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Form **990** 

# **Return of Organization Exempt From Income Tax**

2014

OMB No 1545-0047

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.

Open to Public Inspection

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<u>A</u>	For the	ne 2	014 calend	ar year, or	tax year begi	nning		07 - 01 , 2014, and	endin	g	06	-30 ,2015
В	Check	neck if applicable  C Name of organization INTERIOR ALASKA BUS LINE  Doing business as INTERIOR ALASKA BUS LINE										Employer identification no
	Addres	s cha	ange	Doing bus	iness as INT	ERIOR ALASKA	BUS LINE					35-2419307
	Name o	chang	ge	Number a	nd street (or P O t	ox if mail is not delivere	d to street address)		Roo	om/suite	- 1	E Telephone number
	Initial re	etum		PO BO	X 772							(907)883-0207
	Final re	tum/t	terminated	City or tov	vn, state or provinc	e, country, and ZIP or fo	reign postal code					447,004
$\bar{\sqcap}$	Amend	ed re	turn	TOK,	AK 99780						- 1.	Gross receipts\$
$\equiv$			tion pending F Name and address of principal officer PAUL EDWARDS									<del></del>
_					AS C ABOY					H(a) Is this a g subordina	roup ret	um for Yes X No
_	Tax-ex	emnt	etatus X	501(c)(3)	501(c) (	) <b> (</b> (insert no )	4947(a)(1) or	527	᠆┤.			es included? Yes No
		•	N/A	301(0)(3)	[	) 4 (mserrio)				If "N H(c) Group exe	o," attac	h a list (see instructions)
			<del></del>	Corporation		ssociation Other I		L. Van et tamation	2011			
	<del>}</del>			<del></del>	Trust As	ssociation		L Year of formation	2011	L M Stat	e or rega	I domicile AK
	rt I		Summar	<u> </u>								
5	3   1		-	_		sion or most signifi	cant activities	TO PROVIDE BUS	TRA	NPORTATI	CN 1	HROUGHOU'T
a		<u> </u>	NTERIOR	ALASKA								
a a		_										
والم						<u> </u>	· · · · · · · · · · · · · · · · · · ·	···				
Activities also de mangen Nova	2	C	Check this b	ox ▶ 📙 ıf	the organization	n discontinued its	operations or disp	osed of more than 25%	6 of its	net assets		1
CH CH	3	٨	lumber of v	oting memb	ers of the gov	erning body (Part V	(I, line 1a)				3	5
(S=€)	4	٨	lumber of in	dependent	voting member	rs of the governing	body (Part VI, lin	e 1b)			4	5
Θŧ	5	Т	otal numbe	r of individu	als employed	ın calendar year 20	114 (Part V, line 2a	a)			5	10
<b>Z</b> <u>E</u>	6	Т	otal numbe	r of volunte	ers (estimate i	f necessary) .					6	10
<b>S</b>	I _	αТ	otal unrelat	ed busines	s revenue from	Part VIII, column	(C), line 12				7a	0
		b N	let unrelate	d business	taxable incom	e from Form 990-T	line 34				7b	0
							·		1	Prior Year		Current Year
	8	c	Contributions	s and grant	s (Part VIII, lin	e 1h)				268	3,238	277,590
ě		9 Program service revenue (Part VIII, line 2g)									,528	1
Ģ	- 1	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	138
Revenue	11			•		• •	•		<del></del>		-	1 0
_	12			•			•		-	401	L,766	<u> </u>
	-							ne 12)		70.	., / 60	<del>                                     </del>
	13									·····		50
	14									242,19		245 275
es	15		•	other compensation, employee benefits (Part IX, column (A), lines 5-10)						242	2,19.	·
Expenses	16			_								0
×				_		olumn (D), line 25)		0				
ш	1		•	•		lines 11a-11d, 11f-	•		<del></del>		5,376	·
	18		-		-						3,567	<del></del>
	19	F	Revenue les	s expenses	Subtract line	e 18 from line 12 .		<del></del>			3,199	(3,506)
5	ا کِ								Begu	nning of Currer		End of Year
Net Assets or	20	) T	otal assets	(Part X, lin	-						2,688	<del></del>
t As	21	T	otal liabilitie	es (Part X, I	ıne 26)	· · · · · · · · · · · ·					5,25	6,285
			Vet assets o	r fund bala	nces Subtrac	t line 21 from line 2	0	· · · · · · · · · · · · ·		167	7,433	163,927
Pa	irt II		Signatu	re Block	(							
Unde	r penal	ties o	of penjury, I dec	lare that I have	examined this ret	um, including accompan ficer) is based on all i <u>nf</u> c	ying schedules and sta	atements, and to the best of a	ny knowl	ledge and belief	, it is	
	COITECT	, 6110	complete Dec	aration of prej	Taren (outlet trial) of	licer) is based on all inc		are nes eny knowedge				1 10 16
		I	JANE	T PETER	SON /	and of	nson				/	1-13-16
Sig	jn	J	Signatur	re of officer			•				Date	•
He	re	N	JANE	T PETER	SON, CHIE	F EXECUTIVE	OFFICER					
			Type or	pnnt name an								
			Print/Tyne nr	eparer's name		Preparer's signature	/	Date		Check	₫ ıf	PTIN
Pa	id			SCHNEI	DER			12-03-2015	5	self-emplo	_	P00401353
	epar	er	Firm's name	<b>•</b>		MANAGEMENT	SERVICES			m's EIN ▶	·	
	e Or		Firm's addres		PO BOX					one no		
<b>J</b> 3	. Ji	у	riiii s accres		Tok AK				]''"		107 - 5	883-4264
NA=:	ı ibə i	De.	discuss this	return with		shown shove? (see	unetructions)					☐ Yes X No

