Form 990

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

OMB No 1545-0047, 2018

Department of the Treasury

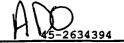
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Intern	ai Reven	nue Service	Gotov	ww.irs.gov/Forms	to for instruction	is and the	e latest imon	mation.			mspection
A	For the	e 2018 calend	ar year, or tax year begin	ning			, 2018, and e	nding			, 20
В	Check if	applicable	C Name of organization Alas	ka Housing Ir	ititatives	Inc				D	Employer identification no.
	Address	change	Doing business as								15-2634394
$\Box$	Name ch	ange	Number and street (or PO bo	x if mail is not delivered to	street address)			Room/s	uite	E	Telephone number
$\Box$	nitial reti	•	315 Barrow Str		•						(907) 261-5361
		ım/terminated	City or town, state or province		n nostal code						Gross receipts
Ē.	Amended		Anchorage, AK 99501								
i i		on pending	F Name and address of principal		Wilks		·	H(a)	Is this a group re	tum for si	\$ 713,669
<b>'</b>	фрисан	on penang	315 Barrow Str				•		Are all subord		7 7 7
		npt status X	501(c)(3) 501(c) (	) <b>(</b> insert no)	4947(a)(1) or	527	<del>\</del>				st (see instructions)
		N/A	301(0)(3) 301(0) (	) (insertito)			$H \cup H$		Group exem		,
			Corporation Trust As	ociation Other	<del></del>		of formation 2	2011	M State o		
Pa		Summar		ociation Other	<del></del>	L_Tear	or formation 2	2011	M State o	r legal o	omicile AK
Та	<del></del>		<del></del>		1tuubaai =						- 60 - 1-1-1
	1		be the organization's miss		_						tes affordable
9	1		untis in Anchorag	e, Alaska. T	<u>he units ar</u>	e inte	nded for	renta	I to I	<u> </u>	1COME
ă		individu	als and families.		<del></del>						<del></del>
eII	1 _	<del></del>			<del></del>						
Activities & Governance	2		ox > if the organization	· ·		ed of more	e than 25% o	tits net a	issets.	. 1	
<u>ه</u>	3		oting members of the gove	• • •	•					3	10
es	4		dependent voting member		=	lb) • •				4	10
Ž	5	Total number	of individuals employed in	calendar year 2018	(Part V, line 2a)	• • •			• • • • •	5	0
ÇŢ	6	Total number	of volunteers (estimate if i	necessary) · · ·					• • • • •	6	
	7a	Total unrelate	ed business revenue from I	Part VIII, column (C),	line 12 • • •					7a	0
	b	Net unrelated	business taxable income	from Form 990-T, line	e 38 · · · ·	• • • • •		• • • •	<u> </u>	7b	0
	1						Ļ	Р	rior Year	_	Current Year
	8	Contributions	and grants (Part VIII, line	1h) • • • • • • •		• • • •					0
ĭe	9	Program sen	rice revenue (Part VIII, line	2g)	$\cdots \mid \cdots \mid \mathcal{R}_{\Sigma}$	CEIV	/FID:				0
Revenue	10	Investment in	ncome (Part VIII, column (A	), lines 3, 4, and 7d)	. 4		<del></del> : [				0
æ	11	Other revenu	ie (Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c	and (1) e)	076	/ A SI		(308,	497)	(294,007)
	12	Total revenue	e - add lines 8 through 11 (	nust equal Part VIII,	column (A), line	(2)	2019 <b>/</b> ¦ŏ∏		(308,	497	(294,007)
	13	Grants and s	ımılar amounts paid (Part I	X, column (A), lines 1	-3)						0
	14	Benefits paid to or for members (Part IX, column (A), line 4)  Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)									0
<sub>s</sub>	15										0
Expenses	16a	Professional	fundraising fees (Part IX, c	olumn (A), line 11e)			· · · · · <u> </u>				0
per	b	Total fundrais	ing expenses (Part IX, coli	ımn (D), line 25) 🕒			0				
Ĕ	17	Other expens	ses (Part IX, column (A), lin	es 11a-11d, 11f-24e)			[				0
	18	Total expense	es. Add lines 13-17 (must	equal Part IX, column	n (A), line 25)						0
	19	Revenue less	expenses. Subtract line	8 from line 12 · ·	· · · · · · · · ·				(308,	<u> 497)</u>	(294,007)
ces							<u>L</u> !	Beginning	of Current Ye	ear	End of Year
Net Assets or Fund Balances	20	Total assets (	Part X, line 16) · · · ·				[		4,478,	391	4,199,020
AAS	21	Total liabilities	s (Part X, line 26)				· · · · · L		5,813,	158	5,827,794
			fund balances Subtract li	ne 21 from line 20			<u> </u>		(1,334,	<u> 767)</u>	(1,628,774)
Par	t II	Signatu	re Block								
			are that I have examined this retur laration of preparer (other than offi					nowledge ar	nd belief, it is		
11 40, 1	Jorrect, a	STO COMPLETE DEC	laration of preparer (other trian on				Digitally signed by	. Kathleen K		J	
	.		een Kowalczuk	Ka	<u>thleen</u>		DN cn=Kathleen	Kowalczuk,	o, ou,		
Sigr		- Signature	of officer	Ko	walczuk	<i>'</i>	email=KathleenKo c=US	owalczuk@g	mail com,	Date	
Here	<b>}</b>			ceasurer NO	waiczuk		Date 2019 08 30 1	4 46 59 -08	00'		
_		Type or p	rint name and title								
		Print/Type prep	parer's name	Preparer's signature	)	Date			heck	r PTII	N
Paid		Rod Hute	chings	/		08-1	16-2019	s	elf-employed		P00448631
Prep	arer			s & Associate	s CPAs			Firm's Ell	N <b>&gt;</b>		
Use	Only	Eirm's address		treet Ste 207				Phone no	)		<del></del>
	•	(i)		e AK 99503				<u> </u>	907	<u>-563</u>	3-2727
May t	he IRS	discuss this r	eturn with the preparer sho		ructions)						· · 🛚 Yes 🗌 No

