

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No 1545-0687

2015Department of the Treasury
Internal Revenue Service

For calendar year 2015 or other tax year beginning

, and ending

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

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

Open to Public Inspection for
501(c)(3) Organizations Only**A** ☐ Check box if
address changed**B** Exempt under section☒ 501(c) (**3**)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)**C** Book value of all assets
at end of year**91,912,791****Print
or
Type**Name of organization (☐ Check box if name changed and see instructions)**TLINGIT-HAIDA REGIONAL
HOUSING AUTHORITY**

Number, street, and room or suite no. If a P.O. box, see instructions

PO BOX 32237

City or town, state or province, country, and ZIP or foreign postal code

JUNEAU**AK 99803-2237****D** Employer identification number
(Employees' trust, see instructions)**92-0044273****E** Unrelated business activity codes
(See instructions)**531390****F** Group exemption number (See instructions) ▶**G** Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Describe the organization's primary unrelated business activity▶ **CUSTODIAL SERVICES**

During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

▶ ☐ Yes ☒ No

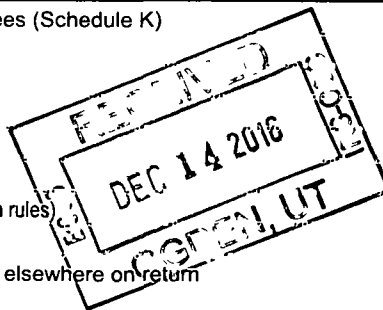
If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of ▶ **IRENE TUPOU**Telephone number ▶ **907-780-6868****Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 659,074			
b Less returns and allowances			
c Balance ▶	1c 659,074		
2 Cost of goods sold (Schedule A, line 7)	2 284,598		
3 Gross profit. Subtract line 2 from line 1c	3 374,476		374,476
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions, attach schedule) SEE STMT 1	12 336		336
13 Total. Combine lines 3 through 12	13 374,812		374,812

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	67,658
16 Repairs and maintenance	16	70,073
17 Bad debts	17	2,640
18 Interest (attach schedule)	18	229
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	24,840
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	24,840
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) SEE STATEMENT 3	28	160,121
29 Total deductions. Add lines 14 through 28	29	325,561
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	49,251
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	49,251
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	48,251

**SEE STATEMENT 2****SEE STATEMENT 3**

SCANNED JAN 05 2017

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		
(1) \$ (2) \$ (3) \$		
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750)	\$	
(2) Additional 3% tax (not more than \$100,000)	\$	
c Income tax on the amount on line 34		35c 7,238
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37 Proxy tax. See instructions		37
38 Alternative minimum tax		38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39 7,238

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800 (see instructions)	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d		40e
41 Subtract line 40e from line 39		41 7,238
42 Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att sch)		42
43 Total tax. Add lines 41 and 42		43 7,238
44a Payments. A 2014 overpayment credited to 2015	44a	
b 2015 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations. Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	44g	
45 Total payments. Add lines 44a through 44g		45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached		46 35
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		47 7,273
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		48
49 Enter the amount of line 48 you want. Credited to 2016 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>		49

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

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file	Yes	No
		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year	\$	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **COST METHOD**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2	31,531	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	284,598
3 Cost of labor	3	216,494	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional sec 263A costs (attach schedule)	4a				X
b Other costs (attach schedule) STMT 4	4b	36,573			
5 Total. Add lines 1 through 4b	5	284,598			

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer <i>[Signature]</i>	Date 12/3/16	Title VP Admin / Interim Acting CEO		
Paid	Print/Type preparer's name ED CAMARA	Preparer's signature <i>[Signature]</i>	Date 11/10/16	Check <input type="checkbox"/> if self-employed	PTIN P00446504
Preparer Use Only	Firm's name BARLOW, CAMARA & ROWLAND	Firm's EIN 26-4097517	Phone no 818-247-3400		
	Firm's address 330 ARDEN AVE STE 200 GLENDALE, CA 91203-1181				

Form 990-T (2015)

TLINGIT-HAIDA REGIONAL**92-0044273**Page **3****Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property(1) **N/A**

(2)

(3)

(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)

(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)

3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

(1)

(2)

(3)

(4)

Total**Total****(b) Total deductions.**

Enter here and on page 1, Part I, line 6, column (B) ▶

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶**Schedule E – Unrelated Debt-Financed Income (see instructions)****1. Description of debt-financed property****2. Gross income from or allocable to debt-financed property****3. Deductions directly connected with or allocable to debt-financed property**

(a) Straight line depreciation (attach schedule)

(b) Other deductions (attach schedule)

(1) **N/A**

(2)

(3)

(4)

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)**5. Average adjusted basis of or allocable to debt-financed property (attach schedule)****6. Column 4 divided by column 5****7. Gross income reportable (column 2 x column 6)****8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))**

(1)

(2)

(3)

(4)

Enter here and on page 1, Part I, line 7, column (A)

Enter here and on page 1, Part I, line 7, column (B)

Totals**Total dividends-received deductions** included in column 8 ▶**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)****1. Name of controlled organization****2. Employer identification number****Exempt Controlled Organizations****3. Net unrelated income (loss) (see instructions)****4. Total of specified payments made****5. Part of column 4 that is included in the controlling organization's gross inc****6. Deductions directly connected with income in column 5**(1) **N/A**

(2)

(3)

(4)

Nonexempt Controlled Organizations**7. Taxable income****8. Net unrelated income (loss) (see instructions)****9. Total of specified payments made****10. Part of column 9 that is included in the controlling organization's gross income****11. Deductions directly connected with income in column 10**

(1)

(2)

(3)

(4)

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A)

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B)

Totals

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

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1) N/A				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)

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

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26

Schedule J – Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)						

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

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

92-0044273

Federal Statements

FYE: 12/31/2015

Statement 1 - Form 990-T, Part I, Line 12 - Other Income

Description	Amount
C&C CUSTODIAL	\$ 336
TOTAL	\$ 336

Statement 2 - Form 990-T, Part II, Line 18 - Interest

Description	Amount
INTEREST	\$ 229
TOTAL	\$ 229

Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
INSURANCE	\$ 34,932
ADVERTISING	
OTHER MISCELLANEOUS	1,454
PROFESSIONAL SERVICES	39,144
RENT	
COMMUNICATIONS	
TRAVEL	2,433
VEHICLE EXPENSE	
LOSS ON SALE OF ASSETS	8,111
GENERAL & . ADMINSTRATIVE	74,047
TOTAL	\$ 160,121

Statement 4 - Form 990-T, Schedule A, Line 4b - Other Costs

Description	Amount
C&C CUSTODIAL	\$ 36,573
TOTAL	\$ 36,573