	000 T	Exer	mpt Organization I				turn	ON	MB No. 1545-0687	
For	, 990- <del>, ,</del>	/r	(and proxy tax			\- <i>//</i>	706		904C	
مت		For calend	lar year 2016 or other tax year beginn	ning	7/1/2016 , and	ending <u>6/30/2</u>	2017	4	2016	
Don	partment of the Treasury	) / ► Info	rmation about Form 990-T and its	instructions	s is available at ww	v.irs.gov/form99	Ot.	0.00	n to Public Inspectio	
Inte	rnal Revenue Service		enter SSN numbers on this form as						c)(3) Organizations (	
	Check box if		Name of organization ( Check	box if name	changed and see inst	ructions)			ntification numbe	er
<u></u> В	Exempt under section		Interior Alaska Center for No	n-Violent I	Livina	,	(Emplo	yees: trus	st, see instructions)	
_	X 501 ( C 103 )	1	Number street and room or suite no					92-0	063639	
	408(e) 220(	Print	706 O6th Avenue Suite 1				E Unrel		siness activity co	des
	408A 530	_ U	Cub. and Annual	State		P code	(See in	structions	s)	
	= -	<sup>a)</sup> Type	Fairbanks	AK	Q	9701				
	529(a)		Foreign country name		ovince/state/county For				i	
				٠.	•		900	099		
c	Book value of all assets a	F Grou	up exemption number (See ins	structions.	<u> </u>					
	end of year 13 754 1	G Che	ck organization type $\blacktriangleright X$ 5	01(c) corp	oration 501	(c) trust	401(a) 1	rust	Other trus	st
Н			imary unrelated business activ	•		na	_			
Ť			oration a subsidiary in an affiliated				ıp?		Yes X	No
•	If "Yes." enter the na	me and iden	tifying number of the parent corpo	oration.▶	a paroni ouronam,				ر کے ۱۹۰۰ کے	
J	The books are in c		Brenda Stanfill		Teleph	one number I	907-	452-2	293	
			Business Income		(A) Income		penses		(C) Net	
1	a Gross receipts or		17,902			ichardist.	KAR		254200	~
	<b>b</b> Less returns and allo	_	c Balance	▶ 1c	17,902	THE STATE OF			2. 罗物军 19	
2		_	e A, line 7)		3,494	10000	<b>建筑数</b>	K.		-
3			from line 1c		14,408	Web party.			14,408	_
			ach Schedule D)		,			~ <u>(</u>		
			rt II, line 17) (attach Form 4797)			ストの経済を				
			ısts			ع باد الله الله الله الله الله الله الله ال	7/4			
5			id S corporations (attach statement).			" T. C. C.	F 4" 1,2 1			
ε		•							1	
7	<ul> <li>Unrelated debt-fi</li> </ul>	nanced inco	ome (Schedule E)	7						
8	Interest, annuities, roya	lties, and rents	from controlled organizations (Schedule F	E) <b>8</b>						_
9	Investment income of a	section 501(c)(	(7), (9), or (17) organization (Schedule G)							_
<i>ુ</i> ્રા(			ome (Schedule I)					_		
<u>.</u> ∂11			le J)							
<u>ڪ</u> 12	•		ons, attach schedule)	_			× 23,2 4			_
13			ıgh 12		14,408		<u>0 </u>		14,408	_
jeli			cen Elsewhere (See instruc				Except	or cor	ntributions,	
ý <u>—</u>			directly connected with the u				<del>-</del> 14	4	5,644	
, 14	Compensation of	officers, ai	rectors, and trustees (Schedul	le K)		9				_
15	Salaries and wag	jes			1 0 0		· · H	<u>5</u>	2,805	_
- 10	Repairs and mai	ntenance .					· · ·   -	7		-
17 18	Bad debts			$\cdots$ .			· ·   -	8		_
19	Tayor and licens	onedule) .		(	J. G		· ·   -	9	871	_
20	Charitable contri	outions (Se	e instructions for limitation rule					0		_
21			562)				ı' '			
22	l ess depreciation	claimed o	n Schedule A and elsewhere of	on return	22a		2	2b		
23								3		
24			mpensation plans				_	4		_
25								5	1,886	
26			schedule I)					26		_
27	· ·		chedule J)				_	7		_
28			nedule)				2	8	2,258	
29	Total deduction	s. Add lines	s 14 through 28				2	9	13,464	
30	Unrelated busined	ss taxable i	income before net operating lo	ss deduc	tion. Subtract line	29 from line	13 <u>  3</u>	0	944	
31			n (limited to the amount on line					11		
32	2 Unrelated busine	ss taxable i	income before specific deduct	ion. Subtr	act line 31 from li	ne 30 .   .   .	ئ ، ، ،	2	944	
33			ly \$1,000, but see line 33 instr				· ·   <u>3</u>	3	944	_
34			e income. Subtract line 33 fro							
			or line 32		<u> </u>	<u></u>	]3	34	0	
Fo	r Paperwork Reductio	n Act Notice	see instructions.						Form 990-T (	201

