AMERICAN NETWORK OF COMMUNITY OPTIONS AND RESOURCES 1101 KING ST, NO. 380 ALEXANDRIA, VA 22314-2962

> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

Form 990-T	E	Exempt Organization Bus	sine	ss Income Ta	ax Return		OMB No. 1545-0047
		(and proxy tax und					2010
	For ca	lendar year 2019 or other tax year beginning		, and ending		[2019
Department of the Treasury Internal Revenue Service	•	► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		Name of organization (Check box if name c				Emp	oyer identification number loyees' trust, see
address changed		AMERICAN NETWORK OF CO		uctions.)			
B Exempt under section	Print or	AND RESOURCES					2-0846389 ated business activity code
X 501(c)(6) 408(e) 220(e)	Туре	Number, street, and room or suite no. If a P.O. box 1101 KING ST, NO. 380	k, see in	istructions.			nstructions.)
408A 530(a)		City or town, state or province, country, and ZIP o	r forgia	n noetal code			
529(a)		ALEXANDRIA, VA 22314-	296	2		900	004
			D			<i>5</i>	
C Book value of all assets at end of year 3, 264,8	42.	G Check organization type ► X 501(c) corp	-	501(c) trust	401(a)	trust	Other trust
		ation's unrelated trades or businesses.	3		ne only (or first) unr		
trade or business here	► S1	EE STATEMENT 1		. If only one, c	omplete Parts I-V. I	f more	than one,
describe the first in the bl	ank spa	ce at the end of the previous sentence, complete Pa	ırts I an	d II, complete a Schedule I	M for each addition	al trade	e or
business, then complete					<u></u>		
		ooration a subsidiary in an affiliated group or a parer	nt-subsi	diary controlled group?	> L	Ye	es X No
		tifying number of the parent corporation.			7	0.2	F2F 70F0
		CYNTHIA ALLEN DE RAMOS de or Business Income	ı		ne number > 7		
		de or Business income	$\overline{}$	(A) Income	(B) Expenses		(C) Net
1a Gross receipts or saleb Less returns and allow		c Balance ▶	1c				
		A, line 7)	2				
3 Gross profit. Subtract			3				
		ch Schedule D)	4a				
		Part II, line 17) (attach Form 4797)	4b				
		sts	4c				
		ship or an S corporation (attach statement)	5				
6 Rent income (Schedu	le C)		6				
7 Unrelated debt-finance		ne (Schedule E)	7				
8 Interest, annuities, roy	alties, a	and rents from a controlled organization (Schedule F)	8				
		on 501(c)(7), (9), or (17) organization (Schedule G)	9				
		me (Schedule I)	10	404 554	1	4.0	22 422
		e J)	11	104,551.	16,1	48.	88,403.
12 Other income (See ins	struction	ns; attach schedule)	12	104 551	1.6 1	4.0	00 402
Part II Deductio	3 throu	gh 12	13	104,551.	16,1	48.	88,403.
(Deductions	must l	ot Taken Elsewhere (See instructions for the directly connected with the unrelated busing the connected with the unrelated busing the connected with the unrelated busing the connected with the connecte	ness in	come.)			
		rectors, and trustees (Schedule K)				14	
						15	
						16	
17 Bad debts	dula) (a	oo instructions)				17	
		ee instructions)				18 19	7,175.
		562)				18	7,175
21 Less depreciation cla	imed o	562) n Schedule A and elsewhere on return		212		21b	
		in Schedule A and elsewhere on return				22	
23 Contributions to defe	erred co	mpensation plans				23	
						24	
		chedule I)				25	
26 Excess readership co	osts (Sc	hedule J)				26	
27 Other deductions (at	tach sch	nedule)		SEE STATE	EMENT 2	27	1,000.
28 Total deductions. A	dd lines	14 through 27				28	8,175.
29 Unrelated business t	axable i	ncome before net operating loss deduction. Subtrac	t line 28	3 from line 13		29	80,228.
•	-	loss arising in tax years beginning on or after Janua	-				•
						30	0.
31 Unrelated business t	axable i	ncome. Subtract line 30 from line 29				31	80,228.