Form	990 (2014) INTERIOR ALASKA BUS LINE	35-2419307	Page 2
	rt 🚻 🗎 Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	🛚
1	Briefly describe the organization's mission		
	TO PROVIDE BUS TRANPORTATION THROUGHOUT INTERIOR ALASKA		
2	Did the organization undertake any significant program services during the year which were not listed on the	О., С	<b>7</b>
	prior Form 990 or 990-EZ?	∐ Yes L	_l No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		٦
	services?	L. Yes	_l No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	mers,	
	the total expenses, and revenue, if any, for each program service reported		
40	(Code ) (Expenses \$ 392,404 including grants of \$ 50 ) (Revenue	\$ 169,	414 )
4a	PROVIDING PUBLIC BUS TRANSPORTATION TO EASTERN ALASKA COMMUNITIES	Ψ 109,	<del></del> /
	PROVIDING FUBLIC BUS TRANSPORTATION TO EASIERN ALIASAR COMMONITIES		
		<del></del>	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)
			<del></del>
		<del></del>	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)
			•
	Other assessment (December in Schodide O.)		
4d		١	
<u></u>	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ► 392,404		
4e	i Otal program Scratce expenses P 332/404	Form	990 (2014)
EEA		. 2	

**Checklist of Required Schedules** 

Part IV

Yes ts the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Χ is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 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, 5 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 X Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, Χ 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or Χ debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII. VIII. IX. or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more 11b Х c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part IX 11d Х X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Х 12b the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Х foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV .......... 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 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 24b Χ 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 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 Χ transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Х 26 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 X disqualified persons? If "Yes," complete Schedule L, Part II 26 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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III ..... Χ 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ......... 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b 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 Χ Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х 37

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 

INTERIOR ALASKA BUS LINE 35-2419307 Form 990 (2014) Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . 5 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and Χ reportable gaming (gambling) winnings to prize winners? ..... .......... 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return . . . . . . X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . . Χ 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? h If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a Х organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X 7a and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C Х 7с d 7е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Х Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9h Section 501(c)(7) organizations Enter 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . . . . . . b Section 501(c)(12) organizations. Enter 11 а Gross income from other sources (Do not net amounts due or paid to other sources b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 C

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

X

14a

INTERIOR ALASKA BUS LINE Form 990 (2014) Part VI . 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. See instructions Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Х Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? . . . . . . . . . 8ь Х Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code ) 10a 10a Did the organization have local chapters, branches, or affiliates? 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 Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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? Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	<b>&gt;</b>	AK
40	Section C404 common on accommon to make its Forms 1022 for 1024 if	-	Look!

