

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning 7/1/2019 and ending 6/30/2020

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed
B Exempt under section
[X] 501 (C) 413
408(e) 220(e)
408A 530(a)
529(a)

Name of organization () Check box if name changed and see instructions)
Interior Alaska Center for Non-Violent Living
Number, street, and room or suite no If a P O box, see instructions
726 26th Avenue, Suite 1
City or town State ZIP code
Fairbanks AK 99701
Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number (Employees' trust, see instructions)
92-0063639
E Unrelated business activity code (See instructions)

C Book value of all assets at end of year 13,768,053

F Group exemption number (See instructions.)
G Check organization type [X] 501(c) corporation [] 501(c) trust [] 401(a) trust [] Other trust

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? [] Yes [X] No
If "Yes," enter the name and identifying number of the parent corporation

The books are in care of Brenda Stanfill Telephone number (907) 452-2293

Part I Unrelated Trade or Business Income
Table with columns: (A) Income, (B) Expenses, (C) Net
Rows 1-13: 1a Gross receipts or sales 40,650; 1c Balance 40,650; 2 Cost of goods sold 21,384; 3 Gross profit 19,266; 4a-4c Capital gain/loss; 5 Income from partnership; 6 Rent income 21,600; 7 Unrelated debt-financed income; 8-12 Other income; 13 Total 40,866

Part II Deductions Not Taken Elsewhere
Table with columns: 20, 21a, 21b, 22-31
Rows 14-31: 14 Compensation; 15 Salaries; 16-19 Repairs, bad debts, interest, taxes; 20 Depreciation 3,668; 21 Less depreciation 3,668; 22-27 Other deductions; 28 Total deductions 16,185; 29 Unrelated business taxable income before net operating loss deduction 0; 30 Deduction for net operating loss 0; 31 Unrelated business taxable income 0

For Paperwork Reduction Act Notice, see Instructions. Form 990-T (2019)

ENVELOPE POSTMARK DATE MAY 17 2021

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Rows 32-39.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Rows 40-45.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Rows 46-56.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No boxes. Rows 57-59.

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: 5/17/21 Title: President

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Table with 4 columns: Paid Preparer Use Only, Preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.