Part	III	Total Unrelated Business Taxable Income		
		unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	125,907.
		· · · · · · · · · · · · · · · · · · ·	33	<u> </u>
34	Charita	ts paid for disallowed fringes ble contributions (see instructions for limitation rules) STMT 3 STMT 4	34	12,491.
		35	113,416.	
36		nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	113,416.
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
	enter th	e smaller of zero or line 37	39	112,416.
Part	IV	Tax Computation		
40		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	23,607.
41	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		
		ax rate schedule or Schedule D (Form 1041)	41	
42	Proxy t	ax. See instructions	42	
43	Alterna	tive minimum tax (trusts only)	43	
44	Tax on	Noncompliant Facility Income. See instructions	44	00 600
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	23,607.
		Tax and Payments		
		tax credit (corporations attach Form 1118; trusts attach Form 1116)		
		redits (see instructions) 46b		
		business credit. Attach Form 3800 46c		
		or prior year minimum tax (attach Form 8801 or 8827) 46d redits. Add lines 46a through 46d	46e	
			47	23,607.
48	Other to	ext line 46e from line 45 axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	25,007.
49		ax. Add lines 47 and 48 (see instructions)	49	23,607.
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
		nts: A 2018 overpayment credited to 2019 51a 8 , 0 9 5 .		
		stimated tax payments 51b 29,960.		
		posited with Form 8868 51c		
		organizations: Tax paid or withheld at source (see instructions) 51d		
е	Backup	withholding (see instructions) 51e		
f	Credit f	or small employer health insurance premiums (attach Form 8941)		
g	Other c	redits, adjustments, and payments: Form 2439		
		orm 4136 Other Total ▶ 51g		
		ayments. Add lines 51a through 51g	52	38,055.
53		ed tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖	53	
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	1 4 4 4 0
55	-	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	14,448.
56 Part		ne amount of line 55 you want: Credited to 2020 estimated tax 14,448. Refunded Statements Regarding Certain Activities and Other Information (see instructions)	56	0.
		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
01	-	inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		103 140
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here	>		х
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		<u>x</u>
	-	see instructions for other forms the organization may have to file.		
59		ne amount of tax-exempt interest received or accrued during the tax year 🕨 \$		
	U	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know prrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	ledge a	nd belief, it is true,
Sign		Ma	v the IR:	S discuss this return with
Here		DIRECTOR OF FINANCE the		r shown below (see
	<u> </u>	Signature of officer Date Title inst	tructions	s)? X Yes No
		Print/Type preparer's name Preparer's signature Date Check if	PTI	N
Paid	l	GLENN MILLER, CPA Self- employed	_	00005705
	arer			00086726
-	Only	Firm's name ► WEGNER CPAS, LLP Firm's EIN ►	3	9-0974031
	-	419 N LEE ST	0.2	E10 0000
			U 3 –	519-0990
923/11	01-27-20			Form 990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	valuation ► N/A					
1 Inventory at beginning of year			_	Inventory at end of year			6		
2 Purchases	2			Cost of goods sold. Su					
3 Cost of labor				from line 5. Enter here	and in f	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8 Do the rules of section 263A (with respect to			Yes	No		
b Other costs (attach schedule)	4b			property produced or a	cquired	d for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	pert	y)	
1. Description of property									
(1)									,
(2)									
(3)									
(4)									
	2. Rent receiv	red or accrued				0/2/2			
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	persona	sonal property (if the percenta I property exceeds 50% or if sed on profit or income)	ige	3(a) Deductions directly columns 2(a) at	connection (connection)	cted with the income attach schedule)	in
(1)									
(2)									
(3)									,
(4)									,
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Er n (A)	nter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del			instru	uctions)					
				2. Gross income from		3. Deductions directly cor to debt-finance			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductio (attach schedule)	ins)
(1)							+		
<u>(1)</u> (2)							+		
(3)							+		
(4)									
A. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis allocable to anced property	1	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable deduction of x total of column 6 x total of column 3(a) and 3(b))	olumns
	(attac	h schedule)				· 			
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column	
Totals				▶		0			0.
Total dividends-received deductions in							\neg		$\overline{}$