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ Upon request ☐ Other (explain in Schedule O) Own website Another's 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 20 JANET PETERSON (907)883-0207, PO BOX 772, TOK, AK 99780

	(2014)	

INTERIOR ALASKA BUS LINE

35-2419307

Page 7

	,		i age i
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated Employees	and
	Independent Contractors		•

Check if Schedule O contains a response or note to any line in this Part VII

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

				(	(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average					han one		Reportable	Reportable	
Nome and Title	hours per					s both a r/trustee		compensation	compensation from	Estimated amount of
	week (list any	""				74145100	,	from	related	other
	hours for	2 5	-		7	οт	П	the	organizations	compensation
	related organizations	div.	stutu	Officer	еу е	mple	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
•	below dotted	Individual trustee or director	Institutional trustee	"	Key employee	est c	<b>Q</b>	(17 27 1035 111100)		and related
	line)	ិត្ត	a tr		oye	dwo				organizations
		tee	uste		Ų	ens				
			е .			Highest compensated employee				
(1) PAUL EDWARDS	5.00									
PRESIDENT		X		Х				o	0	0
(2) MARTAIN MARSHALL	1.00									
TREASUER		Х		Х				0	0	0
(3) SUSAN CARRUTHERS	5.00						_			
SECRETARY		Х						٥	o	0
//\	40.00									<u> </u>
(4) JANET PETERSON CHEIF EXCUTIVE OFFICER				Х				57,530	o	0
/E\								37,530	0	0
79)										II
(6)							<u> </u>			
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<u>(14)</u>	<b></b> -									
	L		<u>L</u>					L		<u> </u>
EEA										Form 990 (2014)

Part	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	ınd l	High	est	Comp	ens	ated Employees (	continued)		
	(A) Name and title	(B) Average hours per	box, ı	untes	s pers	ition ore th	an one both an		(D) Reportable compensation	(E)  Reportable compensation from	Estin	(F) nated unt 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)	related organizations (W-2/1099-MISC)	compe fron organ and r	her nsation n the ization elated zations
<u>(15)</u>												
(16)												
(17)												······································
<u>(18)</u>												
<u>(19)</u>												
(20)												
(21)												
(25)												
1b c d	Sub-total	on A						•	0	0		0_
2	Total number of individuals (including but not limited reportable compensation from the organization	to those liste	ed abo	ve) v	who	rece	ived n	nore	than \$100,000 of	0		
3	Did the organization list any <b>former</b> officer, director, employee on line 1a? If "Yes," complete Schedule J			-				-				es No
4	For any individual listed on line 1a, is the sum of rep organization and related organizations greater than sindividual	ortable comp \$150,000? If	ensati	on a	nd c	ther	comp	ensa			4	X
5	Did any person listed on line 1a receive or accrue or for services rendered to the organization? If "Yes," or	ompensation							on or individual	· · · · · · · · · · · · · · · · · · ·	5	X
	on B. Independent Contractors											
1	Complete this table for your five highest compensate compensation from the organization Report compensation year	•										
	(A) Name and business address								(B) Description of	services	(C) Compen	
		· · · · ·										
2	Total number of independent contractors (including to received more than \$100,000 of compensation from			ose I	isted	abo	ove) w	ho			···········	<del></del>