	n 990 (2018) Alaska Housing Inititatives Inc 45-2634394 Page 2
Pa	It IIII Statement of Program Service Accomplishments
<del>_</del>	Check if Schedule O contains a response or note to any line in this Part III
'	Buefly describe the organization's mission  The Organization owns and operates affordable housing untis in Anchorage, Alaska. The units
	are intended for rental to low-income individuals and families.
	are intended for rental to low income individuals and rampiles.
2	Did the organization undertake any significant program services during the year which were not listed on the
	pnor Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·
	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
	services? · · · · · · · · · · · · · · · · · · ·
	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 measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, it any, for each program service reported.
4a	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	Own an operate low income housing for residents in Anchorage, Alaska.
	<del></del>
	- <del></del>
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	·
4c	(Code) (Expenses \$ including grants of \$ ) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses



Г	rt IV   Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		l —	
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3		┝╼	$\vdash$	<del> </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			<sub>V</sub>
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			}
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	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, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<del></del>	$\vdash$	<del></del> -
0	·			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		Х
٥	·	⊢ٹ	<del></del>	<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		ŀ	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			-
	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а			1,7	l
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			<del></del> -
ŭ		44.4		v
		11d		X
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
U		426		v
4.5	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	· VAAAA	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	l	- 1	
	fundraising, business, investment, and program service activities outside the United States, or aggregate		ļ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
		15	ļ	Х
		15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		}	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	i		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- 1		
. 0		18		Х
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		ļ	
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
41	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	1	Х
	domestic government on Part IA, column (A), line 17 if 168, complete Schedule I, Parts Fand II	41		

Га	THE CHECKIST OF REQUIRED SCHEDULES (Communes)		т—-	т —
22	.  Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	<del></del>	<del>                                     </del>	<del>  ^</del>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a		<del>-</del>	<del>                                     </del>	<del>  ^</del> -
244	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	l		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	1	1
c	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 duning the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified 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?		İ	
	If "Yes," complete Schedule L, Part I	25b	ļ	X
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			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	[	X
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		1	ł
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	ĺ		ĺ
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		1	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		l	١
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<b>-</b>	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			١,,
••	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l ,
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		<u> </u>
<b>J</b> 0	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		<u> </u>
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c		
_				

#### Form 990 (2018) 45-2634394 Alaska Housing Inititatives Inc Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes Nο Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 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) Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 account)? 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 (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 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 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 С Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c 300 d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f 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? a 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. . Did the sponsoring organization make any taxable distributions under section 4966? 9a а Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 ..... h Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. b 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 Enter the amount of reserves on hand 14a 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 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year 15 If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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If "Yes," complete Form 4720, Schedule O.

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 Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 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. b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct 3 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 pnor Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7h 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 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) No 10a Did the organization have local chapters, branches, or affiliates? 10a Х **b** 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 性 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 14 Х 14 Did the organization have a written document retention and destruction policy? 7.13 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 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 with a taxable entity during the year? .......... 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 PacRim Properties (907) 563-3345, 405 W 27th Ave, Anchorage, AK 99503

Form	$\Delta \Delta \Delta$	700 A	O.

