Form	990-T	E	Exempt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	m	OMB No. 1545-0047
		For cal	endar year 2022 or other tax year beginning, and ending		2022
Depart	ment of the Treasury I 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
	Check box if address changed.		Name of organization (Check box if name changed and see instructions.) AMERICAN NETWORK OF COMMUNITY OPTIONS AND RESOURCES	DEmplo	2 - 0846389
	empt under section] 501(c)(6)] 408(e) 220(e)	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 113 S WEST ST 400	E Group	exemption number nstructions)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314	F	Check box if
		С Во	ok value of all assets at end of year 5, 228, 101.	_L	an amended return.
GC	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439		
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			ed Schedules A (Form 990-T)		2
	• •		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.		Yes X No
	he books are in car		CYNTHIA ALLEN DE RAMOS Telephone number	703-	535-7850
Par	rt I Total Unr	elate	d Business Taxable Income		
1			ss taxable income computed from all unrelated trades or businesses (see	1	170,914.
2	,			2	_/ • / • _ = •
3	Add lines 1 and 2				170,914.
4			see instructions for limitation rules) STMT 1 STMT 2		16,991.
5			taxable income before net operating losses. Subtract line 4 from line 3		153,923.
6			ng loss. See instructions		
7		•	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro			7	153,923.
8	Specific deduction	n (genei	ally \$1,000, but see instructions for exceptions)		1,000.
9			Juction. See instructions		
10			nes 8 and 9		1,000.
11			ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
Der	enter zero		~~~	11	152,923.
Par	t II Tax Com				20 114
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	. 1	32,114.
2			ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from		_ Tax rate schedule or Schedule D (Form 1041)		
3	Proxy tax. See ins				
4	Other tax amounts				
5	Alternative minimu				
6			cility income. See instructions		32,114.
<u>7</u> ТНА			n 6 to line 1 or 2, whichever applies	. 7	Eorm 990-T (2022)

For Paperwork Reduction Act Notice, see instructions.

Form 99 (2022)

