, column (B) ▶ 0			
Schedule E-Unrelated De	bt-Financed I	ncome (se	ee instructions)		·			_ <del>_</del>	
1. Description of debt-			Gross income from or allocable to debt-financed property		3. 1	Deductions directly connected with or allocable to debt-financed property			
					(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)									
(2)									
(3)									
(4)									
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	of or allocat	Average adjusted basis     of or allocable to     debt-financed property		6. Column 4 divided by column 5		7. Gross income reportable (column 2 × column 6)		8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))	
			%		<u> </u>			0	
(1)	<del></del>						_0		
(2)			<del>  _</del>	%		0	-	0	
(3)				<u>%</u>		0		0	
(4)	<del> </del>		L	%		0	<u> </u>	0	
						e 7, column (A). Pa		ter here and on page 1, art I, line 7, column (B)	
Totals					0			0	
Total dividends-received deduction			· · · · ·	•		. •	<u> </u>	<del>-</del>	
Schedule F-Interest, Anni	<u>uities, Royaltic</u>					zations (see in	struction	ons)	
	1	Exen	npt Controlled C	rganiz	<u>ations</u>				
Name of controlled organization	2 Employer identification nur	mber   3. Ne	et unrelated income ) (see instructions)		al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5	
(1)									
(2)									
(3)									
(4)			_	<u> </u>					
Nonexempt Controlled Organiza	ations			•					
	T		<del>-</del> T	-		40 Part of column 9	that is	11. Deductions directly	
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made			10. Part of column 9 that is included in the controlling organization's gross income		connected with income in column 10	
(1)								ļ	
(2)									
(3)									
(4)									
						Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)		Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	
Totals				•	<u> </u>		0		
								Form <b>990-T</b> (2015)	

Schedule G-Investment Inco	me of a Section 5	01(c)(7). (	9), or (17) Organiza	ation (see instru	92-0003039	Page 4	
• 1. Description of income	2. Amount of incom		3. Deductions directly connected (attach schedule)	4. Set-aside (attach schedu	s and se	5. Total deductions and set-asides (col 3 plus col 4)	
(1)			(attacir scriedule)	<del> </del>		0	
(2)			·			0	
(3)			<del></del>			0	
(4)						0	
Enter here and on page Part I, line 9, column (A						e and on page 1, e 9, column (B)	
Schedule I—Exploited Exempt	Activity Income,	Other Tha	an Advertising Inco	ome (see instruc	ctions)		
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected w production of unrelated business inco	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)			(			0	
(2)			(			0	
(3)			(			0	
(4)			(			0	
Totals .	Enter here and on page 1, Part I, line 10, col (A)	Enter here and page 1, Part line 10, col (f	I. Property	<b>1</b>			
	0		U[state of the state of the st	C		0	
Schedule J—Advertising Incom  Part I Income From Period							
Part I Income From Period	ilcais Reported o	n a Consc		T	-		
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)							
(2)							
(3)		•					
(4)					_		
Totals (carry to Part II, line (5))	0		0 0	o	0	0	
Part II Income From Period			<b>ate Basis</b> (For each	periodical liste	d in Part II, fill	in	
columns 2 through 7 c	<u>on a line-by-line ba</u>	ısis.)					
Name of periodical      Name of periodical     income		3. Direct advertising cos	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)			0			0	
(2)			0			0	
(3)			0	1 1		0	
(4)			0	Jacob Jo Andrew Control of Control	a series de la companya de la compa	0	
(5) Totals from Part I	Enter here and on page 1, Part I, line 11, col (A)	Enter here and page 1, Part line 11, col (E	l,	Paul II de ses La companya de ses		Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	Officers Discote		U	//5/14.24%////////// \	HETE WAS STATE OF	0	
Schedule K—Compensation of Officers, Directors  1. Name			2. Title	3 Percent of time devoted t	4. Compensar	Compensation attributable to unrelated business	
(1) Prondo Stanfill			Director	business 3.00	10%	4,083	
(1) Brenda Stanfill			Director	3.00	%	7,000	
(2)					%		
(3)			<del></del>		%		
Total. Enter here and on page 1, Part II,	line 14				<u> </u>	4,083	
. Can Enter here and on page 1, 1 art H,		<u> </u>	· ·	<u> </u>		orm <b>990-T</b> (2015)	