Alaska Housing Inititatives Inc

45-2634394

Page 7

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

(A) Name and Title	(B) Average hours per week (list any hours for	(C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	(ey employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Shanon Wilks President	0.50	Х	-	Х	_				0	0
(2) Karen Ward	0.50	- 1					H			<u>~</u>
Vice President		Х		Х				0	о	o
(3) Jan Hood	0.50									
Secretary	<u> </u>	X		Х			Ш		0	0
(4) Kathleen Kowalczuk	0.50									
Treasurer	<del> </del>	X		X			$\vdash$	O	0	0
(5) Sue Perrins Director	0.50	х						0	0	0
(6) Marc Stover	0.50									
Director		Х		_				0	0	0
(7) Amy Karn	0.50	٠,,						_	_	_
Director		Х		$\dashv$				0	0	
(8) Julie Klassy	0.50	х		ŀ				0	o	0
Director (9) Jan Van den Top	0.50		$\dashv$	$\dashv$	$\dashv$					
Director		х						0	o	0
(10)Maria Walters	0.50		$\neg$	一	╗					
Director		X ]	[					0	0	
(11)										
(12)							_			
<u>(13)</u>										
<u>(14)</u>										

Par	tiVIII Section A. Officers, Directors, Trustees, I	Key Employe	ees, ar	nd H	lighe	st C	ompe	ensa	ted Employees (c	ontinued)		
	. (A) Name and title	(B) Average hours per	box, i	unles	s pers	ition ore th on is	an one both an		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimate amount	of
		week (list any hours for refated 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)	other compense from the organiza and rela organizat	ation le tion ted
<u>(15)</u>												
<u>(16)</u>												-
<u>(17)</u>						-						
<u>(18)</u>						-						-
<u>(19)</u> _												
<u>(20)</u>												
(21)_												
(22)_												
(23)_												
(24)_									<u>.</u>			
(25)_												
1b	Sub-total							- F				
c d	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)							- ⊦				
	Total number of individuals (including but not limited t											0
_	reportable compensation from the organization									0	1	1
3	Did the organization list any former officer, director, o			oyee	e, or	high	est co	mpe	nsated		Yes	No
	employee on line 1a? If "Yes," complete Schedule J f				ه ه ه	• •	• • •	• • •			3	X
4	For any individual listed on line 1a, is the sum of repo organization and related organizations greater than \$	-										<i>a</i> *
	individual · · · · · · · · · · · · · · · · · · ·								• • • • • • •		4	Х
5	Did any person listed on line 1a receive or accrue cor for services rendered to the organization? If "Yes," co	=		-			-		n or individual		5	X
Secti	on B. Independent Contractors	implete dene	dale o	101 3	10011	pers					<u> </u>	ΙΛ.
1	Complete this table for your five highest compensated	d independer	nt contr	racto	ors th	at re	eceive	d mo	re than \$100,000	of		
	compensation from the organization. Report compens year.	sation for the	calend	dar y	ear (	endı	ng witl	h or v	within the organiza	tion's tax		
	(A)					,			(B)		(C)	
	Name and business address					_			Description of s	ervices	Compensation	on
						_						<del></del>
												<del>-</del>
	Total number of independent contractors (including bu			e lis	ted a	abov	e) who	0				1 * * * * *

Check if Schedule O contains a response or note to any line in this Part VIII    (4)   (9)   (1)	Form 99		Statement of Revenue	Initi	tatives inc		<del></del>	45-2634	394 Page
The first reversion of the program armounts in the state of the program armounts of the program armoun	1 ait	<u>v III.</u>		ee or no	ste to any line in this	s Part VIII			
Business Code		•		36 01 110	,	(A)	(B) Related or exempt function	(C) Unrelated business	(D)  Revenue excluded from tax under sections
1	Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Membership dues	1b 1c 1d 1e 1f a-1f \$			,		
### and other similar amounts	Program Service Revenue	b c d e f	All other program service revenue	<del></del>					
Miscellaneous Revenue Business Code	Other Revenue	4 5 6a b c d 7a b c d 8a b c d 10a c d b l	and other similar amounts)  Income from investment of tax-exempt bon Royalties	ad proces 3,669 7,676 4,007 thes	(ii) Personal  (iii) Other	(294,007)			(294,00
	ļ	11a		, ··					

