## 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2015 calendar year, or tax year beginning 7/1/2015 6/30/2016 and ending C Name of organization Check if applicable Employer identification number Interior Alaska Center for Non-Violent Living Address change Doing business as Number and street (or P O box if mail is not delivered to street address) 92-0063639 Name change 26 26th Avenue, Suite 1 E Telephone number Initial return City or town ZIP code 907-452-2293 Fairbanks AK 99701 Final return/terminated Foreign country name Foreign postal code Foreign province/state/county Amended return 3,281,957 G Gross receipts \$ F Name and address of principal officer Application pending Yes X No H(a) is this a group return for subordinates? Brenda Stanfill 726 26th Avenue, Suite 1, Fairbanks, AK 99701 H(b) Are all subordinates included? X 501(c)(3) 501(c) ( If "No." attach a list (see instructions) Tax-exempt status ) < (insert no ) 4947(a)(1) or 527 J Website: ▶ www.iacnvl.org H(c) Group exemption number ▶ X Corporation K Form of organization Trust Association Other > M State of legal domicile L Year of formation ΑK Part I Briefly describe the organization's mission or most significant activities: The agency's vision is a community free of Activities & Governance violence. IAC provides programs to address domestic violence, sexual assault, child sexual abuse, suicide intervention, and crisis services for victims of other violent crime Check this box | | | | if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . . 7 Number of independent voting members of the governing body (Part VI, line 1b). 4 Total number of individuals employed in calendar year 2015 (Part V. line 2a) 5 88 68 Total number of volunteers (estimate if necessary)..... 6 Total unrelated business revenue from Part VIII, column (C), line 12. 0 7a 7b 0 Net unrelated business taxable income from Form 990-T. line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 2,669,381 2,540,673 Revenue Program service revenue (Part VIII, line 2g) . . . 612,571 640,623 Investment income (Part VIII, column (A), lines 3, 4 and 70. 2 2.2017 10 -7,775 114 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10c, and 11e). 10,954 13,162 Total revenue—add lines 8 through 11 (must equal Part VIII, column the line 12). 12 3,293,020 3.186.683 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 0 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 2,095,095 15 2,015,639 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 16a Professional fundraising fees (Part IX, column (A), line 11e). ₹ b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 1,273,122 1,271,983 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . . Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25). 3,288,761 3,367,078 18 -180,395 4.259 19 Revenue less expenses. Subtract line 18 from line 12. End of Year Beginning of Current Year 14,073,323 13,938,873 20 Total assets (Part X, line 16) . . . . Total liabilities (Part X, line 26) . . . . 598,307 644,252 21 13,475,016 13,294,621 Net assets or fund balances Subtract line 21 from line 20 Signature Block 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 Sign Here **Executive Director Brenda Stanfill** Type or pant name and title PTIN Print/Type preparer's name Preparer's signature Date Check **Paid** self-employed SELF-PREPARED RETURN Preparer Firm's EIN Firm's name **Use Only** Firm's address 🕨 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) .

	990 (2015)		92-0063639	Page 2
Pá	art III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	X
1		escribe the organization's mission:		
	It is IACs	s vision to have a community free of violence. IAC provides programs to address		
	domestic	c violence, sexual assault child sexual abuse, suicide intervention, and crisis		·
	intervent	tion for victims of other type of violent crimes		
2	Did the c	organization undertake any significant program services during the year which were not listed on	<u></u>	_
	the prior	Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O.		
3	Did the c	organization cease conducting, or make significant changes in how it conducts, any program	_	
	services	?	Yes	X No
		describe these changes on Schedule O.		
4	Describe	the organization's program service accomplishments for each of its three largest program service	s, as measured	d by
	expense	s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a	llocations to oth	ners,
	the total	expenses, and revenue, if any, for each program service reported.		
4a	(Code:	) (Expenses \$ 1,699,052 including grants of \$ 1,412,924 ) (Revenue	\$ 145	5,111)
	Emerger	ncy Shelter for Victims of Domestic Violence/Sexual Asault Provided Services to Adults and		
	Children	Provided plus Transports to SAfety from outlying areas; Crisis Line Responses Provided		
	Personal	Supports and legal advocacy, Prevention and Outreach Services to the Community		
	•••••			
4b	(Code:	) (Expenses \$ 114,922 including grants of \$ 67,078 ) (Revenue	\$ 70	,140)
		nal Housing for Families in need of safety and additional time to gain independent		
4c	(Code:	) (Expenses \$ 325,255 including grants of \$ ) (Revenue	\$ 352	,500)
	Provided	24/7 Coverage for Crisis and Suicide Intervention Services on the Careline		
			<del> </del>	
4d	Other pro	ogram services. (Describe in Schedule O.)		
	(Expense	· ·	7,562)	
40	Total pro	gram service expenses > 3.033.851		

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2		1	Х	<del></del>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	$\vdash$	_ <u>X</u> _
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		_ X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	i I		
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	'		
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-	-	_^_
•		_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_ <u>X</u> _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			.,
_	complete Schedule D, Part III	8		_ <u>X</u> _
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		- 1	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt		1	
	negotiation services? If "Yes," complete Schedule D, Part IV	9		_ <u>X</u> _
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		i	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	J. S.	138	
	VII, VIII, IX, or X as applicable.	200 000 100 000 100 000 100 000	ringer.	\$" ~
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	-	_X_
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			<del></del>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	- 1	Х
4	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u		444	i	~
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		- <u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	ŀ	
4.5	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_ <u>X_</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	,		
	Schedule D, Parts XI and XII	12a	_X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_ <del>X</del> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ <u>X</u> _
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		]	
	fundraising, business, investment, and program service activities outside the United States, or aggregate		ļ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ <u>X</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>_X</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		1	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
•	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	Х
4 O	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		$\neg \neg$	
19		19	x	
	If "Yes," complete Schedule G, Part III		000	

