

1809

Form 990-T

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

OMB No 1545 0687

AMENDED RETURN

For calendar year 2017 or other tax year beginning 10/01, 2017, and ending 9/30, 2018

2017

SEE STMT 1 Department of the Treasury Internal Revenue Service

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

Form sections A, B, C, D, E, F, G, H. Includes organization name SOUTHCENTRAL FOUNDATION, address 4501 DIPLOMACY DRIVE ANCHORAGE, AK 99508, and EIN 92-0086076.

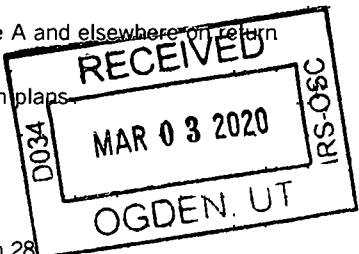
Section C: Book value of all assets at end of year 685,502,831. Section F: Group exemption number. Section G: Check organization type [X] 501(c) corporation.

Section H: Describe the organization's primary unrelated business activity OFFICE RENTAL. Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? [X] No.

Section J: The books are in care of RONALD L OLSON, VP OF FINANCE. Telephone number 907-729-4939.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total net income 1,883,962.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows 14-34. Total deductions 73,903. Unrelated business taxable income 1,568,375.



SCANNED 11/11/2020 MAR 1 10 2020

Handwritten numbers 26, 30, 31, 32, 33, 34.

Handwritten number 610.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation
 Controlled group members (sections 1561 and 1563) check here 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 **SEE STATEMENT 3** **35 c** 380,760.

36 Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on the amount on line 34 from Tax rate schedule or Schedule D (Form 1041) **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

39 Tax on Non-Compliant Facility Income. See instructions **39**

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies **40** 380,760.

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) **41 a**

b Other credits (see instructions) **41 b**

c General business credit Attach Form 3800 (see instructions) **41 c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **41 d**

e Total credits. Add lines 41a through 41d **41 e** 0.

42 Subtract line 41e from line 40 **42** 380,760.

43 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866
 Other (attach schedule) **43**

44 Total tax. Add lines 42 and 43 **44** 380,760.

45 a Payments A 2016 overpayment credited to 2017 **45 a**

b 2017 estimated tax payments **45 b**

c Tax deposited with Form 8868 **45 c**

d Foreign organizations Tax paid or withheld at source (see instructions) **45 d**

e Backup withholding (see instructions) **45 e**

f Credit for small employer health insurance premiums (Attach Form 8941) **45 f**

g Other credits and payments Form 2439 Form 4136 Other _____ Total **45 g**

46 Total payments. Add lines 45a through 45g **46** 0.

47 Estimated tax penalty (see instructions) Check if Form 2220 is attached **47** 14,990.

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed **48**

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49** 58,373.

50 Enter the amount of line 49 you want **Credited to 2018 estimated tax** **50** 58,373.

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

51 At any time during the 2017 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**

52 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**

53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0.

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

Signature of officer: *[Signature]* Date: 1-21-2020 Title: VP OF FINANCE

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: TOM J. DOMAGALA, CPA Preparer's signature: *[Signature]* Date: 1-14-20

Firm's name: ALTMAN ROGERS & CO Check if self employed PTIN: P00122688

Firm's address: 3000 C STREET SUITE 201 ANCHORAGE, AK 99503 Firm's EIN: 92-0143182

Phone no: (907) 274-2992

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				
4 a Additional-section 263A costs (attach schedule)	4 a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach sch)	4 b			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5 Total. Add lines 1 through 4b	5			<input type="checkbox"/>	<input checked="" type="checkbox"/>

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1)		
(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	
(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) ▶

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 SEE ST 5	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1) U-BUILDING ONE LLC		471,512.		324,673.
(2) U BUILDING TWO, LLC		141,826.		177,793.
(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) 7,447,534.	8,068,288.	92.3062 %	435,235.	299,693.
(2) 5,797,638.	9,100,860.	63.7043 %	90,349.	113,262.
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 525,584.	Enter here and on page 1, Part I, line 7, column (B). 412,955.
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)					
(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 (column 3 plus column 4)
(1)				
(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 columns 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)						
Totals		Enter here and on page 1, Part I, line 10, column (A)	Enter here and on page 1, Part I, line 10, column (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 (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part III 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 (col 6 minus col 5, but not more than col. 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, column (A)	Enter here and on page 1, Part I, line 11, column (B)			Enter here and on page 1, Part II, line 27	

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
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			

SCHEDULE D

(Form 1120)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545 0123

2017

Name **SOUTHCENTRAL FOUNDATION**

Employer identification number

92-0086076

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6
7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h				7

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	1,771,333.			1,771,333.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9				11
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions (see instructions)				14
15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h				15 1,771,333.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)				16
17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)				17 1,771,333.
18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns If the corporation has qualified timber gain, also complete Part IV				18 1,771,333.