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Form	990-T	(2016	ŝ١

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Page 2

<b>∂</b> Par <sub>i</sub> t	<b>Ⅲ</b> T	ax Computation					<del> </del>	_		
35		ations Taxable as Corporations. See ir			ontrolled group					
		s (sections 1561 and 1563) check here				9				
а		ur share of the \$50,000, \$25,000, and \$9,		ackets	(in that order).	ļ	water to the same of the same			
	(1) \$	(2)	(3)				1,50		-	
b	Enter org	anization's share of (1) Additional 5% ta	x (not more than \$11,750) .	. \\$						
	(2) Addıti	onal 3% tax (not more than \$100,000) .		. \$						
С	Income t	ax on the amount on line 34				<b>•</b>	35c			
36	Trusts T	axable at Trust Rates. See instructions	for ta <u>x c</u> omputation. Income	e tax or	n the		Lange San /			
	amount o	on line 34 from: Tax rate schedule	or Schedule D (Form	า 1041)		▶ [	36			
37	Proxy ta	x. See instructions				<b>•</b>	37			
38	Alternativ	ve minimum tax				. [	38			
39	Tax on I	Ion-Compliant Facility Income. See ins	tructions			. [	39			
40	Total. A	dd lines 37, 38 and 39 to line 35c or 36, w	hichever applies	<u> </u>	<u> </u>		40		0	
Part	IV T	ax and Payments								
41 a	Foreign	ax credit (corporations attach Form 1118	; trusts attach Form 1116)	41a						
b	Other cr	edits (see instructions)		41b			1			
c	General	business credit. Attach Form 3800 (see ii	nstructions)	41c			÷ -			
d	Credit fo	r prior year minimum tax (attach Form 88	01 or 8827)	41d						
е	Total cre	edits. Add lines 41a through 41d					41e		0	
42	Subtract	line 41e from line 40	<u>.</u> <u></u>	<u>.                                  </u>		. [	42		0	
43	Other taxe	s. Check if from Form 4255 Form 8611	Form 8697 Form 8866		Other (attach schedu	ıle)	43			
44	Total tax	c. Add lines 42 and 43				. [	44		0	
45 a	Paymen	s. A 2015 overpayment credited to 2016		45a						
b	2016 est	ımated tax payments		45b			*			1
C		osited with Form 8868		45c			,			
d		organizations: Tax paid or withheld at sou		45d			-*			
е		withholding (see instructions)		45e						
f	Credit fo	r small employer health <u>insu</u> rance premit		45f						
g	Other cr	edits and payments Form 2439	· ·				Ų.			
	Form	1 4136 Other	Total ▶	45g	0					
46		yments. Add lines 45a through 45g					46		0	
47	Estimate	d tax penalty (see instructions). Check if	Form 2220 is attached		►	╜╵	47			<u> </u>
48	Tax due	. If line 46 is less than the total of lines 44	l and 47, enter amount owe	ed		.▶	48		0	
49		ment. If line 46 is larger than the total of		unt ove	erpaid	▶	49		0	-
50		amount of line 49 you want. Credited to 2017	-		Refunded	<u> </u>	50		0	<u> </u>
Part	V St	atements Regarding Certain Activit	ies and Other Informat	ion (se	ee instructions)					
51	At any ti	me during the 2016 calendar year, did the	e organization have an inter	rest in i	or a signature o	r othe	er authorit	y	Yes	No
	over a fi	nancial account (bank, securities, or othe	r) in a foreign country? If YI	ES, the	organization m	ay ha	eve to file		``	
	FinCEN	Form 114, Report of Foreign Bank and F	inancial Accounts. If YES, e	enter th	ne name of the f	oreig	n country			
	here 🕨					_,,_				X
52	_	e tax year, did the organization receive a distr	_	ntor of, (	or transferor to, a	foreig	n trust? .			X
		ee instructions for other forms the organi							P	
_53	Enter the	amount of tax-exempt interest received	or accrued during the tax y	ear 🔼	\$					
	and d	r penalties of perjury, I declare that I have examined this retur omglete Declaration of preparer:(other than taxpayer) is bas				ny know	reage and bei	iet, it is true	e, correc	ÇI,
Sigr	1   1		1/1.10				May the IRS			
Here   S//8/18   Executive Director   the preparer shinstructions)?									No	
	Sig	nature of officer	Date Title						<u> </u>	1
Paid		Print/Type preparer's name	Preparer's signature		Date	Chec	ok ☐ ıf	PTIN		
			SELF-PREPARED RETUR	RN			employed			
_	oarer	Firm's name				Firm's	EIN ▶			
use	Only	Firm's address				Phone	e no.			