Interior Alaska Center for Non-Violent Living Checklist of Required Schedules (continued) Part IV

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ۔ ا		
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
~~	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		<u>^</u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated		j	
	employees? If "Yes," complete Schedule J	23	_ [	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	[ ]	İ	
L	24b through 24d and complete Schedule K If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
·	to defease any tax-exempt bonds?	24c	ì	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
26	990-EZ? If "Yes," complete Schedule L, Part I	25b	-+	X
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	· }	Ì	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	resides h	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	3733	X
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>	200		<u> </u>
	Schedule L, Part IV	28b	_ ]	Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	-		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29	-+	<u>X</u> _
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-		<u> </u>
•	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32	$\dashv$	<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-3? If "Yes." complete Schedule R. Part I	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33	-	^
J+	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled		Ţ	_
	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	35b	$\dashv$	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	26	)	v
^-	organization? If "Yes," complete Schedule R, Part V, line 2	36	$\dashv$	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		-	
	VI	37	_	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u>x</u> ]	
		_	000 //	

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Pai	Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V		.	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	ı		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	7		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	"	^	
	Otal 1 Class of the contract o			
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 88 f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	-^-	
3a		-		
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:	]		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
<b>-</b> .	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		`	,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<u>.</u>
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		.	
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	1 1	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		[	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	seme us to the time to the total and the time to the t	14b		

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No	)"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		X
Sect	ion A. Governing Body and Management			T
1a	Enter the number of voting members of the governing body at the end of the tax year   1a	7	Yes	No
	If there are material differences in voting rights among members of the governing body, or	7		1
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	7		ŀ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	_X_	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		-	, "
•	the year by the following: The governme body?		~ <u>~</u> *	
a b	The governing body?	8a 8b	<u>X</u>	├─
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	90		$\vdash$
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C			
	The second of th		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		L
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	L
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	, , , , , , , , , , , , , , , , , , ,	12a	<u>X</u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u>X</u>	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	v	
40	describe in Schedule O how this was done	12c	X X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	â	
14 15	Did the organization have a written document retention and destruction policy?			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	X	
b	Other officers or key employees of the organization	15b	X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a				
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		L
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► AK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501)	c)(3)s	only)	<i>†</i>

available for public inspection. Indicate how you made these available. Check all that apply.

X Upon request Other (explain in Schedule O) X Another's website Own website

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records. 907-452-2293 Brenda Stanfill

		_						_		_		
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Part VII	Compensation of Officers, Dire	ctors, Truste	es, k	\ey	En	nple	oyee	s, ł	lighest Comp	ensated		
	Employees, and Independent C		•	•		•		•				
	Check if Schedule O contains a r	esponse or no	te to	an	y lin	ne ir	n this	Pa	art VII			
Section A.	Officers, Directors, Trustees, Key			_								
1a Complete organization's	this table for all persons required to be									ng with or within	the	,
-	of the organization's current officers,	directors truste	ac /u	vhet	hor	indi	ividus	ale e	v organizations)	regardless of a	mount	
of compensat	ion. Enter -0- in columns (D), (E), and	(F) if no compe	ensati	ion v	was	nai	id.	ais c	or Organizations)	, regardless of a	arriourit	
• List all	of the organization's current key emp	loyees, if any. S	ee ir	ıstru	ıctic	ns i	for de	efini	tion of "kev emp	lovee "		
<ul> <li>List the</li> </ul>	organization's five current highest co	ompensated em	ploye	es (	(oth	er tl	han a	n o	fficer, director, ti	rustee, or key er	nployee)	
	reportable compensation (Box 5 of Fo	orm W-2 and/or	Box	7 of	For	m 1	099-	MIS	C) of more than	\$100,000 from	the	
	and any related organizations.											
• List all 6	of the organization's former officers, I	cey employees,	and l	high	est	con	npens	sate	d employees wh	no received more	e than	
	eportable compensation from the orga		-		•	•						
Organization	of the organization's former directors	or trustees the	at rec	eive	ed, i	in th	ie cal	paci	ty as a former d	irector or trustee	e of the	
	more than \$10,000 of reportable com n the following order: individual trusted											
	employees, and former such persons		nsuu	Juor	ıaı ı	rust	ees;	Ome	cers; key erripios	rees, nignest		
	s box if neither the organization nor a		izoti.	<b></b> .			aataa	ı an	u aucront officer	director or true	too	
	o box in the title organization flor a	liy related organ	12011		_		Saleu	1 411	y current officer	, director, or trus		
			ĺ			C) sition						
	(A)	(B)			neck	more	e than :		(D)	(E)	(F	
	Name and Title	Average hours per					is both or/trus		Reportable compensation	Reportable compensation	Estimated amount of	
		week (list any		T	r =	<b>1</b>			from	from related	oth	er
		hours for related	dire divid	St E	Officer	ey e	nplo ghes	Former	the organization	organizations (W-2/1099-MISC)	compen from	
		organizations	ici ua	ğ		employee	ye 8	~	(W-2/1099-MISC)	,	organiz and re	
		below dotted line)	Individual trustee or director	=	İ	yee	l mpe	i			organiz	
			8	Institutional trustee			Highest compensated employee					
							E E					
(1) Aisha B	гау	2 00	1			ŀ						
<u>President</u>		0.00		_	X	<u>L</u>	<u> </u>					
(2) Kim Sw	·	3.00	1		١	ļ	Į					
Vice-Presiden		0 00		<u>.                                    </u>	X	_						
(3) Michelle	Chariton	2.00	4									
Secretary (4) Teresa	Lowe	0.00 2.00		╁╌	X	$\vdash$		├-				
Treasurer	Lowe	0.00	1		X							
	/es	1.00	_	t	Ť						<del>.</del>	
BOD Member		0.00	1	ļ	x		ĺ	ļ		_		_
(6) Ronnie		1.00										
Member at La		0.00			Х		L					
(7) Keith M	allard	1 00	Į									
BOD Member		0.00		<u> </u>	X	<u> </u>	Ļ	<u> </u>				
	Stanfill	50.00	1									
Ex Director		0.00	<u> </u>	$\vdash$	ļ	X	<u> </u>	<u> </u>	95,364			
. (9)		<b> </b> -	1		ĺ							
			<u> </u>	<del> </del>	ļ	₩	├	-		ļ	······	