Form 990 (2014) INTERIOR A
Part VIII Statement of Revenue

,		Check if Schedule O contain	is a response or n	ote to any line in thi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
ıts	1a Fe	ederated campaigns	1a					
irar our	b Me	embership dues	<u>1b</u>			I		
s, G Am	c Fu	undraising events	1c			1		
Contributions, Gifts, Grants and Other Similar Amounts	d Re	elated organizations	1d			1		
۶, <u>۳</u>	e Go	overnment grants (contribution	ons) <b>1e</b>	277,590		1		
noi S r	f All	l other contributions, gifts, gr	ants,			1		
E E	an	id similar amounts not includ	ed above 1f					
	g No	oncash contributions include	d in lines 1a-1f \$			1		
၂၀ န	h To	otal. Add lines 1a-1f	<u>.</u>	<u></u> ▶	277,590			
				Business Code				
Revenue	2a INI	DIVIDUAL FARES		485000	167,756	167,756		
\$	b FRI	EIGHT		485000	1,445	1,445		
110	C OTI	HER		485000	75	75		
Sen	d	····						
ra E	е							
Program Service	f All c	other program service reven	ue					
	g Tot	tal. Add lines 2a-2f	<u>.</u>		169,276			
		estment income (including di					•	
	and	d other similar amounts)		▶	31	31		
		ome from investment of tax-e	•					
	5 Roy	yaltıes		<u> ▶</u>				
			(ı) Real	(II) Personal				
		oss rents				-		
		s rental expenses						
		ntal income or (loss) [						
	d Net	rental income or (loss)						
	7a Gro	ss amount from sales of	(i) Securities	(II) Other				
	ass	ets other than inventory	107		***			
	b Les	s cost or other basis						
	1	I sales expenses						
	1	n or (loss) [		L		1		
	1	gaın or (loss)			107	107		
enue		ss income from fundraising						
•	1	ents (not including \$				1		
Ř	1	contributions reported on line	•					
Other Re		Part IV, line 18						
0	1	s. direct expenses			1	1		
		income or (loss) from fundra	-					
		ss income from gaming activ			•			
		Part IV, line 19						
	I.	s direct expenses				1		
	c Net	income or (loss) from gamin	ng activities					<u></u>
		ss sales of inventory, less		]				
		irns and allowances						
	1	s cost of goods sold		L		1		
	c Net	income or (loss) from sales	or inventory					-
	11-	Miscellaneous Revenue		Business Code		1		
	11a —			<del> </del>				<del> </del>
	b							<del>- </del>
	C						<del></del>	<del> </del>
		other revenue				<del></del>		<del> </del>
	1	al. Add lines 11a-11d		1	447 004	160 414		-
	12 Tota	al revenue. See instructions	<u> </u>		447,004	169,414		0  0

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX . (A) Total expenses (B) (C) Do not include amounts reported on lines 6b, 7b, Fundraising Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . . . . . . . . . . . 50 50 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members . . Compensation of current officers, directors, Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . 225,356 175,356 50,000 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 20,419 15,919 4,500 10 Payroll taxes . . . . . . . . Fees for services (non-employees) 11 b 925 925 С Accounting . . . . . . . . . . d Professional fundraising services See Part IV, line 17 . е Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . 3,931 3,931 12 2,823 2,823 13 Office expenses . . . . . 8,359 14 8,359 Information technology . . . . . . 15 24,881 24,881 16 181 4,978 4,797 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings . . . . 19 20 Interest. 21 Payments to affiliates . . . . . . . 23,710 22 Depreciation, depletion, and amortization 23,710 2,500 28,159 25,659 23 Insurance . . . . . 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 80,088 VEHICLE MAINTENANCE/FUEL 80,088 2,080 2,080 BANK CREDITS CARD FEES 10,897 c BAD DEBTS 10,897 13,854 MISC 13,854 e All other expenses 58,106 0 392,404 Total functional expenses. Add lines 1 through 24e 450,510 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

35-2419307

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (R) Beginning of year End of year 1 3,443 1 51,652 22,684 2 6,352 3 3 Pledges and grants receivable, net ................ 19,753 4 7,825 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 500 8 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . . 10a 161,527 h Less accumulated depreciation . . . . . . . . . . . . . . . . 10b 57,644 126,808 103,883 11 11 12 12 13 13 investments - program-related See Part IV, line 11 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 . . . . . . . . . . . . . . . . . . . 172,688 170,212 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . . . . . . . 16 16 5,255 17 6,285 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, 22 -iabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 5,255 26 6,285 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 167,433 163,927 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕒 🗌 and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds . . . . . . . 32 163,927 33 167,433 33 172,688 34 170,212 34