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Form	990-T	(201	6)

Interior Alaska Center for Non-Violent Living

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Schedule A—Cost of Goo	ds Sold. Ente	er method	of invento	ry valuation	on 🕨					
1 Inventory at beginning o	fyear .	1				tory at en	d of year	6		
2 Purchases		2	3,494	7	Cost	of goods	sold. Subtract	1		
3 Cost of labor		3			line 6	from line	<ol><li>Enter here</li></ol>	Mark .		l
4 a Additional section 263A	costs				and ir	n Part I, Iii	ne 2	7	3,494	<u> </u>
(attach schedule)		4a		8	Do th	e rules of	section 263A (wi	th respect to	Yes	No
<b>b</b> Other costs (attach sche	edule) .	4b					ced or acquired for			
5 Total. Add lines 1 through		5	3,494		apply	to the org	ganization?	<u> </u>	L	Х
Schedule C—Rent Income	e (From Real	<b>Property</b>	and Perso	onal Pro <sub>l</sub>	perty	Leased	l With Real Pro	perty)		
(see instructions)										
1. Description of property										
(1)										
(2)										
(3)										
(4)	<del></del>									
	2. Rent rece	ived or accrue	<u>d</u>							
(a) From personal property (if the personal property is more than			From real and p				3(a) Deductions di	rectly connected ) and 2(b) (attac		
more than 50%)			or if the rent is b					,(-, (		
(1)										
(2)		<u> </u>								
(3)										
(4)										
Total	(	0 Total				0	(b) Total deduct	ione		
(c) Total income. Add totals of co	lumns 2(a) and 2	2(b). Enter					Enter here and o			
here and on page 1, Part I, line 6,	column (A)	<u>.</u> ▶				0				0
Schedule E-Unrelated De	ebt-Financed	Income	(see instruc	tions)						
				income from	ar	3. [	Deductions directly con		locable	
1. Description of debt	-financed property			o debt-financ			to debt-finance			
·	, ,			roperty	1		line depreciation h schedule)	(b) Other deductions (attach schedule)		
(1)					$\dashv$	- tattac	II scriedule)	\altacii	scriedale)	
(2)					_					
(3)			<del>-  </del>		+					
(4)					+					
4. Amount of average	5. Average a	duisted hasis	<del></del>		$\dashv$				<del></del>	
acquisition debt on or		cable to		Column		7. Gross in	come reportable		e deductions	
allocable to debt-financed		ed property	,	divided column 5	- 1	(column	2 × column 6)	(column 6 × 1	otal of colun nd 3(b))	nns
property (attach schedule)	(attach s	chedule)			_					
(1)					%		0			0
(2)					%		0			0
(3)					%		0			0
(4)	<u> </u>				%		0			0
							and on page 1, 7, column (A).	Enter here a		
Totals				1	▶		0			0
Total dividends-received deduct	tions included in	column 8					•			

