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		202	•
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^1 990-T	Exter Exempt Orga	nded to Febrinization Bus	ruary sines	, 16, s Inco	²⁰²¹ me T	ax Re	turn	OMB No	1545-004	7
المتنافظ الم		nd proxy tax und					UDV5	00	40	
is t	For calendar year 2019 or other tax year beginning APR 1, 2019 and ending MAR 31, 2020						ZU	19		
Department of the Treasury		irs.gov/Form990T for in.						Open to Publi	c Inspect	ion for
Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).						501(c)(3) Orga	Open to Public Inspection for 501(c)(3) Organizations Only		
A Check box if	Name of organization (Check box if name changed and see instructions.) Description of the changed and see instructions.						oer .			
address changed	Manchester Neighborhood Housing						•	E 2 / 1	1	
B Exempt under section	Print Services, I							02-0455301 elated business activity code		
X 501(C\()(3) 408(e) 220(e)	Number, street, and room or suite no. If a P.U. Dox, see instructions.						•			
408(e) 220(e) 408A 530(a)	PO BOX 3900									
529(a)	City or town, state or province, country, and ZIP or foreign postal code Manchester, NH 03105									
Book value of all assets	F Group exemption number (See instructions.)									
at end of year	0 . G Check organization typ		poration	501	(c) trust		401(a) trust		Other tr	ust
H Enter the number of the	organization's unrelated trades or t	usinesses.			Describe	the only (or	first) unrelate	d		
trade or business here							arts I-V. If mo			
describe the first in the b	lank space at the end of the previo	us sentence, complete Pa	irts I and I	i, complete a	Schedule	M for each	additional trac	le or		
business, then complete		· · ·					. \frown			
	the corporation a subsidiary in an		nt-subsidia	ary controlle	d group?		▶ □ '	/es	No	
	nd identifying number of the paren				Talanha		▶ 603-	626 A	663	
	Diane Brewster Trade or Business Inc			(A) Inco			xpenses		0 0 3) Net	/
	······································	-	1	(//) ///		(8) E	Apollaca	,,,		
1a Gross receipts or sale b Less returns and allow		c Balance	1c							
2 Cost of goods sold (S		Collaince	2							ī
3 Gross profit. Subtract	· · · · · · · · · · · · · · · · · · ·		3							
4a Capital gain net incom			4a	٠						
• •	4797, Part II, line 17) (attach Form	4797)	4b				1 200	いにり		
c Capital loss deduction	for trusts		4c					-	لمح	
5 Income (loss) from a	partnership or an S corporation (a	tach statement)	5			[2]		 2021 	181	
6 Rent income (Schedul	le C)		6	_/_		9	FER Z	e ZUZI		
	ed income (Schedule E)		7	/					<u> 121</u>	
	alties, and rents from a controlled of	-	8 /	,			-OGDE	: :!, UT		
	a section 501(c)(7), (9), or (17) or	ganization (Schedule G)	9/ 10			-				
	vity income (Schedule I)	,	11					+		
11 Advertising income (S 12 Other income (See ins	structions; attach schedule)	/	12					 		
13 Total Combine lines	•		13	•	0.					
Part Deduction	ns Not Taken Elsewher	e (See instructions fo	or limitation	ons on ded	uctions)			<u> </u>		
(Deductions	must be directly connected wi	th the unrelated busin	ess incoi	me) 🗼	·					
14 Compensation of offi	cers, directors, and trustees (Sche	dule Ky		1			14			
15 Salaries and wages				•			15			
16 Repairs and mainten	ance `	/		,			16	ļ		
17 Bad debts							17	 		
,	dule) (see instructions)						18	- -		
19 Taxes and licenses	r 4500)			4	ا مما		19	 		
20 Depreciation (attach	· /	on raturn			20					
	umed on Schedule A and elsewher	e on return		Ļ	21a		21b 22			
22 Depletion23 Contributions to defe	rred compensation plans						23			
24 Employee benefit pro				1			24			
25 Excess exempt exper	- /						25			
26 Excess readership co							26			
27 Other deductions (at							27			
	dd lines 14 through 27			,,			28			0.
29 Unrelated business to	axable income before net operating						29	-		0.
30 Deduction for net op	erating loss arising in tax years be	jinning on or after Januar	ry 1, 2018	,						•
(see instructions)	ļ [*]			,			30	 		0.
	axable income. Subtract line 30 fro						31		0 T	0.
923701 01-27-20 LHA Fo	r Paperwork Reduction Act Notice	, see instructions.					_	Form 99	7U-1 (2019)

	ուլջութ Manchester Neighborhood Housing Services, Inc.	02-0455301 Page 2
⁴⁰ art	が Total Unrelated Business Taxable Income	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 0.
	Amounts paid for disallowed fringes	33
(11	Charitable contributions (see instructions for limitation rules)	34 0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	3,6
	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37
	Ä	38 1,000.
	Specific addition (addition) to 1,000, but the limb of more provided in exceptions,	38 1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37, If line 38 is greater than line 37,	
D	enter the smaller of zero or line 37	39 0.
	Tax Computation	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40 0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	- -
	Tax rate schedule or Schedule D (Form 1041)	41
42	Proxy tax. See instructions	42
43	Alternative minimum tax (trusts only)	43
44	Tax on Noncompliant Facility Income. See instructions	44
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.
Part	V i∣ Tax and Payments	
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 115) / 48a	
	Other credits (see instructions)	1
	General business credit. Attach Form 3800 46¢	1
	Credit for prior year minimum tax (attach Form 8801 or 8827)	┥ !
	Total credits. Add lines 46a through 46d	46e
	Subtract line 46e from line 45	\$7 O.
	,	48 0.
	Total tax. Add lines 47 and 48 (see instructions)	
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
	Payments: A 2018 overpayment credited to 2019 \ \(\oldsymbol{Q} \) \(\oldsymbol{5\text{ta}} \) \(\oldsymbol{1}, \oldsymbol{412}. \)	∤'
	2019 estimated tax payments 5 b 1,348.	4
	Tax deposited with Form 8868	4
d l	Foreign organizations: Tax paid or withheld at source (see instructions)	4 1
e	Backup withholding (see instructions)	<u> </u>
	Credit for small employer health insurance premiums (attach Form 8941)	<u> </u>
g	Other credits, adjustments, and payments: , Form 2439	
Į	Form 4136 Other Total \Delta 5ig	-\- <u>-</u>
52	Total payments. Add lines 51a through 51g··	52 2,760.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🛄 .	53
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55 2,760.
_56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56 2,760.
Part	VI Statements Regarding Certain Activities and Other Information (see instructions)	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes No
(over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	
1	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	[]
	here >	X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	х
	f "Yes," see instructions for other forms the organization may have to file.	
	Enter the amount of tax-exempt interest received or accrued during the tax year \$	i
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle	dge and belief, it is true,
Sign	correct, and complete Declaration of practice (other than taxpayer) is based on all information of which preparer has any knowledge	
Here		lay the IRS discuss this return with
		e preparer shown below (see structions)? X Yes No
		FTIN
_		" TIN
Paid	01/16/21	P00219457
Prepa	Power Dune Malleil C Dowlery IIC	01-0523282
Use (Only Firm's name ▶ Berry Dunn McNeil & Parker, LLC Firm's EIN ▶ 2211 Congress Street	01-0323202
	- I	207)775-2387
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