

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

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning 1912, 2019, and ending 20

Go to www.irs.gov/Form990T for instructions and the latest information.

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

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed
B Exempt under section
X 501(c)(3)
408(e)
408A
529(a)

Name of organization: Anchorage Neighborhood Housing Services
Number, street, and room or suite no: 2515 A Street
City or town, state or province, country, and ZIP or foreign postal code: Anchorage, AK 99503

Employer identification number: 92-0082642
Unrelated business activity code: 531120

C Book value of all assets at end of year: 53,808,485
F Group exemption number
G Check organization type: X 501(c) corporation

H Enter the number of the organization's unrelated trades or businesses: 1
Describe the only (or first) unrelated trade or business here: LS Commercial Rental sp

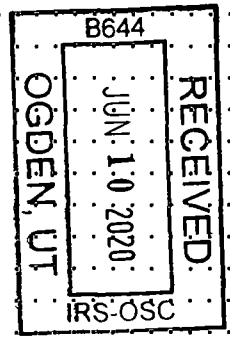
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of: NeighborWorks Alaska Telephone number: (907) 677-8490

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, etc.

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

Table with 4 columns: Line number, Description, Amount, Total. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.



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Part III Total Unrelated Business Taxable Income

Table with 2 columns: Description and Amount. Rows include: 32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 32; 33 Amounts paid for disallowed fringes 33; 34 Charitable contributions (see instructions for limitation rules) 34; 35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of line 32 and 33 35; 36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 36; 37 Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35 37; 38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 38; 39 Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 39 0

Part IV Tax Computation

Table with 2 columns: Description and Amount. Rows include: 40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 40; 41 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from [] Tax rate schedule or [] Schedule D (Form 1041) 41; 42 Proxy tax. See instructions 42; 43 Alternative minimum tax (trusts only) 43; 44 Tax on Noncompliant Facility Income. See instructions 44; 45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 45

Part V Tax and Payments

Table with 2 columns: Description and Amount. Rows include: 46a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a; 46b Other credits (see instructions) 46b; 46c General business credit Attach Form 3800 (see instructions) 46c; 46d Credit for prior year minimum tax (attach Form 8801 or 8827) 46d; 46e Total credits. Add lines 46a through 46d 46e; 47 Subtract line 46e from line 45 47; 48 Other taxes Check if from [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866 [] Other (attach schedule) 48; 49 Total tax. Add lines 47 and 48 (see instructions) 49; 50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 50; 51a Payments A 2018 overpayment credited to 2019 51a; 51b 2019 estimated tax payments 51b; 51c Tax deposited with Form 8868 51c; 51d Foreign organizations Tax paid or withheld at source (see instructions) 51d; 51e Backup withholding (see instructions) 51e; 51f Credit for small employer health insurance premiums (Attach Form 8941) 51f; 51g Other credits, adjustments, and payments [] Form 2439 [] Form 4136 [] Other Total 51g; 52 Total payments. Add lines 51a through 51g 52; 53 Estimated tax penalty (see instructions) Check if Form 2220 is attached 53; 54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed 54; 55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 55; 56 Enter the amount of line 55 you want Credited to 2020 estimated tax Refunded 56

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

Table with 3 columns: Description, Yes, No. Rows include: 57 At any time during the 2019 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 57; 58 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 58; 59 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 59

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Here: Signature of officer: [Signature] Date: [Blank] Title: President. May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Table with 4 columns: Preparer information. Rows include: Preparer's name: Rod Hutchings; Preparer's signature: [Signature]; Date: 05-19-2020; Check self-employed: []; PTIN: P0044863; Firm's name: Hutchings & Associates CPAs; Firm's EIN: 20-3324206; Firm's address: 4141 B Street Ste 207 Anchorage AK 99503; Phone no: 907-563-2727

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

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

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

(see instructions)

1. Description of property

(1) Commercial portion of the Loussac Sqm SRO

(2)
(3)
(4)

| 2. Rent received or accrued | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) Statement #11 |
|--|---|---|
| (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) | |
| (1) | 143,415 | 189,965 |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 143,415 | |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . ▶ | | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ |
| | | 189,965 |

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) | | | | |
| (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) | | % | | |
| Totals ▶ | | | Enter here and on page 1, Part I, line 7, column (A) | Enter here and on page 1, Part I, line 7, column (B) |
| 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 income | 6. Deductions directly connected with income in column 5 |
| (1) Hampstead Heath GP LLC | 03-1982988 | | | | |
| (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) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Enter here and on page 1, Part I, line 9, column (A) | Enter here and on page 1, Part I, line 9, column (B) | |

Totals

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) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |

| | | | | | | |
|---------------------|--|--|--|--|--|--|
| | | 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 25 |
| Totals | | | | | | |

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) | | | | | | |
| (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) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I ▶ | | | | | | |
| Totals, Part II (lines 1-5) ▶ | 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 26 |

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) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 ▶ | | | |

Federal Supporting Statements**2019 PG01**

Name(s) as shown on return

Tax ID Number

Anchorage Neighborhood Housing Services Inc

92-0082642

**990-T - Schedule C - Line 3
Deductions Directly Connected with Income**

Statement #11

| <u>Description</u> | <u>Amount</u> |
|---------------------------|--------------------------------|
| Depreciation | \$37,837 |
| Utilities | \$35,949 |
| Wages & Benefits | \$42,985 |
| Interest | \$11,406 |
| Janitorial | \$10,320 |
| Maintenance | \$12,684 |
| Parts & supplies | \$6,429 |
| Insurance | \$4,705 |
| Management fees | \$1,867 |
| Professional fees | \$1,042 |
| Vehicle | \$1,076 |
| Advertising | \$767 |
| Community outreach | \$319 |
| Office supplies | \$886 |
| Property taxes | \$4,925 |
| Misc | \$23 |
| Admin Overhead | <u>\$16,745</u> |
| Total | <u><u>\$189,965</u></u> |