(11)

(12)

(13)

	Interior Alaska Center for Non									92-006	
	art VII Section A. Officers, Directors, T	rustees, Key E	mplo	yee		ind C)	High	iest	Compensated	Employees (co	ntinued)
	(A) Name and title	(B) Average hours per	Position (do not check more than box, unless person is both officer and a director/fruit					h an	compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)							-				
(16)					-	ļ					
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											<del></del>
1b								<b>•</b>	95,364	0	C
c d 2	Total from continuation sheets to Part VII, 3  Total (add lines 1b and 1c)  Total number of individuals (including but not reportable compensation from the organization	imited to those		ab				ceiv	95,364 yed more than \$	0	C
3	Did the organization list any former officer, die employee on line 1a? If "Yes," complete Sche	ector, or trustee		em	plo	yee 	, or h	nigh	est compensate	d	Yes No
4	For any individual listed on line 1a, is the sum the organization and related organizations greindividual										4 X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "										5 X
	tion B. Independent Contractors									- 6400 000 - f	
1	Complete this table for your five highest comp compensation from the organization. Report c year.	ensated indepe ompensation fo	nden r the	t co cale	ntra enda	acto ar y	rs tha ear e	ndi	ng with or within	the organizatio	
	(A) Name and business add	ress							(B) Description of ser	vices C	(C) compensation
				_				<u> </u>			<u>C</u>
		<del></del>									
2	Total number of independent contractors (incl	uding but not lin	nited	to ti	nos	e lis	ted a	bo	ve) who received	1 .	C
	more than \$100,000 of compensation from the		<u> </u>				0				Form <b>990</b> (2015)
											- 1 Ultil 9 9 9 (2013

Statement of Revenue	Form 990 (2015) Interior Álaska Center for Non-Violent Living							92-0063639 Page			
Total revenue	Pai	rt VIII									
Total revenue   Revenue			Check if Schedule O contain	s a response or	note to any line	<del></del>			<u> L</u>		
Table   Tabl							Related or exempt function	Unrelated business	Revenue excluded from tax under sections		
A   Total Add lines 1a-1f	25 25	1a	Federated campaigns	1a	0						
A   Total Add lines 1a-1f	s, Grant Amount	b	Membership dues	1b	315						
A   Total Add lines 1a-1f		С	Fundraising events	1c	12,477						
A   Total Add lines 1a-1f	Gift lar	d	<u> </u>		0						
A   Total Add lines 1a-1f	ns, Simi	е			2,307,270			}			
A   Total Add lines 1a-1f	er S	f									
A   Total Add lines 1a-1f	휼										
A   Total Add lines 1a-1f	Con	g			57,004						
28 Related Rents		<u> h</u>	Total. Add lines 1a-1f	<u> </u>		2,540,673					
1   1   1   1   1   1   1   1   1   1	nue		5.1.15		Business Code						
1   1   1   1   1   1   1   1   1   1	eve										
1   1   1   1   1   1   1   1   1   1	e e										
1   1   1   1   1   1   1   1   1   1	چ		Mice Color						<del> </del> -		
1   1   1   1   1   1   1   1   1   1	Š										
1   1   1   1   1   1   1   1   1   1	jā.	f									
1   10   10   10   10   10   10   10	P	,									
Other similar amounts   Oth		3				040,023					
A   Income from investment of tax-exempt bond proceeds   C   Royalties			other similar amounts)	· · · · · · · · · · · ·		106					
Securities   O   O   O   O   O   O   O   O   O		4									
(i) Personal   (ii) Personal   (iii) P		5									
Description   Description		1	•		(II) Personal						
C Rental income or (loss)		6a	Gross rents								
Table   Tab		b	Less: rental expenses .								
Table   Gross amount from sales of assets other than inventory   0   0   0		С		0	0						
See		_	, , ,			0					
b Less cost or other basis and sales expenses   0   7,881     c Gain or (loss)   0   -7,881     d Net gain or (loss)		7a			(ii) Other						
and sales expenses .		] .	•	0	0						
C Gain or (loss)		b							,		
d Net gain or (loss)		_	<u>-</u>								
8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 a 0 b Less direct expenses b 0 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a 100,555 b Less direct expenses b 87,393 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 0 b Less: cost of goods sold b 0 c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code 11a 0 b 0 c All other revenue 0 e Total. Add lines 11a-11d		1				7 001					
See Part IV, line 19.  b Less direct expenses		<b>.</b>	iver gain or (loss)			-7,001	<del></del>				
See Part IV, line 19.  b Less direct expenses	ē	8a	Gross income from fundraising			1			;		
See Part IV, line 19.  b Less direct expenses	eur	""		o							
See Part IV, line 19.  b Less direct expenses	ě						•				
See Part IV, line 19.  b Less direct expenses	E .				o						
See Part IV, line 19.  b Less direct expenses	ţ	b	Less direct expenses	b	0						
See Part IV, line 19.       a       100,555         b Less direct expenses       b       87,393         c Net income or (loss) from gaming activities       13,162         10a Gross sales of inventory, less returns and allowances       a       0         b Less: cost of goods sold       b       0         c Net income or (loss) from sales of inventory       ▶       0         Miscellaneous Revenue       Business Code         11a       0         b       0         c       0         d All other revenue       0         e Total. Add lines 11a–11d       ▶	0	C	Net income or (loss) from fundra	ising events	<u>, , , , ,</u>	0					
b Less direct expenses b 87,393 c Net income or (loss) from gaming activities		9a							,		
c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances											
10a Gross sales of inventory, less returns and allowances		l .	•								
returns and allowances		1		g activities .	<u> ▶</u>	13,162					
b Less: cost of goods sold		10a		_							
c Net income or (loss) from sales of inventory ▶ 0         Miscellaneous Revenue       Business Code         11a       0         b       0         c       0         d All other revenue		١.			0						
Miscellaneous Revenue         Business Code           11a         0           b         0           c         0           d All other revenue         0           e Total. Add lines 11a–11d         ▶											
11a       0         b       0         c       0         d All other revenue       0         e Total. Add lines 11a–11d       ▶		<del></del>		or inventory .	Rusines Code	<u>_</u>		<u></u>			
b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		110			Busiless Code	. ,					
c         0           d All other revenue		l .									
d All other revenue		"						<del></del>			
e Total. Add lines 11a–11d		4					<del></del>				
		e			▶						
		12				3,186,683	0	0	0		