Form **990-T** (2019)

Form 990-T (2019) AND RESOURCES

Schedule F - Interest,	Aimuide	o, 110ya	ines, a		Controlled O			Lauoi	io (see ins	truction	13)
1. Name of controlled organize	zation	2. Emidentifi		3. Net unr	related income e instructions)	4. Tota	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross incompanization's gross incompanization ground grou		rolling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	nizations										
7. Taxable Income		nrelated incor ee instruction		9. Total	of specified pay made	nents	10. Part of colu in the controll gross	mn 9 that ing organ s income	is included ization's		ductions directly connected n income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colur Enter here and line 8,		1, Part I,		dd columns 6 and 11. nere and on page 1, Part I, line 8, column (B).
Totals						>			0.		0.
Schedule G - Investm	ent Incor structions)	ne of a	Section	n 501(c)((7), (9), or	(17) Or	ganization	1			
	scription of incor	me			2. Amount of	income	3. Deduction directly connected (attach scheduler)	ected	4. Set-a		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)							(anaon conor				(66). 6 plas 66). 1)
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co	on page 1, lumn (A).					Enter here and on page 1, Part I, line 9, column (B).
Totals				>		0.					0.
Schedule I - Exploited	d Exempt ructions)	Activity	/ Incon	ne, Othe	r Than Ac	lvertisi	ng Incom	Э			
1. Description of exploited activity	2. Gunrelated income trade or b	business from	directly with pr of un	openses connected roduction irelated ss income	4. Net incon from unrelated business (cominus colum gain, comput through	I trade or olumn 2 n 3). If a e cols. 5	5. Gross incompactivity is not unrelated business incompactivity.	that ted	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
	Enter here page 1, line 10, o	Part I, col. (A).	page	ere and on 1, Part I, I, col. (B).							Enter here and on page 1, Part II, line 25.
Schedule J - Advertis	ing Incor	0. ne (see i	netructio	0.							0.
Part I Income From		•		•	solidated	Basis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (c col. 3). If a g	ising gain ol. 2 minus ain, comput nrough 7.	5. Circula income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)			 								
(4)											
Totals (carry to Part II, line (5))	▶		0.	0							0.
. , ,	•		•								Form 990-T (2019)

Form 990-T (2019) AND RESOURCES

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) LINKS	104,551.	16,148.	88,403.			
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	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.
Totals, Part II (lines 1-5)	104,551.	16,148.				0.

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT BUSINESS ACTIVITY

COMMISSIONS RECEIVED OUTSOURCED WEBINARS FROM EXPLOITED EXEMPT ACTIVITY FEES CHARGED TO SUBSIDIARY FOR MEMBER ACCESS ADVERTISING IN PERIODICAL

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
ACCOUNTING FEES		1,000.
TOTAL TO FORM 990-T, PAGE 1, I	INE 27	1,000.
FORM 990-T	CONTRIBUTIONS	STATEMENT 3
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
ANCOR FOUNDATION, INC. AUCD SIBLING LEADERSHIP NETWORK UNITED WAY AAPD AMPI INC	N/A N/A N/A N/A N/A N/A	100,000. 1,000. 500. 200. 2,555. 500.
TOTAL TO FORM 990-T, PAGE 2, I	JINE 34	104,755.

FORM 990-T	CONTRI	BUTIONS SUM	MARY	STATEMENT	4
	ONTRIBUTIONS SUBJECT				
CARRYOVER OF FOR TAX YOU FOR T	EAR 2015 EAR 2016 EAR 2017	210,8 175,9	61		
TOTAL CARRY	OVER NT YEAR 10% CONTRIBUT	TIONS	 386,829 104,755		
	IBUTIONS AVAILABLE OME LIMITATION AS ADJ	JUSTED	491,584 12,491		
	RIBUTIONS CONTRIBUTIONS S CONTRIBUTIONS		479,093 0 479,093		
ALLOWABLE C	ONTRIBUTIONS DEDUCTION	ON		12,4	191
TOTAL CONTR	IBUTION DEDUCTION			12,4	191

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY OMB No. 1545-0047

1

Department of the Treasury Internal Revenue Service

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

► 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).