223701 01-16-23

3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 4 Total tax. Add lines 2 and 3 (see instructions). Other (attach statement) 3 4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under 4 32 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) 5 5 6a 7,905. 5 b 2022 estimated tax payments. Check if section 643(g) election applies 6b 30,605. c Tax deposited with Form 8868 6c 6d d Foreign organizations: Tax paid or withheld at source (see instructions) 6d e Backup withholding (see instructions) 6e	<u>114.</u> 0.
b Other credits (see instructions) c General business credit. Attach Form 3800 (see instructions) d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits. Add lines 1a through 1d 2 Subtract line 1e from Part II, line 7 3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement) 4 Total tax. Add lines 2 and 3 (see instructions). c Check if includes tax previously deferred under section 1294. Enter tax amount here 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) 6a 7,905. 6a 7,905. b 2022 estimated tax payments. Check if section 643(g) election applies c Ga foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions)	
c General business credit. Attach Form 3800 (see instructions) d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits. Add lines 1a through 1d 2 Subtract line 1e from Part II, line 7 3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 0 Other (attach statement) 4 Total tax. Add lines 2 and 3 (see instructions). c Current net 965 tax liability paid from Form 965-A, Part II, column (k) 6a 7,905. b 2022 estimated tax payments. Check if section 643(g) election applies c Ga foreign organizations: Tax paid or withheld at source (see instructions) e Ge	
d Credit for prior year minimum tax (attach Form 8801 or 8827) 1d e Total credits. Add lines 1a through 1d 1e 2 Subtract line 1e from Part II, line 7 2 32 3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 3 Other (attach statement) 3 4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under 4 32 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) 5 5 6a 7,905. 6b 30,605. b 2022 estimated tax payments. Check if section 643(g) election applies 6c 6d c Tax deposited with Form 8868 6c 6d 6d d Foreign organizations: Tax paid or withheld at source (see instructions) 6d 6e 6e	
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2 Subtract line 1e from Part II, line 7 2 32 3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 3 Other (attach statement) 0 3 3 4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under 4 32 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) 5 5 5 6a 7,905. 5 6a 7,905. 5 b 2022 estimated tax payments. Check if section 643(g) election applies 6b 30,605. 6c c Tax deposited with Form 8868 6c 6d 6d 6d 6d d Foreign organizations: Tax paid or withheld at source (see instructions) 6d 6e 6e 6e	
2 Subtract line 1e from Part II, line 7 2 32 3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 3 Other (attach statement) 0 3 3 4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under 4 32 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) 5 5 5 6a 7,905. 5 6a 7,905. 5 b 2022 estimated tax payments. Check if section 643(g) election applies 6b 30,605. 6c c Tax deposited with Form 8868 6c 6d 6d 6d 6d d Foreign organizations: Tax paid or withheld at source (see instructions) 6d 6e 6e 6e	
 Other (attach statement) Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here Current net 965 tax liability paid from Form 965-A, Part II, column (k) Current net 965 tax liability paid from Form 965-A, Part II, column (k) Payments: A 2021 overpayment credited to 2022 Payments: A 2021 overpayment credited to 2022 Ga 7,905. 2022 estimated tax payments. Check if section 643(g) election applies Gb 30,605. Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) 	<u>114.</u> 0.
4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under 4 32 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) 5 5 6a 7,905. 6a 7,905. b 2022 estimated tax payments. Check if section 643(g) election applies 6b 30,605. c Tax deposited with Form 8868 6c 6d d Foreign organizations: Tax paid or withheld at source (see instructions) 6d 6e e Backup withholding (see instructions) 6e 6e	<u>114.</u> 0.
section 1294. Enter tax amount here 4 32 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) 5 6a 7,905. 5 6a 7,905. 6b 5 2022 estimated tax payments. Check if section 643(g) election applies 6b 30,605. 6a 7,905. 6c 6d 6a 7,905. 6d 6d 6a 7,905. 6d 6d 6a 7,905. 6c 6c 6a 6c 6d 6d 6a 6c 6d 6d 6a 6c 6d 6e	<u>114.</u> 0.
6a7,905.b2022 estimated tax payments. Check if section 643(g) election applies6a7,905.cTax deposited with Form 88686cdForeign organizations: Tax paid or withheld at source (see instructions)6deBackup withholding (see instructions)6e	0.
6a7,905.b2022 estimated tax payments. Check if section 643(g) election applies6a7,905.cTax deposited with Form 88686cdForeign organizations: Tax paid or withheld at source (see instructions)6deBackup withholding (see instructions)6e	
c Tax deposited with Form 8868 6c d Foreign organizations: Tax paid or withheld at source (see instructions) 6d e Backup withholding (see instructions) 6e	
c Tax deposited with Form 8868 6c d Foreign organizations: Tax paid or withheld at source (see instructions) 6d e Backup withholding (see instructions) 6e	
d Foreign organizations: Tax paid or withheld at source (see instructions) 6d e Backup withholding (see instructions) 6e	
e Backup withholding (see instructions)	
f Credit for small employer health insurance premiums (attach Form 8941)	
	510.
	<u> </u>
	396.
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax 6, 396. Refunded 11	0.
Part IV Statements Regarding Certain Activities and Other Information (see instructions)	
	es No
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	55 110
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	
here	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?	x
If "Yes," see instructions for other forms the organization may have to file.	
3 Enter the amount of tax-exempt interest received or accrued during the tax year\$	
Enter available pre-2018 NOL carryovers here S Do not include any post-2017 NOL carryover	
shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.	
 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce 	
the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.	
Business Activity Code Available post-2017 NOL carryover	
\$	
\$	
6a Did the organization change its method of accounting? (see instructions)	x
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"	
explain in Part V	
Part V Supplemental Information	<u> </u>

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have exam correct, and complete. Declaration of preparer (other	than taxpayer) is based on all information of wh	ich preparer has any knowledg	ge.	wledge and belief, it is true, May the IRS discuss this return with		
nere	Signature of officer	DII Date Title	RECTOR OF FI	NANCE	the preparer shown below (see instructions)? X Yes No		
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN		
Paid Preparer	, GLENN MILLER, CPA	GLENN MILLER, CH	PA 10/31/23	self- employe	ed P00086726		
Use Only		S LLP		Firm's EIN	39-0974031		
,	' 419 N LE						
223711 01-16-	-23				Form 990-T (2022)		
		48					

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
MISC CASH	N/A	32,127.
TOTAL TO FORM 990-T, PART I, L	INE 4	32,127.

ORM 990-T	CONTRIBUTIONS	SUMMARY	STATEMENT	2
	ONTRIBUTIONS SUBJECT TO 1008 ONTRIBUTIONS SUBJECT TO 258	LIMIT LIMIT		
CARRYOVER OF FOR TAX YE FOR TAX YE FOR TAX YE FOR TAX YE FOR TAX YE	EAR 2018 1 EAR 2019 EAR 2020	UTIONS 10,861 75,968 92,264 1,089 19,031		
TOTAL CARRYC TOTAL CURREN	VER IT YEAR 10% CONTRIBUTIONS	599,213 32,127		
	BUTIONS AVAILABLE ME LIMITATION AS ADJUSTED	631,340 16,991		
	RIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	614,349 0 614,349		
	ONTRIBUTIONS DEDUCTION		16,	991
TOTAL CONTRI	BUTION DEDUCTION		16,	991

SCHEDULE A	
(Form 990-T)	

Unrelated Business Taxable Income From an Unrelated Trade or Business

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).