Pa	t X Statement of Functional Expenses	_ <del></del>			age (
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete a	Il columns. All othe	r organizations mu	st complete column	(A)
	Check if Schedule O contains a response or note	e to any line in this	Part IX		<u> </u>
-Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(c)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1			expenses	general expenses	expenses
٠	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	0	<del></del>		
-	individuals. See Part IV, line 22	اه			
3	Grants and other assistance to foreign		<del></del>		4
	organizations, foreign governments, and foreign				
	ındividuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0		,	
5	Compensation of current officers, directors,				
	trustees, and key employees	95,384		95,384	
6	Compensation not included above, to disqualified			33,33.	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,647,605	1,541,978	93,000	12,627
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) .	0			
9	Other employee benefits	207,976	168,861	36,095	3,020
10	Payroll taxes	144,130	126,680	16,295	1,155
11	Fees for services (non-employees).				
a	Management	0			
b	Legal	5,050	5,050		
С	Accounting	38,574	13,000	25,574	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0	ĝ, /		<del></del>
q	Investment management fees	0			
y	(A) amount, list line 11g expenses on Schedule O.)	ا		·	
12	Advertising and promotion	0 4,901	4 004		
13	Office expenses	7,072	4,901	7,072	
14	Information technology	7,072		7,012	
15	Royalties	0			
16	Occupancy	429,194	425,074	3,861	259
17	Travel	47,444	34,512	12,932	
18	Payments of travel or entertainment expenses		0.,0.2		
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	2,440		2,440	
20	Interest	8,948	8,948		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	356,181	347,836	8,34 <u>5</u>	0
23	Insurance	44,805	42,112	2,693	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If		1		l L
	line 24e amount exceeds 10% of line 25, column			ì	Ī
	(A) amount, list line 24e expenses on Schedule O.)	400.004		000	0.220
_	Program Supplies/Food	102,384	92,386	662	9,336
b	Equipment Purchase and Lease	9,840	9,840	_ <del></del>	
C	Consulting/Contractual	195,514	195,514		
d	Training All other expenses	17,159	17,159	2,477	
9 25	All other expenses	2,477	2 022 054	306,830	26,397
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e .	3,367,078	3,033,851	300,030	20,391
20	Joint costs. Complete this line only if the organization reported in column (B) joint costs	Ī			
	from a combined educational campaign and				
	fundraising solicitation. Check here	1	ļ		
	following SOP 98-2 (ASC 958-720)		1	1	

Form 990 (2015)
Part X

		Check if Schedule O contains a response	or note to any line in this Part X	<b>(.</b>		
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		588,460	1	454,326
	2	Savings and temporary cash investments		105,223		225,289
	3	Pledges and grants receivable, net		308,014		478,116
	4	Accounts receivable, net		0		0
	5	Loans and other receivables from current and	former officers, directors,			
		trustees, key employees, and highest comper	sated employees.			
	ł	Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pers	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	,		•	
		sponsoring organizations of section 501(c)(9) voluntary e	employees' beneficiary			
ets		organizations (see instructions). Complete Part II of Scho			6	
Assets	7	Notes and loans receivable, net		0	7	0
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		4,825	9	13,071
	10a	Land, buildings, and equipment: cost or		•		,
		other basis. Complete Part VI of Schedule D	10a 16,818,545			
	b	Less: accumulated depreciation	.,,,,,,,,	13,066,801	10c	12,768,071
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, Im	0	12	0	
	13	Investments—program-related See Part IV, lin	0	13	0	
	14	Intangible assets	0	14	0	
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must eq	ual line 34)	14,073,323	16	13,938,873
	17	Accounts payable and accrued expenses		205,739	17	293,946
	18		<u>L</u>		18	
	19	Deferred revenue	<u>L</u>	164,179	19	134,306
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete		21		
Liabilities	22	Loans and other payables to current and forme				,
Ħ		trustees, key employees, highest compensate		turnetustus surse museuppi energy per min e minerania		
iah		disqualified persons. Complete Part II of Scher			22	
_	23	Secured mortgages and notes payable to unre		228,389	23	216,000
	24	Unsecured notes and loans payable to unrelat		0	24	0
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on line	· · · · · · · · · · · · · · · · · · ·	_		
				0	25	0
	26	Total liabilities. Add lines 17 through 25		598,307	26	644,252
es		Organizations that follow SFAS 117 (ASC 9) complete lines 27 through 29, and lines 33				
SE SE	27	_		1,689,225	27	1,765,477
3a	28	Temporarily restricted net assets		11,785,791	28	11,529,144
P	29	Permanently restricted net assets	<del>}</del>	11,765,791	29	11,020,144
٦						,
s or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), complete lines 30 through 34.			,	
Net Assets	30	Capital stock or trust principal, or current funds		30		
<b>A</b> 88	31	Paid-in or capital surplus, or land, building, or	equipment fund		31	,
et/	32	Retained earnings, endowment, accumulated it			32	
Ž	33	Total net assets or fund balances		13,475,016	33	13,294,621
	34	Total liabilities and net assets/fund balances .		14,073,323	34	13,938,873

