

Form **990-T**

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

**2016**

For calendar year 2016 or other tax year beginning **07/01/16**, and ending **06/30/17**

Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

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

501(c)(3)  220(e)  530(a)

408(e)  408A  529(a)

Name of organization (  Check box if name changed and see instructions )  
**NATIONAL CENTER FOR AMERICAN INDIAN ENTERPRISE DEVELOPMENT**

Number, street, and room or suite no. If a P.O. box, see instructions.  
**953 EAST JUANITA AVENUE**

City or town, state or province, country, and ZIP or foreign postal code  
**MESA AZ 85204**

D Employer identification number (Employees' trust, see instructions)  
**95-2627645**

E Unrelated business activity codes (See Instructions)  
**531120**

C Book value of all assets at end of year  
**1,060,065**

F Group exemption number (See instructions) ▶

G Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

H Describe the organization's primary unrelated business activity.  
▶ **RENTAL INCOME ON NONRESIDENTIAL BUILDING.**

I 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  
▶  Yes  No

J The books are in care of ▶ **CHRIS JAMES** Telephone number ▶ **480-545-1298**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance ▶			
1c				
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4b				
c	Capital loss deduction for trusts			
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)	10,404	13,873	-3,469
7				
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
8				
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
9				
10	Exploited exempt activity income (Schedule I)			
10				
11	Advertising income (Schedule J)			
11				
12	Other income (See instructions, attach schedule)			
12				
13	Total. Combine lines 3 through 12	10,404	13,873	-3,469
13				

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.)				
14	Compensation of officers, directors, and trustees (Schedule K)			
14				
15	Salaries and wages			
15				
16	Repairs and maintenance			
16				
17	Bad debts			
17				
18	Interest (attach schedule)			
18				
19	Taxes and licenses			
19				
20	Charitable contributions (See instructions for limitation rules)			
20				
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	0
22a				
22b				
23	Depletion			
23				
24	Contributions to deferred compensation plans			
24				
25	Employee benefit programs			
25				
26	Excess exempt expenses (Schedule I)			
26				
27	Excess readership costs (Schedule J)			
27				
28	Other deductions (attach schedule)			
28				
29	Total deductions. Add lines 14 through 28			
29				
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13			-3,469
30				
31	Net operating loss deduction (limited to the amount on line 30)			
31				
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30			-3,469
32				
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			1,000
33				
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			-3,469
34				

SCANNED MAR 21 2019

26 Received in 2018  
DEC 20 2018

38

68

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here  See instructions and

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)  
 (1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$  
 (2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 35c

36 Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on the amount on line 34 from  Tax rate schedule or  Schedule D (Form 1041) 36

37 Proxy tax. See instructions 37

38 Alternative minimum tax 38

39 Tax on Non-Compliant Facility Income. See instructions 39

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a

b Other credits (see instructions) 41b

c General business credit Attach Form 3800 (see instructions) 41c

d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d

e Total credits Add lines 41a through 41d 41e

42 Subtract line 41e from line 40 42

43 Other taxes Check if from  Form 4255  Form 8611  Form 8697  Form 8866  Other (all sch.) 43

44 Total tax. Add lines 42 and 43 44 0

45a Payments. A 2015 overpayment credited to 2016 45a

b 2016 estimated tax payments 45b

c Tax deposited with Form 8868 45c

d Foreign organizations Tax paid or withheld at source (see instructions) 45d

e Backup withholding (see instructions) 45e

f Credit for small employer health insurance premiums (Attach Form 8941) 45f

g Other credits and payments  Form 2439  Form 4136  Other Total 45g

46 Total payments Add lines 45a through 45g 46

47 Estimated tax penalty (see instructions) Check if Form 2220 is attached  47

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 48

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49

50 Enter the amount of line 49 you want Credited to 2017 estimated tax Refunded 50

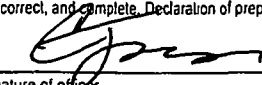
Part V Statements Regarding Certain Activities and Other Information (see instructions)

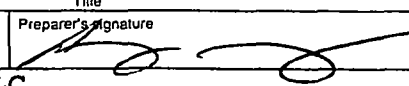
51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here  Yes  No

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file  Yes  No

53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

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

Sign Here  Date \_\_\_\_\_ Title **PRESIDENT AND CEO**

Print/Type preparer's name **Armando Sanchez** Preparer's signature  Date **11/27/18** Check  if self-employed PTIN **P01712667**