Form	1 990 (2014) INTERIOR ALASKA BUS LINE	5-24	L9307		Pa	age 12
Pa	rt 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	_	4	47,0	004
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	50,	510
3	Revenue less expenses Subtract line 2 from line 1	3			(3,	506)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	67,4	133
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				0
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	63,	927
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗌
					Yes	No
_1_	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1		
	Schedule O			1		
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		1			
	Separate basis Consolidated basis Both consolidated and separate basis			1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Γ			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		1	3h		

Form 990 (2014)

EEA

#### **SCHEDULE A**

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	Name of the organization Employer identification number										
INT	ERI	OR ALASKA BUS LINE					35-24193	07			
Pa	rt I	Reason for Public Charit	y Status (All or	rganızations must c	omplete	this part	.) See instruction	ns.			
The	orga	nization is not a private foundation beca	ause it is (For lines	1 through 11, check onl	y one box	)					
1		A church, convention of churches, or	association of chur	ches described in <b>sectio</b>	n 170(b)(1	)(A)(i).					
2		A school described in section 170(b)	(1)(A)(II). (Attach S	Schedule E)							
3		A hospital or a cooperative hospital se	ervice organization	described in section 170	0(b)(1)(A)(	iii).					
4	Ш	A medical research organization oper	ated in conjunction	with a hospital described	d in section	n 170(b)(1	)(A)(iii). Enter the				
	_	hospital's name, city, and state									
5	Ш	An organization operated for the bene	efit of a college or u	niversity owned or opera	ted by a go	vernment	al unit described in				
		section 170(b)(1)(A)(iv). (Complete F									
6		A federal, state, or local government of									
_7	<u> </u>	An organization that normally receives			ernmental	unit or fror	n the general public				
		described in section 170(b)(1)(A)(vi)									
8	님	A community trust described in section									
9	Ш	An organization that normally receives					_	S			
		receipts from activities related to its ex									
		support from gross investment income		·			om businesses				
10		acquired by the organization after Jun An organization organized and operat									
11	H	An organization organized and operat					carry out the nurnos	es of			
••	ш	one or more publicly supported organi									
		the box in lines 11a through 11d that of						JII GOK			
	а	Type I A supporting organization						a			
		the supported organization(s) the		•		_		•			
		organization You must complete		• • • • • • • • • • • • • • • • • • • •			••	•			
	b	Type II. A supporting organization	n supervised or cor	trolled in connection with	its suppor	ted organi	zation(s), by having				
		control or management of the sup	porting organizatio	n vested in the same per	sons that	control or n	nanage the supported	d			
		organization(s) You must comp	lete Part IV, Section	ons A and C.							
	С	Type III functionally integrated.	A supporting organ	nization operated in conn	ection with	, and func	tionally integrated wit	h,			
		its supported organization(s) (see	instructions) You	must complete Part IV	, Sections	A, D, and	E.				
	d	Type III non-functionally integra	ated. A supporting	organization operated in	connection	with its si	upported organization	(s)			
		that is not functionally integrated		*			it and an attentivenes	SS			
		requirement (see instructions) Yo	="								
	е	Check this box if the organization				за Туре і,	Type II, Type III				
		functionally integrated, or Type III						Γ'			
	f	Enter the number of supported organi									
	9	Provide the following information about			(-) (-)		(1)	() A			
	1	i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9	(iv) is the o		(v) Amount of monetary support (see	(vi) Amount of other support (see			
				above or IRC section	docum	ent?	instructions)	instructions)			
			·	(see instructions))	Yes	No					
		· · · · · · · · · · · · · · · · · · ·									
(A)											
/D'											
(B)						<u> </u>					
/C\											
(C)											
(D)											
<del></del>					ļ	<b> </b>					
(E)					}						
T-4-											