roiiii s	intenor Alaska Center for Non-Violent Living	92-	0003639	Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,186	5,683
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,367	7,078
3	Revenue less expenses. Subtract line 2 from line 1	3		-180	0,395
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	3,475	5,016
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1	3,294	<u> 4,621</u>
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				X.
				Yes	No
1	Accounting method used to prepare the Form 990:		_   .	,	, - "
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		*	-	. 51
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				~
	reviewed on a separate basis, consolidated basis, or both:		× "		, ,
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			,	
	separate basis, consolidated basis, or both:		- St.		
	X Separate basis Consolidated basis Both consolidated and separate basis		,	1	3 . "
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			. V. J.
Ū	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in	า			3
	Schedule O		•		5.3
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. <u>.                                   </u>	3b	Х	
			Form	990	(2015)

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047 2015

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Interior Alaska Center for Non-Violent Living 92-0063639										
Par	Organizations Maintaining Done	or Advised Funds or Other Similar Fu	nds or Accounts.							
	Complete if the organization answ	ered "Yes" on Form 990, Part IV, line 6.								
		(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year									
2	Aggregate value of contributions to (during year)									
3	Aggregate value of grants from (dunng year) .									
4	Aggregate value at end of year									
5	Did the organization inform all donors and d	onor advisors in writing that the assets held	in donor advised							
	funds are the organization's property, subject	ct to the organization's exclusive legal contro	ol?							
6	Did the organization inform all grantees, dor									
	used only for charitable purposes and not for	or the benefit of the donor or donor advisor, o	or for any other							
	purpose conferring impermissible private benefit?									
Par	Conservation Easements.	<del></del>								
	<del></del> -	ered "Yes" on Form 990, Part IV, line 7.								
1	Purpose(s) of conservation easements held									
•	Preservation of land for public use (e g , recr		of a historically important land area							
			* *							
	Protection of natural habitat	Preservation o	of a certified historic structure							
	Preservation of open space									
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribution	on in the form of a conservation							
	easement on the last day of the tax year.		Held at the End of the Tax Year							
а	Total number of conservation easements .		2a							
b	Total acreage restricted by conservation eas	sements	2b							
С	Number of conservation easements on a ce	rtified historic structure included in (a).	2c							
d	Number of conservation easements included	d in (c) acquired after 8/17/06, and not on a								
	historic structure listed in the National Regis		. 2d							
3	Number of conservation easements modified	d, transferred, released, extinguished, or teri	minated by the organization during							
	the tax year ▶									
4	Number of states where property subject to	conservation easement is located								
5	Does the organization have a written policy	regarding the periodic monitoring, inspection	n, handling of							
	violations, and enforcement of the conserva	tion easements it holds?	Yes No							
6	Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violations, and enforcing co	onservation easements during the year							
	<b>&gt;</b>									
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enforcing conser	vation easements during the year							
	▶ \$									
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(ı)							
9	In Part XIII, describe how the organization re	eports conservation easements in its revenue	e and expense statement, and							
	balance sheet, and include, if applicable, the	e text of the footnote to the organization's fine	ancial statements that describes							
	the organization's accounting for conservation	on easements.								
Par	Organizations Maintaining College	ections of Art, Historical Treasures, or	Other Similar Assets.							
	Complete if the organization answ	ered "Yes" on Form 990, Part IV, line 8.								
1a	If the organization elected, as permitted und	er SFAS 116 (ASC 958), not to report in its r	revenue statement and balance sheet							
	works of art, historical treasures, or other sir	milar assets held for public exhibition, educat	tion, or research in furtherance							
	of public service, provide, in Part XIII, the tex	of the footnote to its financial statements t	hat describes these items.							
b	If the organization elected, as permitted und	er SEAS 116 (ASC 958), to report in its reve	nue statement and balance sheet							
	works of art historical treasures or other sir	milar assets held for public exhibition, educat	tion, or research in furtherance							
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:									
	(i) Revenue included on Form 990, Part VIII		<b>▶</b> \$							
	(ii) Assets included in Form 990, Part X	, une contraction of the contraction of	<b>▶</b> \$							
2	If the organization received or held works of	art historical traceures or other similar ass	ets for financial gain, provide the							
2	in the organization received or nelo works of	art, motorical treadures, or other stimul about	itame:							
_	following amounts required to be reported up									
a	Revenue included on Form 990, Part VIII, lir									
b	Assets included in Form 990, Part X	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>							