(294,007)

d All other revenue . . . e Total. Add lines 11a-11d

12 Total revenue. See instructions

# Form 990 (2018) Alaska Housing Inititatives Inc Part IX. Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other organi	zations must complete o	column (A)	
	Check if Schedule O contains a response or note to	o any line in this Part IX			[
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		•	Book to the Comment of	BORN STONE
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic			the market Hoper on a	1、大学に大学は大学を入れ
-	individuals. See Part IV, line 22		1		
3	Grants and other assistance to foreign		<del></del>	Total States and a special	minimum and the second
·	organizations, foreign governments, and foreign			The state of the s	
	individuals. See Part IV, lines 15 and 16			State of the state	The state of the s
4	Benefits paid to or for members	<del></del>	<del> </del>	题。可以 10元 345	21771 114 1177 T. C.
	·		<del> </del>	enficition of the a page 1 mm m	199 - 1 19. 2 19. K - 1 10E.
5	Compensation of current officers, directors,				
	trustees, and key employees		<del> </del>	<del>                                     </del>	-
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)		ļ. <u> —                                   </u>	<del> </del>	
7	Other salanes and wages		ļ		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		<del> </del>	<u> </u>	
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·				ļ <u>-</u>
11	Fees for services (non-employees)	,	•		
а	Management				
b	Legal				
С	Accounting				
d	Lobbying			<u> </u>	
0	Professional fundraising services. See Part IV, line 17		発がままいかなる 流れ	and the arter, a the st	<u></u>
f	Investment management fees			<u> </u>	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) · ·				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				<u> </u>
15	Royalties · · · · · · · · · · · · · · · · · · ·		<u></u>	<u> </u>	
16	Occupancy · · · · · · · · · · · · · · · · · · ·				
17	Travel				
18	Payments of travel or entertainment expenses			ļ	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered	National Control of the Control of t	以下,是一次国际的时间	THE RESERVE OF THE PERSON OF T	The state of the s
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				Liferation of the
	(A) amount, list line 24e expenses on Schedule O.)	WAR THE THE THE THE		mill amake a second of the	The best of the hand on the state
а					
b					<del>-</del>
С					
d					
6	All other expenses				<del> </del>
25	Total functional expenses. Add lines 1 through 24e .	0	0	0	0
26	Joint costs. Complete this line only if the	<del>                                     </del>			· · · · · · · · · · · · · · · · · · ·
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
			L	ll	

Total liabilities and net assets/fund balances

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 1 69,955 Cash - non-interest-bearing 72,199 2 2 Pledges and grants receivable, net 3 3 4 13,678 11,289 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 6 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 . . . . . . . . 6 7 Notes and loans receivable, net Inventones for sale or use 8 9 9 Prepaid expenses and deferred charges 7,638 7,462 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 9,841,528 Less accumulated depreciation . . . . . . . . . 10b 4,307,182 4,013,404 11 11 12 12 Investments - other secunties. See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 29,101 27.879 15 48,769 15 68,855 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,478,391 16 4,199,020 Accounts payable and accrued expenses .......... 17 17 55,207 50,394 18 18 19 19 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 5,704,203 23 5,698,110 24 Unsecured notes and loans payable to unrelated third parties 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 53,748 79,290 26 26 5,813,158 5,827,794 Organizations that follow SFAS 117 (ASC 958), check here > X and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 (1,334,767)(1,628,774)28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Net Assets 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds

(1,628,774)

33

(1,334,767)

4,478,391

33

Forr	m 990 (2018) Alaska Housing Inititatives Inc. 4	5-2 <u>63439</u>	4	<u>Р</u>	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	<u> </u>		• • •	$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		294,	007)
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3	(	294,	007)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	(1,	334,	767)
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,	628,	774)
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u> .		$\cdot \square$
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🐰 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_		ļ	
	Schedule O.		,		<b>1</b>
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		İ		۱ '
	Separate basis Consolidated basis Both consolidated and separate basis		l	·	1 1
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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		,		
			ł		
c	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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. <u></u>	3b	'	L
EEA			Form	990 (2	2018)