INTERIOR ALASKA BUS LINE 35-2419307 Schedule A (Form 990 or 990-EZ) 2014 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

	tion to the compact	4 ) 0040	11.0044	1 ( ) 00(0	4.0.0040	( ) 0044	
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")			226,570	265,238	277,590	769,398
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			226,570	265,238	277,590	769,398
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						<del></del>
	supported organization) included on						
	line 1 that exceeds 2% of the amount		}				
	shown on line 11, column (f)						474,420
6	Public support Subtract line 5 from line 4						294,978
Sec	tion B. Total Support	<u>^</u>	<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4			226,570	265,238	277,590	769,398
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						769,398
12	Gross receipts from related activities, etc. (	see instructions)				12	365,168
13	First five years. If the Form 990 is for the organization, check this box and stop here			rth, or fifth tax year as	s a section 501(c)(	3)	▶□
Sec	tion C. Computation of Public S			···		r	
14	Public support percentage for 2014 (line 6,						38.34 %
15	Public support percentage from 2013 Scheo					15	1.00 %
16a	33 1/3% support test - 2014. If the organiz						. 177
	box and stop here. The organization qualifi	•					▶ 🏻
b	33 1/3% support test - 2013. If the organiz						
	check this box and stop here. The organization			•			▶ ⊔
17a							
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac		_				
_	organization						
b	10%-facts-and-circumstances test - 2013	•				ie	
	15 is 10% or more, and if the organization in					alv.	
	Explain in Part VI how the organization mee						▶ □
40	supported organization						· · · · · • U
18	<del>-</del>						▶ □
	instructions	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>		

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support			·	_		
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
-5-	The value of services or facilities furnished by a governmental unit to the organization without charge	<u>.                                    </u>					
6	Total. Add lines 1 through 5						_
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
$\overline{}$	ction B. Total Support					1	1
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6					-	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here					:)(3)	▶ □
Se	ction C. Computation of Public S						
15	Public support percentage for 2014 (line 8, c						%
16	Public support percentage from 2013 Scheduction D. Computation of Investment			· · · · · · · · · · · · · · · · · · ·		.   16	
	ction D. Computation of Investme Investment income percentage for 2014 (line			volumn (fl)	<del></del>	17	%
17 18	Investment income percentage for 2014 (line Investment income percentage from 2013 Sc					·	9/
	33 1/3% support tests - 2014. If the organiz	ation did not che	ck the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line	
	17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2013. If the organiz	and stop here. I ation did not che	The organization quick a box on line 14	alifies as a publicly or line 19a, and lir	y supported organi ne 16 is more than	zation	
20	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did n	box and stop he	re. The organization	n qualifies as a pu	blicly supported or	ganızatıon	<b>&gt;</b> 🗍

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

OMB No 1545-0047 2014

Open to Public ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

Name of the organization		Employer identification number		
INT	TERIOR ALASKA BUS LINE	35-2419307		
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc	counts.		
	Complete if the organization answered "Yes" to 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 (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised			
	funds are the organization's property, subject to the organization's exclusive legal control?			
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used			
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose			
	conferring impermissible private benefit?			
Pa	rt II Conservation Easements.			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization (check all that apply)			
	Preservation of land for public use (e.g., recreation or education)	cally important land area		
	Protection of natural habitat Preservation of a certified	d historic structure		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution 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 easements	2b		
С	Number of conservation easements on a certified historic structure included in (a)			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a			
	historic structure listed in the National Register	2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	ganization 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, handling of			
	violations, and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	the year		
	<b></b>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	year		
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(	, , , ,		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense sta			
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	that describes the		
_	organization's accounting for conservation easements			
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets.		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement			
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in			
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and			
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in	n turtherance of		
	public service, provide the following amounts relating to these items			
	(i) Revenue included in Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial ga	ain, provide the		
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:			
а	Revenue included in Form 990, Part VIII, line 1			
h	Assets included in Form 990 Part X	▶ \$		