501(c)(3) Organizations Only

Name of the organization

AMERICAN NETWORK OF COMMUNITY OPTIONS AND RESOURCES

900004

Employer identification number 52-0846389

Unrelated Business Activity Code (see instructions) ▶ ► COMMISSIONS RECEIVED OUTSOURCED WEBINARS FROM Describe the unrelated trade or business **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 39,558. **b** Less returns and allowances c Balance ▶ 1c Cost of goods sold (Schedule A, line 7) 2 39,558 39,558. Gross profit. Subtract line 2 from line 1c 3

> 4a 4b

> > 8

c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) 6

4a Capital gain net income (attach Schedule D)

Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) ...

Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled

organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)

10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11

Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12

12

10 11 12 39,558. 39,558.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages			9,253.
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses			
20	Depreciation (attach Form 4562)			
21	Less depreciation claimed on Schedule A and elsewhere on return	I I	21b	
22	Depletion		22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	
25	Excess exempt expenses (Schedule I)			
26	Excess readership costs (Schedule J)			
27	Other deductions (attach schedule)			
28	Total deductions. Add lines 14 through 27			9,253.
29	Unrelated business taxable income before net operating loss deduction. Sul	otract line 28 from line 13	29	30,305.
30	Deduction for net operating loss arising in tax years beginning on or after Ja	nuary 1, 2018 (see		
	instructions)		30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29		31	30,305.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Form 990-T (2019) AMERICAN		OF COMM	UNI'	TY OPTIONS			Page :
AND RESOU						52-0846	389
Schedule A - Cost of Good		method of inver					
1 Inventory at beginning of year			_ 6	Inventory at end of year	ır		6
2 Purchases	2		_ 7	Cost of goods sold. St	ubtract I	ine 6	
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,	
4 a Additional section 263A costs				line 2			7
(attach schedule)			8	Do the rules of section	263A (\	with respect to	Yes No
b Other costs (attach schedule)	4b			property produced or a	acquired	l for resale) apply to	
5 Total. Add lines 1 through 4b				the organization?			X
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Lease	ed With Real Prop	perty)
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent receiv	ed or accrued				0(0) Dadications discarding	and the state of t
(a) From personal property (if the perent for personal property is more 10% but not more than 50%)	e than	of rent for	personal	sonal property (if the percent I property exceeds 50% or if sed on profit or income)		columns 2(a) and	connected with the income in I 2(b) (attach schedule)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total			0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Er ı (A)	ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Del	ot-Finance	I Income (see	instru	ıctions)		, , , , , , , , , , , , , , , , , , , ,	<u> </u>
		(,		3. Deductions directly conn	
			2	2. Gross income from or allocable to debt-	(2)	to debt-finance	, , , , , , , , , , , , , , , , , , ,
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)	(D) Other deductions (attach schedule)
(1)			1				
(2)							
(3)							
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis allocable to inced property in schedule)	6	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)				%			
						nter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

Form **990-T** (2019)

0.

0.

Total dividends-received deductions included in column 8

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENT	\mathtt{ITY}	
	OMP No	

OMB No. 1545-0047

2

Department of the Treasury Internal Revenue Service

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

► 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).

501(c)(3) Organizations Only

Name of the organization

AMERICAN NETWORK OF COMMUNITY OPTIONS AND RESOURCES

Employer identification number 52-0846389

900099 Unrelated Business Activity Code (see instructions) ▶ ► FEES CHARGED TO SUBSIDIARY FOR MEMBER ACCESS Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 15,374. **b** Less returns and allowances c Balance ▶ 1c Cost of goods sold (Schedule A, line 7) 2 15,374 15,374. Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a 4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) ... c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 12 15,374. 15,374.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (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		
16	Repairs and maintenance		16	
17	Bad debts			
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses			
20	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return	20		
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22	Depletion		22	
23	Contributions to deferred compensation plans			
24	Employee benefit programs			
25	Excess exempt expenses (Schedule I)			
26	Excess readership costs (Schedule J)			
27	Other deductions (attach schedule)			
28	Total deductions. Add lines 14 through 27		28	0.
29	Unrelated business taxable income before net operating loss deduction. Su	btract line 28 from line 13	29	15,374.
30	Deduction for net operating loss arising in tax years beginning on or after Ja	nuary 1, 2018 (see		
	instructions)		30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29			15,374.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