#### **SCHEDULE A**

**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

2018

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

Open to Public Inspection

Ala	ska	Housing Inititatives In-					45-26343						
Pa	ırt I	Reason for Public Charit	y Status (All or	rganizations must c	omplete	this part	t.) See instruction	ns.					
The	orgai	nization is not a private foundation bec	ause it is: (For lines	1 through 12, check onl	y one box )								
1		A church, convention of churches, or	association of churc	ches described in sectio	n 170(b)(1	)(A)(i).	all						
2		A school described in section 170(b)	(1)(A)(ii). (Attach So	chedule E (Form 990 or 9	990-EZ))		1 1						
3		A hospital or a cooperative hospital s	ervice organization	described in section 170	(b)(1)(A)(i	ii).	$\bigcup$						
4		A medical research organization oper	ated in conjunction	with a hospital described	ın sectioi	170(b)(1)	(A)(iii). Enter the						
	_	hospital's name, city, and state	·	•									
5	П	An organization operated for the bene	efit of a college or u	niversity owned or opera	ted by a go	vernmenta	al unit described in						
	_	section 170(b)(1)(A)(Iv). (Complete F											
6	П	A federal, state, or local government	•	t described in section 1	70(b)(1)(A)	(v).							
7	Ħ	An organization that normally receive	•			• •	n the general public						
		described in section 170(b)(1)(A)(vi)	•	•			J						
8	П	A community trust described in section	• •										
9	Ħ	An agricultural research organization		, ,	ed in conii	inction with	n a land-grant college						
-	_	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
		university of a non-rand-grant college of agriculture (see instructions). Enter the frame, city, and state of the college of university.											
10	X	An organization that normally receive	s (1) more than 33	1/3% of its support from	contributio	ns. membe	ership fees, and gross	-					
	نده	receipts from activities related to its ex	• •	* *									
		support from gross investment income	•										
		acquired by the organization after Jun		•									
11	П	An organization organized and operat		, , , , , , ,									
12	Ħ	An organization organized and operat	•	•			carry out the purpose	s					
		of one or more publicly supported org	•	•		=	• •						
		Check the box in lines 12a through 12		, ,, ,									
	а	Type I. A supporting organization				•		_					
	_	the supported organization(s) the		· •		•							
		supporting organization. You mu		.,	, 0		W. 1.000 O. W. 1.0						
	b	Type II. A supporting organization	•		its support	ed organiz	ration(s), by having						
	-	control or management of the sup				_							
		organization(s) You must compl	. •	•	00110 11101 0		anago ino sapportos						
	С	Type III functionally integrated.	-		ection with	and functi	onally integrated with						
		its supported organization(s) (see											
	d	Type III non-functionally integra	*	•				s)					
	_	that is not functionally integrated.	• • •	•			· ·	•					
		requirement (see instructions). Yo		*									
	e	Check this box if the organization	•	•	-		vpe II. Type III						
	•	functionally integrated, or Type III				,,, .	)F, . <b>)</b> F						
	f	Enter the number of supported organi						Г					
		Provide the following information about		anization(s).				_					
		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the o	rganization	(v) Amount of monetary	(vi) Amount	l of				
	,,,		, ,	(described on lines 1-10	listed in you		support (see	other support	•				
		'		above (see instructions))	docum	ent?	instructions)	instruction	15)				
					Yes	No							
•								<u>-</u>					
A)					ļ Ļ								
В)													
						<u> </u>							
C)													
_													
D)													
E)					!	:							
otal			٠, ٠, ٩,	ž + 't'	i.	1							
				•				_					

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Page 3 45-2634394

90 or 990-EZ) 2018

Alaska Housing Inititatives Inc
Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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	730,817	737,082	739,208	693,786	713,669	3,614,562
3	Gross receipts from activities that are not an unrelated trade or business under section 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						
6	Total. Add lines 1 through 5	730,817	737,082	739,208	693,786	713,669	3,614,562
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						
C	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·						
8	line 6)						3,614,562
_	ction B. Total Support	r			···		
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·	730,817	737,082	739,208	693,786	713,669	3,614,562
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources • •			32			32
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b · · · · · · · · · · ·			32			32
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on • • •						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	730,817	737,082	739,240	693,786	713,669	3,614,594
4	First five years. If the Form 990 is for the org organization, check this box and stop here			•		· · · <u>· ·</u> · · · <u>·</u> · ·	▶□
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2018 (line 8, co				F		100.00 %
6	Public support percentage from 2017 Schedu				• • • • • • • • • • • • • • • • • • • •	16 ]	100.00 %
	ction D. Computation of Investment			(6)	<del></del>	47	2 22 0/
7  8	Investment income percentage for 2018 (line Investment income percentage from 2017 Sci		-		r	17	0.00 %
	•				_	<del></del>	0.00_ %
	33 1/3% support tests - 2018. If the organiza 17 is not more than 33 1/3%, check this box a	and <b>stop here.</b> The c	organization qualifie	es as a publicly sup	ported organization	1	▶ 🏻
	33 1/3% support tests - 2017. If the organiza line 18 is not more than 33 1/3%, check this b	ox and stop here. T	he organization qu	alifies as a publicly	supported organization	ation	_
0	Private foundation. If the organization did no	t check a box on line	e 14, 19a, or 19b, o	heck this box and s	see instructions		<u></u> ▶ ∐_