		2015 Interior Alaska Ce						92-00636		Page 2
Par		nizations Maintaining	Collections of	Art, Histo	rical Tre	asures, or	Other Simi	lar Assets (	continue	⊋d)
3	Using the or	rganization's acquisition,	accession, and o	ther records	s, check a	any of the foll	owing that a	re a significar	nt use of	its
	$\overline{}$	ems (check all that apply)	).	_	1					
а	=	exhibition		d <u> </u>	Loan	or exchange	programs			
þ	=	arly research		e	Other				·	
С		ervation for future general								
4	Provide a de XIII.	escription of the organiza	tion's collections	and explain	how they	further the o	organization'	s exempt pur	pose in F	oart .
5	During the y assets to be	rear, did the organization e sold to raise funds rathe	solicit or receive er than to be main	donations o tained as p	of art, hist art of the	orical treasur organization'	es, or other s collection?	sımilar ?	Yes	☐ No
Part	Com	ow and Custodial Arr plete if the organization Part X, line 21		s" on Form	990, Pa	rt IV, line 9,	or reported	d an amount	on Forr	'n
1a		ization an agent, trustee,	custodian or othe	er intermedi	iary for co	ontributions o	r other asse	ts not		
b	included on	Form 990, Part X?							Yes	No No
		Ŭ						An	nount	
C	Beginning b	alance					1c			0
d							1d			
e		s during the year					1e			
f	Ending bala						1f	<del></del>		0
2a	Did the orga	ınization include an amοι	ınt on Form 990,	Part X, line	21, for es	scrow or cust	odial accour	nt liability?	Yes	X No
_ b	If "Yes," exp	lain the arrangement in F	Part XIII. Check he	ere if the ex	planation	has been pr	ovided on Pa	art XIII		
Part	V Endo	wment Funds.								
	Com	plete if the organization	answered "Yes	" on Form	990, Pa	rt IV, line 10				
			(a) Current year	(b) Pri	or year	(c) Two years	back (d) Ti	ree years back	(e) Four	years back
1a		f year balance		0	0	<u> </u>	0	0		0
b	Contribution									
С		ent earnings, gains,								
	and losses .		ļ		<del></del>					
d		cholarships		<del> </del>						
е	•	ditures for facilities						ĺ		
•	and program	ve expenses								
'n		balance					0			0
2	•	estimated percentage of	the current year e	<u> </u>		L				<del>_</del>
a		nated or quasi-endowme		%	, (m.10 .g,	30.2 (a), .	10.0 00			
b	Permanent e	•	%							
С	Temporarily	restricted endowment		%						
	The percent	ages on lines 2a, 2b, and	l 2c should equal	100%.						
3a	Are there en	dowment funds not in the	e possession of th	ne organiza	tion that a	are held and a	administered	for the		
	organization	-						r		es No
		ated organizations							3a(i)	
_		d organizations							3a(ii)	
b		ne 3a(iı), are the related	•	-				· · · · 1	3b	
4		Part XIII the intended use		tion's endo	wment fur	nds.				
Part		, Buildings, and Equi plete if the organization		" on Form	990 Pa	rt IV line 11	a See For	m 990 Part	X line 1	10
		escription of property	(a) Cost or	other basis tment)	(b) Co	ost or other is (other)	(c) Accun	nulated	(d) Book	
1a	Land			0		451,388				451,388
b			· · · · · · · · · · · · · · · · · · ·	0		15,904,462		3,706,669	1;	2,197,793
C	_	mprovements		0		0		0		0
ď		·		462,695		0		343,805		118,890
e_		<u> </u>		0	<u> </u>	0		0		0
Tota	I. Add lines 1	a through 1e. (Column (d	) must equal For	n 990, Part	X, colum	n (B), line 10	c.) <u></u>	, ▶	_	2,768,071
			· ·					Sched	lule D (For	m 990) 2015

Part VII	Investments—Other Securiti			- 12 0000000
	Complete if the organization a	nswered "Yes" on Form 9		
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
(1) Financial	derivatives			
	eld equity interests		ol	
(3) Other	•••••			
( <u>A</u> )				
(B)	• • • • • • • • • • • • • • • • • • • •			
{Ĉ}		<u></u>		
(D)		<del></del>	<del> </del>	
<b>/</b> \			<del> </del>	
		<del> </del>	<del>                                     </del>	<del></del>
(G)		<del></del>	<del> </del>	
Total (Column (b) )	must equal Form 990, Part X, col (B) line 12)	<u> </u>		· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments—Program Rela	<del></del>	<u> </u>	<u> </u>
r art viii	Complete if the organization a		00 Part IV line 11c See For	m 000 Part Y line 13
			(c) Method of v	<del></del>
	(a) Description of investment	(b) Book value	Cost or end-of-year	
(1)		<del>                                     </del>		
(2)				
(3)				
_ (4)				
(5)				
(6)				
(7)				
(8)				
(9)		<del> </del>		
	must equal Form 990, Part X, col (B) line 13 )			
Part IX	Other Assets.		00 Ded D. E. 444 Oc. F.	000 Dart V line 15
	Complete if the organization ar		90, Paπ IV, line 11d. See For	(b) Book value
<u></u>		(a) Description		(b) Book Value
<u>(1)</u> <u>(2)</u>				
(3)				
(4)				<del></del>
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X,	col (B) line 15.)	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
Part X	Other Liabilities.			
	Complete if the organization ar	nswered "Yes" on Form 99	90, Part IV, line 11e or 11f. So	ee Form 990, Part X,
	line 25.	· · · · · · · · · · · · · · · · · · ·		
1.	(a) Description of liability	(b) Book value		
	income taxes		<u> </u>	
(2) HSA Pay	yable	<del> </del>	4	
			4	
(4)			1	
(5)		<del> </del>	1	
(6)		<del> </del>	4	
		<del> </del>	†	
(8)		<del>                                     </del>	1	
(9)	nust equal Form 990, Part X, col (B) line 25)	<del>                                     </del>	<u> </u>	
	uncertain tax positions. In Part XIII, provi	ide the text of the footnote to th	e organization's financial statement	s that reports the
organization's	liability for uncertain tax positions under	FIN 48 (ASC 740), Check here	if the text of the footnote has been	provided in Part XIII
3.34	The second secon			<u> </u>

Scried	ule D (Form 990) 2015 Interior Alaska Center for Non-Violent Living	92-0063639	Page 4
Par		per Return.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<del></del>	
2	Total revenue, gains, and other support per audited financial statements	1	3,194,564
² a	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a b	Net unrealized gains (losses) on investments		
c	Donated services and use of facilities	· ]	
d	Other (Describe in Part XIII )	<del>-  </del>	
e	Add lines 2a through 2d	2e	n
3	Subtract line 2e from line 1	3	3,194,564
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<u> </u>	3,134,304
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b		781	
C	Add lines 4a and 4b		-7,781
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		3,186,783
Part			0,100,100
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	o poi rictarii.	
1	Total expenses and losses per audited financial statements	1	3,374,959
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		0,01.1,000
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
ď	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,374,959
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	7 7 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b		781	
C	Add lines 4a and 4b	. 4c	7,781
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,382,740
Part	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and		, Part X, line
2, Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	ınformation	
. <b></b> .			
. <b></b>			
· ·			
<b></b> -			