13

Total. Combine lines 3 through 12

Form 990-T (2019) AMERICAN AND RESOU		OF COMMU	rINU	Y OPTIONS		52-0846	Page :	
Schedule A - Cost of Good		mathad of invon	+on	olustion N/A		32-0040	3303	
		method of inven				T		
1 Inventory at beginning of year			_	Inventory at end of year			6	
2 Purchases			7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3		from line 5. Enter here and in Part I,			, , , , , , , , , , , , , , , , , , ,		
4a Additional section 263A costs				line 2		L	7	
(attach schedule)			8 Do the rules of section 263A (with respect to				Yes No	
b Other costs (attach schedule)			property produced or acquired for resale) apply to			,		
5 Total. Add lines 1 through 4b			the organization?				X	
Schedule C - Rent Income (see instructions)	(From Real	Property and	a Per	sonal Property	Leas	ed With Real Prop	perty)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued				0(-)		
' rent for personal property is more than ' of rent for p			personal	nd personal property (if the percentage ersonal property exceeds 50% or if the based on profit or income)			is directly connected with the income in ins 2(a) and 2(b) (attach schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)					0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.	
Schedule E - Unrelated Del			instru	ctions)				
				2. Gross income from	Deductions directly connected with or allocable to debt-financed property			
1. Description of debt-financed property				financed property	ot- (a) Straight line depreciat		(b) Other deductions (attach schedule)	
(1)								
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	lebt on or allocable to debt-financed of or allocable to		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)				%				
			•			nter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).	

Form **990-T** (2019)

0.

Total dividends-received deductions included in column 8

SCHEDULE O (Form 1120)

(Rev. December 2018) Department of the Treasury Internal Revenue Service

Consent Plan and Apportionment Schedule for a Controlled Group

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.

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

OMB No. 1545-0123

Name

AMERICAN NETWORK OF COMMUNITY OPTIONS AND RESOURCES

Employer identification number

52-0846389

Schedule O (Form 1120) (Rev. 12-2018)

Pa	art I	Apportionment Plan Information	
		of controlled group:	
а	X	Parent-subsidiary group	
b		Brother-sister group	
C		Combined group	
d		Life insurance companies only	
2	This c	corporation has been a member of this group:	
а	X	For the entire year.	
b		From , until	
3	This o	corporation consents and represents to:	
а		Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for	
		the current tax year which ends on, and for all succeeding tax years.	
b		Amend the current apportionment plan. All the other members of this group are currently amending a previously	
		adopted plan, which was in effect for the tax year ending, and for all succeeding ta	X
		years.	
C		Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not	
		adopting an apportionment plan.	
d		Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting	
		an apportionment plan effective for the current tax year which ends on , and for all	
		succeeding tax years.	
4	lf you	checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment	
	plan v	was:	
а		Elected by the component members of the group.	
b		Required for the component members of the group.	
5	If you	did not check a box on line 3 above, check the applicable box below concerning the status of the group's	
	_	rtionment plan (see instructions).	
а	X	No apportionment plan is in effect and none is being adopted.	
b	Ш	An apportionment plan is already in effect. It was adopted for the tax year ending,	, and
		for all succeeding tax years.	
		ne members of this group are adopting a plan or amending the current plan for a tax year after the due date	
		ding extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations	
		he date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See	
ir	ıstruc	tions.	
а		Yes.	
	(i)	The statute of limitations for this year will expire on	
	(ii)	On, this corporation entered into an agreement with the	
		Internal Revenue Service to extend the statute of limitations for purposes of assessment until	
	77	1n -	
b	X	No. The members may not adopt or amend an apportionment plan.	
7		1 Killian and a state of the st	
7		If the corporation has a short tax year that does not include December 31, check the box. See instructions.	

For Paperwork Reduction Act Notice, see Instructions for Form 1120.