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	_	Yes	No	
	1.	2 30 ° 1	( )	
	2	254. 334.	77.4	
	و بـ 3a	,;	: 4	
	3b	पुष्पात १ च	7.	
	3c	-7.4g		
	4a	<u>~~</u>	<u>ez</u> 1	
	4b			
	· 医型型的		THE SECOND	
	5a 5b	, in .	2-14	
	5	17年 第16年 ラスと 3年4年 4	12 (A)	
	6 7	27.0.23		
	8	1774 1775		
	9a	<u> </u>	3.5	
	9b			
	9c	1 4 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	10a			
	10b	7 990-E	Z) 2018	

,	·			
Sched	ule A (Form 990 or 990-EZ) 2018 Alaska Housing Inititatives Inc 45-263439	4		Page 5
Pa	rt IV½ Supporting Organizations (continued)		132	
44	The theory is the second of the feet of the fellowing managed		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	3.5	25	
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b	┝	<del> </del> -
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b>	11c	$\vdash -$	<del>                                     </del>
	tion B. Type I Supporting Organizations			<u>.                                    </u>
	77 - 77 - 3 - 3		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	pr 15 5	2 1	F" 3
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	الأد	7.27	V/PE
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	
	controlled the organization's activities. If the organization had more than one supported organization,	2		33.23
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	310.7	معلت	in l
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		(2)		7 8
2	Did the organization operate for the benefit of any supported organization other than the supported		- 32	1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	The state of the s		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	3	1.72	-21
Sec	supervised, or controlled the supporting organization tion C. Type II Supporting Organizations		<u> </u>	L
	tion of type in outporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	&Z.	(a)(Ta), F	35 A.
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		, i	
	or management of the supporting organization was vested in the same persons that controlled or managed			1.
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	12.3	3	- 100
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		4	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the	100	1.5	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	P10 9450
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	37		100
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	72.3	1 C. C. C. C.	galan or
Ĭ	significant voice in the organization's investment policies and in directing the use of the organization's	100	1,10	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
	supported organizations played in this regard.	3		14 x 11.11
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructio	ons)	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins		
2	Activities Test. Answer (a) and (b) below.	Fig. 1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	7		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		F 12.3	
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		30 %	the basis
	that these activities constituted substantially all of its activities.	2a	2.32	7,56
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	12.75	Hom see	T" NA
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the		77	記引
	reasons for the organization's position that its supported organization(s) would have engaged in these	17.13	1	2.3
	activities but for the organization's involvement.	2b	ستكنف	لقطنست
3	Parent of Supported Organizations. Answer (a) and (b) below.	Angella S. př.	Sign.	4X.1
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2 77	4	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	PE 24	25.3	1

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	izations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (explain	in Part VI). See		
instructions. All other Type III non-functionally integrated supporting organization	ation	ns must complete Sections	s A through E.		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or					
collection of gross income or for management, conservation, or	1				
maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7		<u> </u>		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		<del>                                     </del>		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see	١,	the state of the state of	170		
instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other	1.	The state of the s			
factors (explain in detail in Part VI):	عرز غ				
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			1		
see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount	······································		Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% of line 1.	2	1.00 The The Park of the Park			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	. 21			
4 Enter greater of line 2 or line 3.	4	F 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
5 Income tax imposed in prior year 5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions).	6				
7 Check here if the current year is the organization's first as a non-functionally	intea	rated Type III supporting of	organization (see		
instructions).	- 3	71	• (		

Pa	rt v   Type III Non-runctionally integrated 509(a)(3	) Supporting Organia	zations (continued)	<u>, , , , , , , , , , , , , , , , , , , </u>	
Sec	Section D - Distributions				
1	Amounts paid to supported organizations to accomplish exer				
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported	<u></u>		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizati	ions		
4					
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	organization is respons	ive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018	
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018	] ,			
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2018	, ,	1 + 1	1.0	
_	From 2013				
	From 2014				
	From 2015		-		
	From 2016		·-		
	From 2017				
	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount		•		
<u>i</u> _	Carryover from 2013 not applied (see instructions)		<u></u>		
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from				
	Section D, line 7:				
	Applied to underdistributions of prior years		·		
	Applied to 2018 distributable amount				
С	Remainder, Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2018. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.		·	<del>_</del>	
7	Excess distributions carryover to 2019. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2014				
	Excess from 2015	THE MENT OF THE PARTY OF		P	
	Excess from 2016	` `		,	
d	Excess from 2017				
е	Excess from 2018		——————————————————————————————————————		