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

103.883

Page 3

Part VII	Investments - Other Securities.  Complete if the organization answere	ed "Yes" to Form 990, Pa	art IV, line 11b See Form 990,	Part X, line 12.
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on
(1) Financial d	lerivatives			- " "
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				,
(F)				
(G)		,		
(H)				
	) must equal Form 990, Part X, col (B) line 12 )			
Part VIII	Investments - Program Related.			
<u> </u>	Complete if the organization answere	ed "Yes" to Form 990 P	art IV line 11c See Form 990	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation	on
			Cost or end-of-year market	value
(1)				
(2)				
(3)	<del></del>			· · · · · · · · · · · · · · · · · · ·
(4)				<u></u>
(5)				
(6)		-		
(7)				
(8)		ļ		
(9)				····································
	) must equal Form 990, Part X, col (B) line 13 )		<u>_</u> }	<del></del>
Part IX	Other Assets.	1 W / W / E 000 D		5
	Complete if the organization answere	ed "Yes" to Form 990, P	art IV, line 11d. See Form 990,	, Part X, line 15.
	(a)	Description		(b) Book value
(1)		· · · ·		
_(2)				
(3)				
(4)				
(5)				
(6)				
(7)		~~~~		
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 15	5)		
Part X	Other Liabilities.			
	Complete if the organization answer line 25	ed "Yes" to Form 990, P	art IV, line 11e or 11f See For	m 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)	<del> </del>			
(4)				
(5)				
			<del>-</del>	
(6)				
(7)				
(8)		<del> </del>		
(9)				
	) must equal Form 990, Part X, col (B) line 25 )	1		
	uncertain tax positions. In Part XIII, provide the to			
organization's	liability for uncertain tax positions under FIN 48 (	ASC 740) Check here if the te	xt of the footnote has been provided in l	Part XIII

iche	dule D (Form 990) 2014 INTERIOR ALASKA BUS LINE	35-2419307	Page
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	` Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а		_	
b	Donated services and use of facilities	_	
С	Recoveries of prior year grants	_	
d			
е		<del>                                      </del>	
3	Subtract line 2e from line 1	3	<del></del>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	_	
b	,	-  .	
C		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Pa	Reconciliation of Expenses per Audited Financial Statements With Expense	s per Return.	
_	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	<del> </del>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a			
b	• • •	$\dashv$ 1	
C			
d			
e	<b>o</b>	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	· · · · · · · · · · · · · · · · · · ·	<b>⊣</b> 1	
b		-  <u> </u>	
Ę		<del></del>	
5 D:	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	3	
	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4;	Part Y line	
	Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	r arr X, into	
-, '	at At, lines 2d and 4b, and 1 at An, lines 2d and 4b Also complete this part to provide any deditional information		
			<del></del>
		<del></del> -	
_			
			·
-			

### SCHEDULE O (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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

INTERIOR ALASKA BUS LINE 35-2419307	
01. Members or stockholder classes and rights (Part VI, line 6)	
MEMBER HAVE EQUAL RIGHTS	
02. Form 990 governing body review (Part VI, line 11)	
THE GOVERNING BODY REVIEWS ALL MAJOR FIANACIAL MATTERS	
03. Officer, director, etc mailing address (Part VI, line 9)	
THE OFFICERS AND DIRECTORS MAINTAIN THEIR OWN MAILING ADDRESSES	
04. CEO, executive director, top management comp (Part VI, line 15a)	
THE TOP OFFICALS SUCH AS THE CEO HAVE THEIR COMPENSATION DETERMENINED BY THE BORAD OF	
DIRECTORS	
05. Other officer or key employee compensation (Part VI, line 15b	
EXECUTIVE CEO AND AND TOP OFFICALS OF ORGANIZATIONMARE REVIEWED AND THEIR COMPENSATION	
AWARD ACCORDILY.	
06. Governing documents, etc, available to public (Part VI, line 19)	
THE DOCUMENTS ARE MADE AVAILIBLE TO THE PUBIC VIA THE COMPANYS WEBSITE	
07. Explanation of other changes in net assets or fund balances (Part XI,	lin
PROGRAM REQUIRED THE FORCING OF THE ACCOUNT BALANCES	