Paid Preparer Use Only Firm's name **Loftis Group LLC** Firm's EIN **20-2486011**

Firm's address **4811 Hardware Rd NE Ste E-4 Albuquerque, NM 87109-2023** Phone no **505-293-5009**

**Part III Tax Computation**

35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and		
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	(1) \$ _____ (2) \$ _____ (3) \$ _____	
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)	\$ _____	
	(2) Additional 3% tax (not more than \$100,000)	\$ _____	
c	Income tax on the amount on line 34		35c
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37	Proxy tax. See instructions		37
38	Alternative minimum tax		38
39	Tax on Non-Compliant Facility Income. See instructions		39
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40

**Part IV Tax and Payments**

41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a	
b	Other credits (see instructions)	41b	
c	General business credit. Attach Form 3800 (see instructions)	41c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e	Total credits. Add lines 41a through 41d		41e
42	Subtract line 41e from line 40		42
43	Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (all sch)		43
44	Total tax. Add lines 42 and 43		44
45a	Payments. A 2015 overpayment credited to 2016	45a	
b	2016 estimated tax payments	45b	
c	Tax deposited with Form 8868	45c	
d	Foreign organizations. Tax paid or withheld at source (see instructions)	45d	
e	Backup withholding (see instructions)	45e	
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g	Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total	45g	
46	Total payments. Add lines 45a through 45g		46
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		47
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		50

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

51	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
			X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		

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.

**Sign Here** Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT AND CEO**

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name		11/27/18		
	Firm's address				

Firm's name: **Loftis Group LLC** Firm's EIN: **20-2486011**  
 Firm's address: **4811 Hardware Rd NE Ste E-4**  
**Albuquerque, NM 87109-2023** Phone no: **505-293-5009**

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3							
4a	Additional sec 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No		
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property		
(1)	N/A	
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)	<b>BUILDING RENTAL</b>	<b>10,404</b>		<b>13,873</b>
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	<b>399,757</b>	<b>399,757</b>	<b>100.00%</b>	<b>10,404</b>
(2)			%	
(3)			%	
(4)			%	
See Statement 2 See Statement 3			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B).
<b>Totals</b>			<b>10,404</b>	<b>13,873</b>
Total dividends-received deductions included in column 8 ▶				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross inc, 6 Deductions directly connected with income in column 5. Row (1) contains 'N/A'.

Nonexempt Controlled Organizations

Table with 5 columns: 7 Taxable Income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column 10. Rows (1) through (4) are empty.

Totals row for Schedule F. Includes instructions: 'Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)' and 'Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)'.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected, 4 Set-asides, 5 Total deductions and set-asides. Row (1) contains 'N/A'.

Totals row for Schedule G. Includes instructions: 'Enter here and on page 1, Part I, line 9, column (A)' and 'Enter here and on page 1, Part I, line 9, column (B)'.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected with production of unrelated business income, 4 Net income (loss) from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expenses. Row (1) contains 'N/A'.

Totals row for Schedule I. Includes instructions: 'Enter here and on page 1, Part I, line 10, col (A)' and 'Enter here and on page 1, Part II, line 26'.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Row (1) contains 'N/A'.

Totals row for Schedule J. Includes instruction: 'Totals (carry to Part II, line (5))'.

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, 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) N/A						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>						
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

**Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)**

1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			

**Federal Statements****Statement 1 - Form 990-T, Schedule E, Column 3b - Other Deductions**

<u>Description</u>	<u>Deduction</u>
BUILDING RENTAL	\$
Occupancy	13,873
Total	<u>13,873</u>

**Statement 2 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt**

<u>Description</u>	<u>Deduction</u>
BUILDING RENTAL	
Sum of Debt Outstanding at First of Each Month	4,797,084
Divided by Total Number of Months Property Held	<u>12</u>
Average Acquisition Debt	<u>- 399,757</u>

**Statement 3 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis**

<u>Description</u>	<u>Deduction</u>
BUILDING RENTAL	
Adjusted Basis on First Day Property Was Held	408,084
Adjusted Basis on Last Day Property Was Held	<u>391,430</u>
	799,514
Divided by 2	<u>2</u>
Average Adjusted Basis	<u>399,757</u>