### **SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

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

➤ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

2018

OMB No 1545-0047

Open to Public Inspection Employer identification number

Ala	aska Housing Inititatives Inc	45-2634394
_	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accour	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(e) 1 and an explor assertio
2	Aggregate value of contributions to (during year)	<del></del>
3	Aggregate value of grants from (dunng year)	<del> </del>
4	Aggregate value at end of year	<del></del>
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	<del></del>
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?	Tyes No
Pai	rt II Conservation Easements.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	<del></del>
•	Preservation of land for public use (e.g., recreation or education)  Preservation of a historically	v important land area
	Protection of natural habitat  Preservation of a certified h	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con-	servation
_	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	
c	Number of conservation easements on a certified historic structure included in (a)	<del>                                     </del>
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	historic structure listed in the National Register	.   <sub>2d</sub>
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	
-	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, handling of violations, and enforcing conservation	
	<b>•</b>	- ,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	)(ı)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements	ent, and
	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	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on 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 and	balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	herance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	5.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ball	ance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	herance of
	public service, provide the following amounts relating to these items.	
	(i) Revenue included on 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 gain, pi	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	···· ▶ \$
b	Assets included in Form 990. Part X	> s

Sched	dule D (Form 990) 2018 Alaska Housing						45-263		Page 2
Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)								
3	Using the organization's acquisition, accession,	and other records,	check any o	f the follow	ing that are	a significa	nt use of its		
	collection items (check all that apply)								
а	Public exhibition	d 📗 Lo	oan or excha	ange progra	ams				
b	Scholarly research	• 🗍 0	ther				_	_	_
С	Preservation for future generations			,					
4	Provide a description of the organization's collection	ctions and explain h	ow they furt	her the org	anization's e	xempt pu	rpose in Part		
	XIII.								
5	During the year, did the organization solicit or re	ceive donations of	art, historica	l treasures,	, or other sin	nılar			
	assets to be sold to raise funds rather than to be		of the orga	nızation's c	collection?		<u></u>	· · · 🔲 Y	es 🗌 No
Pa	rt IV Escrow and Custodial Arran								
	Complete if the organization ar	nswered "Yes" o	on Form 9	990, Part	t IV, line 9	, or rep	orted an amoi	unt on Fo	r <b>m</b>
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian							_	_
	·	• • • • • • • • •		• • • • •	• • • • • •			∐ Y	es 📙 No
b	If "Yes," explain the arrangement in Part XIII and	d complete the follow	wing table <sup>.</sup>				<del></del>		
						<u> </u>		mount	
С	Beginning balance								<del></del>
đ	Additions during the year								
0	5 ,						<del> </del>		
f	Ending balance						<del></del>	—	<del></del>
2a	Did the organization include an amount on Form							· · · · 🗌 Y	
	If "Yes," explain the arrangement in Part XIII. Ch	eck nere if the expl	anation has	been provi	ded on Part	<u> </u>	<u> </u>		
T a	Complete if the organization ar	newered "Ves"	n Form (	900 Part		0			
	Complete if the organization at	T					(d) The average head	(0) 5	
1a	Beginning of year balance	(a) Current year	(6) Pr	or year	(c) Two yea	rs dack	(d) Three years back	( (e) Four	years back
b	Contributions		<del></del>						
c	Net investment earnings, gains, and		<del></del>		<del>                                     </del>		<del></del> -		
_	losses					1			
d	Grants or scholarships		1						
0	Other expenditures for facilities and				<u> </u>				
	programs	:							
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current	year end balance (I	ine 1g, colui	mn (a)) hel	d as				
а	Board designated or quasi-endowment	%							
b	Permanent endowment   %								
c	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should	equal 100%.							
3a	Are there endowment funds not in the possession	n of the organization	n that are he	eld and adn	nınıstered fo	r the		_	
	organization by.								Yes No
	(i) unrelated organizations	• • • • • • • • •		• • • • •	• • • • •	• • • • •		- 3a(i)	
	(ii) related organizations	• • • • • • • • •		• • • • •		• • • • •		- 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	•		e R? • •	• • • • • •			3b	
4	Describe in Part XIII the intended uses of the org		nent funds.				·		
Par	t VI Land, Buildings, and Equipm		- Farm 0	00 Dad	1\/ line 1:	10 500	Form 000 B	art V luna	10
	Complete if the organization an					T			
	Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation								
1a	Land			4	132,582	, ,	<u>,, , , , , , , , , , , , , , , , , , ,</u>	4	32,582
b	Buildings				959,972		5,828,124		31,848
С	Leasehold improvements								
d	Equipment	[		4	148,974			4	48,974
е	Other								
Total	Add lines 1a through 1e. (Column (d) must equa	il Form 990, Part X,	column (B),	line 10c)		<u>.</u> .	▶	4,0	13,404
EEA								Schedule D (Fo	rm 990) 2018