#### SCHEDULE G (Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

organization entered more than \$15,000 on Form 990-E∠, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name o	of the organization					Employer identificat	on number
Interio	or Alaska Center for Non-Violent Liv					92-00	
Par	Fundraising Activities. Co	•	-		ed "Yes" on Form	990, Part IV, line	17.
1	Form 990-EZ filers are not Indicate whether the organization				ving activities. Chec	ck all that apply	
a	X Mail solicitations	aiseu iulius (ili			of non-government		
b	Internet and email solicitations		=		of government gran	-	
	Phone solicitations		=		Iraising events	ııs	
C	=		y 🔼 s	peciai iunu	raising events		
d	X In-person solicitations				1.01 11 00		
2a	Did the organization have a writter key employees listed in Form 990,						s or Yes X No
b	If "Yes," list the ten highest paid in to be compensated at least \$5,000	dividuals or ent	ities (fundr		•		fundraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1					_		
			1	<del> </del>	0	0	0
					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6							
7	<del></del>	<u> </u>		1	0	0	0
8			<del> </del>		0	0	0
					0	0	0
9					0	0	0
10					0	0	0
Tatal					0	0	0
Total 3	List all states in which the organiza	ation is registere	ed or licens	sed to solic			
	registration or licensing.	J					
<u>AK</u>							
				. <b></b>			
				·			
<b>-</b>							

	rt II	Fundraising Events. (	terior Alaska Center for Complete if the organia	zation answered "Yes" or tributions and gross inco	Form 990, Part IV, li	92-0063639 Page 2 ine 18, or reported
		events with gross rece			ine on Form 990-EZ	, lilles i aliu ob. List
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
е			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts			0	0
۳	2	Less. Contributions .			0	0
	3	Gross income (line 1				
		minus line 2)			0	0
	4	Cash prizes			0	0
ဂ္	5	Noncash prizes			0	0
euse	6	Rent/facility costs			0	0
Direct Expenses	7	Food and beverages			0	0
Oire	8	Entertainment			o	0
	9	Other direct expenses			0	0
	10	Direct company comments Adv				
- 1	11	Net income summary Subtra	d lines 4 through 9 in co ct line 10 from line 3, co	olumn (d)		( <u>0)</u>
Pa		Net income summary Subtrace Gaming. Complete if the	ct line 10 from line 3, co le organization answe	olumn (d) olumn (d) ored "Yes" on Form 990, f	<b>&gt;</b>	0
	11	Net income summary Subtra	ct line 10 from line 3, co le organization answe	<u>olumn (d)</u>	<b>&gt;</b>	0
_	11 rt III	Net income summary Subtraction  Gaming. Complete if the than \$15,000 on Form	ct line 10 from line 3, co le organization answe 990-EZ, line 6a.	olumn (d)	on the second s	orted more  (d) Total gaming (add col (a) through col (c))
_	11	Net income summary Subtrace Gaming. Complete if the	ct line 10 from line 3, co le organization answe 990-EZ, line 6a.	olumn (d)	on the second s	orted more  (d) Total gaming (add
nses Kevenue	11 rt III	Net income summary Subtraction  Gaming. Complete if the than \$15,000 on Form	ct line 10 from line 3, co le organization answe 990-EZ, line 6a.	olumn (d)	on the second s	orted more  (d) Total gaming (add col (a) through col (c))
nses Kevenue	11	Net income summary Subtraction  Gaming. Complete if the than \$15,000 on Form  Gross revenue.	ct line 10 from line 3, co le organization answe 990-EZ, line 6a.	olumn (d)	on the second s	orted more  (d) Total gaming (add col (a) through col (c))  100,555
nses Revenue	11 rt     1 2	Net income summary Subtraction  Gaming. Complete if the than \$15,000 on Form  Gross revenue.  Cash prizes	ct line 10 from line 3, co le organization answe 990-EZ, line 6a.	olumn (d)	on the second s	orted more  (d) Total gaming (add col (a) through col (c))  100,555
nses Kevenue	11 rt III 2 3	Net income summary Subtraction  Gaming. Complete if the than \$15,000 on Form  Gross revenue	ct line 10 from line 3, co le organization answe 990-EZ, line 6a.	olumn (d)	on the second s	orted more  (d) Total gaming (add col (a) through col (c))  100,555  81,932
Revenue	11 12 3 4	Gross revenue	ct line 10 from line 3, co le organization answe 990-EZ, line 6a.	olumn (d)	on the second s	0 orted more  (d) Total gaming (add col (a) through col (c))  100,555  81,932  0
nses Kevenue	11 1 2 3 4 5	Gross revenue	ct line 10 from line 3, cc le organization answe 990-EZ, line 6a.  (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	Co) Other gaming  Yes %  No	0 orted more  (d) Total gaming (add col (a) through col (c))  100,555  81,932  0  5,461
nses Kevenue	11 1 2 3 4 5 6	Gross revenue	ct line 10 from line 3, code organization answer 990-EZ, line 6a.  (a) Bingo  Yes %  No  I lines 2 through 5 in code	(b) Pull tabs/instant	Co) Other gaming  Yes %  No	0 orted more  (d) Total gaming (add col (a) through col (c))  100,555  81,932  0