Note: If losses exceed gains, see **Capital losses** in the instructions

CLIENT AMEND2

SOUTHCENTRAL FOUNDATION

92-0086076

1/14/20

12 12PM

**STATEMENT 1
FORM 990-T, AMENDED RETURN
AMENDED RETURN EXPLANATION**

IRC CODE SECTION 512(A) (7) MANDATES THAT UNRELATED BUSINESS TAXABLE INCOME SHOULD BE INCREASED BY NONDEDUCTIBLE PARKING EXPENSES. BOTH THE 990 AND 990-T WERE AMENDED TO REFLECT THE INCREASE OF NET INCOME ON 9-17-2019.

IRC CODE SECTION 512(A) (7) WAS REPEALED RETROACTIVELY TO THE DATE OF INCEPTION ON 12-20-2019. BOTH THE 990 AND 990-T ARE BEING AMENDED TO REFLECT THE DECREASE IN NET INCOME.

**STATEMENT 2
FORM 990-T, PART II, LINE 31
NET OPERATING LOSS DEDUCTION**

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE
9/30/06	\$ 246,877.	8,170.	\$ 238,707.
9/30/08	1,977.	0.	1,977.
TOTAL NET OPERATING LOSS DEDUCTION			<u>\$ 240,684.</u>

**STATEMENT 3
FORM 990-T, PART III, LINE 35C
COMPUTATION OF TAX**

BLENDED TAX COMPUTATION

1. UNRELATED TAXABLE INCOME	\$ 1,568,375.
2. TAX ON LINE 1 FIGURED USING TAX RATE BEFORE JANUARY 1, 2018	533,248.
3. TAX ON LINE 1 FIGURED USING THE 21% RATE	329,359.
4. RATIO OF DAYS BEFORE JANUARY 1, 2018	0.2521
5. RATIO OF DAYS AFTER DECEMBER 31, 2017	0.7479
7. MULTIPLY LINE 2 BY LINE 4	134,432.
8. MULTIPLY LINE 3 BY LINE 5	246,328.
9. TOTAL TAX (ADD LINES 7 AND 8)	<u>\$ 380,760.</u>

**STATEMENT 4
FORM 990-T, PART IV
OTHER CHARGES AND PAYMENTS**

LATE INTEREST	\$ 11,004.
TAX PAID WITH ORIGINAL RETURN	465,127.
TOTAL	<u>\$ 476,131.</u>

CLIENT AMEND2

SOUTHCENTRAL FOUNDATION

92-0086076

1/14/20

12 12PM

**STATEMENT 5
FORM 990-T, SCHEDULE E, LINE 3B
OTHER DEDUCTIONS ALLOCABLE TO DEBT-FINANCED PROPERTY**

U-BUILDING ONE LLC

AMORTIZATION	\$	1,600.
CLEANING AND MAINTENANCE		5,027.
INSURANCE		6,620.
LEGAL AND PROFESSIONAL FEES		2,353.
MANAGEMENT FEES		8,948.
INTEREST		131,340.
REPAIRS		10,916.
TAXES		23,304.
UTILITIES		9,165.
HVAC		6,686.
JANITORIAL		17,328.
GROUNDS MAINTENANCE		12,889.
GROUND RENT		88,470.
BANK CHARGES		2.
DUES AND FEES		25.
TOTAL	\$	<u>324,673.</u>

U BUILDING TWO, LLC

AMORTIZATION	\$	4,810.
CLEANING AND MAINTENANCE		4,098.
INSURANCE		2,320.
LEGAL AND PROFESSIONAL FEES		7,130.
LICENSES AND PERMITS		26.
INTEREST		55,354.
REPAIRS		3,034.
TAXES		15,324.
UTILITIES		21,112.
GROUND LEASE		57,871.
BANK FEES		258.
MARKETING		736.
SECURITY/ FIRE/LIFE SAFETY		789.
HVAC		1,661.
GROUNDS MAINTENANCE		3,270.
TOTAL	\$	<u>177,793.</u>

1/14/20

12 12PM

**AMENDED RETURN
AMOUNT PAID WITH ORIGINAL RETURN**

AMOUNT PAID WITH THE ORIGINAL RETURN	\$	406,754.
AMOUNT PAID WITH THE FIRST AMENDED RETURN		58,373.
TOTAL	\$	<u>465,127.</u>