45-2634394

Part VIII	Complete if the organization answers	ered "Yes" on Form 990. Pa	art IV line 11b. See Form 990. P	Part X line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
***	(including name of security)		Cost or end-of-year market val	lue
• •	denvatives	• • •	<del> </del>	
• •	eld equity interests	• •		
(3) Other				
(A) (B)				<del></del>
(C)	<del></del>	<del></del>	<del> </del>	
(D)	<del></del>	<del></del>	<del></del>	
(E)				
(F)				<del></del>
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.)		The second secon	<b>建筑。在1000年</b>
Part VIII	Investments - Program Related.		<del></del>	
	Complete if the organization answer	ered "Yes" on Form 990, Pa	irt IV, line 11c. See Form 990, P	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market val	ue
(1)				
(2)	<del></del>			
(3)				
(4)				
(5)				
(6)				
(7)	<del></del>	<del></del>	<u> </u>	
(8)				
(9)			<b>医院 協設した たまながか だっぱっぱっぱっ</b>	Burnette it a
Part IX	must equal Form 990, Part X, col (B) line 13 ) • Other Assets.	i	BEE LANGUAGE & ON - HELENOOFF, STAR OFFICE	Line Alexander
Tartix	Complete if the organization answer	ered "Yes" on Form 990. Pa	rt IV line 11d See Form 990 P	art X line 15
		a) Description	100,000,000,000,000,000,000,000,000,000	(b) Book value
(1) Replac	cement Reserves	a) besarbiter	· · · · · · · · · · · · · · · · · · ·	39,60
(2) Escrot	<del></del>			29,25
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				<del></del>
	n (b) must equal Form 990, Part X, ∞l (B) line 1	5)		68,85
Part X	Other Liabilities.	and IlVanii on Form 000 Da	mt IV/ lime 44 e er 446 Coo Form (	000 Dad V
	Complete if the organization answe line 25.	ered "Yes" on Form 990, Pa	rt IV, line The or Thi. See Forms	990, Part X,
1.	(a) Description of liability	(b) Book value	Land sales and the first of the sales	The state of the s
(1) Federal ır	ncome taxes			
(2) Tenant	Deposits	55,590		
(3) Prepai		23,700	The state of the s	
(4)			The state of the s	
(5)			A STATE OF THE PARTY OF THE PAR	The state of the s
(6)			The state of the s	All the same of th
(7)				<b>"是是我们的</b>
(8)				· · · · · · · · · · · · · · · · · · ·
(9)				· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) i	must equal Form 990, Part X, col (B) line 25)	79,290	国的是是一个大型的"大","特别的"。(1)	Land office and

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII . . . . . . . .

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

			age -
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements	T 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	<del></del>	
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	ļ.	
c	Recovenes of prior year grants	1	
ď	Other (Describe in Part XIII.)	†·	
8	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	20	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	-	
а	Investment expenses not included on Form 990, Part VIII, line 7b	,	
b	Other (Describe in Part XIII.)	l	
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5_	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<del></del>	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	.,}	
b	Prior year adjustments	-	
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	. 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	1_	
b	Other (Describe in Part XIII.)	<del> </del>	
c		4c	
5 Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	de 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	( line	
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, IIIIC	
_,	text, into 20 and 40, and 1 arexin, into 20 and 40.7400 complete and part to provide any additional information.		
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Schedule D (Form 990) 2018

EEA

#### **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.

OMB No 1545-0047

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Alaska Housing Inititatives Inc	45-2634394				
01. Form 990 governing body review (Part VI, line 11)					
Board of Directors have the opportunity to review draft of tax return before filing.					
02. Governing documents, etc, available to public (Part VI, line	02. Governing documents, etc, available to public (Part VI, line 19)				
Documents made available to the public upon request.					
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