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . Yes X No b If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2015 Interior Alaska Center for Non-Violent Living	<u>92</u>	<u>-0063639</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	X No
13	Indicate the percentage of gaming activity conducted in:			
a b	The organization's facility	13a		<u>%</u>
14	An outside facility	<u>13b</u> s		100 00%
	Name ► Brenda Stanfill			
	Address ► 726 26th Avenue, Suite 1 Fairbanks, AK 99701	- <b></b>		<b>-</b>
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		X Yes	☐ No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 13,162 and the amount of gaming revenue retained by the third party ▶ \$ 5,461 .  If "Yes," enter name and address of the third party:			
	Name ► Boom Town Grill & Bar	<b></b> .	· <b></b> -	
	Address ► 537 Gaffney Road Fairbanks, AK 99701	- <b></b> -		<b>-</b>
16	Gaming manager information			
	Name ► Brenda Stanfill	. <b></b> .		
	Gaming manager compensation ► \$0			
	Description of services provided ► Pick up and Deliver Pulltabs			
	X Director/officer Employee Independent contractor			
17 a b	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year   \$\$\$		X Yes	No 10,954
Part				1
				• • • • • • • • • • • • • • • • • • • •
			·	
			. <b></b>	
		· ·		

Schedule G (Form 990 or 990-EZ) 2015

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Open To Public Inspection Employer identification number

	nor Alaska Center for Non-Violent Living 92-0063639							
Pai	Types of Property			· · <del></del>				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash c		erminir	-
1	Art-Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods		-					
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous .							
13	Qualified conservation	}						
	contribution—Historic	1						
	structures							
14	Qualified conservation	1 1						
	contribution—Other	<u> </u>	<del></del>					
15	Real estate—Residential		<del></del>					
16	Real estate—Commercial .	<b> </b>	<del></del>					
17	Real estate—Other	<u> </u>						
18	Collectibles	<u> </u>						
19	Food inventory	X	48	3,609				
20	Drugs and medical supplies	<b>_</b>						
21	Taxidermy	<u> </u>						
22	Historical artifacts	<b> </b>						
23	Scientific specimens	<u> </u>						
24	Archeological artifacts	<b> </b>				· .		
25	Other ▶ (See Statement )	<del>  </del>	0					
26	Other ► ()	<del></del>	0		<del></del>			
27	Other ► (	<b></b>	0					
28 29	Other ► ( ) Number of Forms 8283 received				<del></del>			
23	which the organization completed				29			
	which the organization completed	11 01111 0200	o, raitiv, Dollee Actiowie	agement			Yes	No
30a	During the year, did the organizat	ion receive	hy contribution any proper	ty reported in Part I lines 1	through			
Jua	28, that it must hold for at least th					<b>1</b>		,
	to be used for exempt purposes for	•				30a		X
ь	If "Yes," describe the arrangemen		, moraling posters		,	1		
31	Does the organization have a gift		a nolicy that requires the re	view of any non-standard				
01	contributions?					31	1	<b>X</b>
32a	Does the organization hire or use					<u> </u>		
	noncash contributions?					32a		Х
h	If "Yes," describe in Part II.					<u> </u>		
33	If the organization did not report a	an amount i	n column (c) for a type of n	roperty for which column (a	ı) is			
	checked describe in Part II		ii salainii (a) iai a typo ai p		,			

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Interior Alaska Center for Non-Violent Living	92-0063639
Form 990, Part III, Line 4d: Program Service Expenses: 114,194, Grants and allocations:	
100,940, Revenue 13,254 Provide Other Services for Victims of Domestic Violence/Sexual	
Assault Provide Batterer's Programs for Perpetrators of Domestic Violence	
Form 990, Part III, Line 4d: Program Service Expenses: 325,346, Grants and allocations:	
201,582, Revenue: 24,308 'Provide Permanent Supportive Housing for 15 Families	
Form 990, Part III, Line 4d: Program Service Expenses: 146,248, Grants and allocations:	
87,824, Revenue: 0 Supervised Visitation for Families experiencing domestic violence	
Form 990, Part III, Line 4d: Program Service Expenses: 308,834, Grants and allocations:	
308,834, Revenue: 0 Coalition Work to address Prevention activities in the area of Suicide;	
substance abuse, and homelessness. Also to address the issue of offenders leaving jail and	
re-entering the community.	
Form 990, Part VI, Section Section B, Line Line 12: The agency has a standard agenda item at	
each board meeting where any potential conflicts of interested are disclosed at teh beginning	
of the meeting. A decision is made about how the conflict will be handled prior to addressing	
the agenda item. Any potential conflicts are documented in the board meeting minutes with the	
corresponding decision on how the conflict would be handled. Once a year any issues that coul	d
give rise to having the appearance of a conflict is fully disclosed to the Board and	
documented in the Board Minutes.	
Form 990, Part VI, Section Section B, Line Line 11: The Executive Director prepares the Form	
990 and supporting forms. This is distributed by email to the Board Members in a Pdf format	
for their review and feedback prior to submission.	
Form 990, Part VI, Section Section B, Line Line 15: The agency has a policy regarding ensuring	J
the salaries of all executives and key employees are within the range of the same type in the	
local area. To ensure this, the treasurer gathers comparative data from Form 990's of other	
local organization the same size as the agency and presents to the Board of Directors prior to	
contract negotiations with the Executive Director. For key employees where information cannot	

Scriedule O (FOITI 990 0) 990-EZ) (2019)	P	<u>age 2</u>
Name of the organization Interior Alaska Center for Non-Violent Living	Employer identification number 92-0063639	
be found on the Form 990's, the State of Alaska statewide wage summary is used based upon		
25th percentile and wages are set by the Board of Directors.		
Form 990, Part XII, Line Line 2C: The agency Board of Directors assumes responsibility for the	:	
oversight of the audit and the entire Board decides what independent auditing firm will do the		
audit in compliance with the procurement standards of the access.		
***************************************		
***************************************		
•	·	
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		••••
		<b>-</b>
		•