Schedule F-Interest, Annuit	ies, Royalties, a			Organizations	nizations (see	instruction	)r1S)	
Name of controlled organization	2. Employer Identification number	3. Net unrelated income (loss) (see instructions		4. Total of specifie payments made	d 5. Part of column included in the organization's gi	controlling	conne	eductions directly ected with income in column 5
(1)								
(2)							<u> </u>	
(3)				<del>                                      </del>				
(4)		L	<u> </u>	<u> </u>			<u> </u>	
Nonexempt Controlled Organization	ons		1					
7. Taxable Income	8. Net unrelated (loss) (see instru		1	Fotal of specified ayments made	10. Part of colui included in the organization's gi	controlling	connec	eductions directly cted with income in column 10
(1)								
(2)								
(3)								
(4)	<u> </u>						<u> </u>	
Totals	<u> </u>		· · · ·	<u> </u>	Add columns Enter here and Part I, line 8, c	on page 1, olumn (A). 0	Enter h	columns 6 and 11 here and on page 1, line 8, column (B).
Schedule G-Investment Inc	ome of a Section	on 501(c			<b>ion</b> (see instru	ctions)		
1. Description of income	2. Amount of	ncome	direc	Deductions ctly connected ach schedule)	4. Set-asides (attach schedule)		and se	tal deductions it-asides (col. 3 lus col. 4)
(1)								0
(2)								0
(4)		<u> </u>	ļ					0
Totals	Enter here and of Part I, line 9, col	umn (A). 0		dvertising Inco		Pa		e and on page 1, e 9, column (B). 0
1. Description of exploited activity	2. Gross unrelated business incor from trade o business	me conn r prod r ur	expenses directly nected with duction of nrelated ess 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	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)				0				0
(2)				0				0
(3)				0				0
(4)				0				0
Totals	Enter here and page 1, Part line 10, col. (A	l, page	here and on e 1, Part I, I0, col. (B).		21			Enter here and on page 1, Part II, line 26
Schedule J—Advertising Inco	me (see instructi							
Part I Income From Peri			Consolida	ted Rasis				
Faitt income From Fen	duicais neporti	Ju on a t	Consolida			<del></del>		
1. Name of periodical	2. Gross advertising income		. Direct rtising costs	4. Advertising gain or (loss) (col 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income			7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				and the state of t				
				· ·				i
(2)								i
(2) (3)				_				1
(2)								

	JONE OCHICI IOI I			P 10 .	52 000000	·	
Part II Income From Periodic	•	-	Basis (For each	periodical listed	in Part II, fill	in	
columns 2 through 7 on	<u>a line-by-line b</u>	asis.)		<u> </u>			
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, 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			0	
(4)			0			0	
Totals from Part I ▶	0	0	Services of the services	Victorial Control	Fig. 1	0	
page 1, Part I, line 11, col. (A)		Enter here and on page 1, Part I, line 11, col (B).	<b>*</b>				
Totals, Part II (lines 1-5) ▶	0	0	-4 10000 70 3 1 1		4 4	0	
Schedule K—Compensation of C	Officers, Direct	ors, and Trus	tees (see instruction				
1. Name		2. Title	3. Percent of time devoted to business		ensation attributable to irelated business		
(1) Brenda Stanfill	Executive Di	irector	4.20	%	5,644		
(2)				_	%		
(3)				1 -	%		
(4)					%		
Total. Enter here and on page 1, Part II, lin	e 14				<b>&gt;</b>	5,644	

Form **990-T** (2016)