OMB No. 1545-0047

1

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

2

AMERICAN NETWORK OF COMMUNITY OPTIONS Name of the organization B Employer identification number Α AND RESOURCES 52-0846389

541800 Unrelated business activity code (see instructions) С

COMMISSIONS RECEIVED OUTSOURCED WEBINARS FROM Describe the unrelated trade or business

E	Describe the unrelated trade or business COMMISSIONS	REC	EIVED OUTSOUP	RCED WEBINARS	FROM
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 80,745.				
b		1c	80,745.		
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3	80,745.		80,745.
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	80,745.		80,745.

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

1	Compensation of officers, directors, and trustees (Part X)	1			
2	Salaries and wages	2			
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	9,507.
7	Depreciation (attach Form 4562). See instructions	7			
8	Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11					
12					
13	Excess readership costs (Part IX)	13			
14	Other deductions (attach statement)	14			
15				15	9,507.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	Part	I, line 13,		
	column (C)			16	71,238.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				71,238.
LHA	For Paperwork Reduction Act Notice, see instructions.	Schedu	le A (Form 990-T) 2022		

223741 01-16-23

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of

D Sequence:

Department of the Treasury Internal Revenue Service

O ala a d						1
Part	ule A (Form 990-T) 2022 III Cost of Goods Sold Enter meth	nod of inventory valuat	ion			Page 2
1	Inventory at beginning of year				1	
2	Purchases				2	
3	Cost of labor				3	
4	Additional section 263A costs (attach statement)				4	
5	Other costs (attach statement)				5	
6	Total. Add lines 1 through 5				6	
7	Inventory at end of year				7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	here and in Part I, line 2	2		8	
9	Do the rules of section 263A (with respect to property p					Yes No
Part	IV Rent Income (From Real Property and	Personal Proper	ty Leased with Rea	al Propert	у)	
1	Description of property (property street address, city, st	ate, ZIP code). Check	if a dual-use. See instruc	ctions.		
	A					
	В					
	c					
	D []					
		Α	В	C		D
2	Rent received or accrued					
а	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)					
С	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
5 Part 1	V Unrelated Debt-Financed Income (set address, c Description of debt-financed property (street address, c A	e instructions)				0.
	в					
	c					
	D []					
		Α	В	C		D
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 statement)					
b	Other deductions (attach statement)					
С						
C	Total deductions (add lines 3a and 3b, columns A through D)					
4	,					
	columns A through D) Amount of average acquisition debt on or allocable					
4	columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-	%	%		%	%
4 5	columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement)		%		%	
4 5 6	columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5	%				%
4 5 6 7	columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6	%				
4 5 6 7 8	columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D).	% Enter here and on Pa	rt I, line 7, column (A)			0.
4 5 7 8 9	columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D). Allocable deductions. Multiply line 3c by line 6	% Enter here and on Pa	rt I, line 7, column (A)	ו (B)		0.

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Schedu Part	ule A (Form 990-T) 2022	<u>,</u> iities Ro	ovalties, and Re	ents fror	n Control	led Or	ganization	S (s)	ee instruct	ions)	Page	3
1 011			gantoo, ana m				Exempt Contro	,		,		—
1. Name of controlled organization		d	identification incom		t unrelated 4. Total of s		Il of specified hents made 5. Part of that is inclucontrolling		art of colur s included	nn 4 in the aniza-	6. Deductions directl connected with income in column 5	
(1)	1)				,				s gross inc	Joine		—
(2)												—
(3)												_
(4)												_
			No	nexempt C	Controlled O	rganizati	ions					_
7	. Taxable Income	in	Net unrelated Icome (loss) e instructions)		otal of specif yments mad		10. Part of that is incontrolling gross	luded	in the zation's		Deductions directly connected with come in column 10	
<u>(1)</u>												
(2)												
(3)												
(4)												
T . 4 . 1 .							Add colum Enter here line 8, c	and or	n Part I,	Ente	d columns 6 and 11. er here and on Part I, line 8, column (B)	•
Totals Part	VII Investment I	Income	of a Section 50	1(c)(7) (9) or (17)	Organ	ization (*				0	•
		cription of i		<u>(()</u> (), (2. Amou incor	nt of	3. Deduction directly conne (attach state)	ons ected	tructions) 4. Set- (attach st	asides atemer	5. Total deduction and set-asides (add cols 3 and 4	;
(1)												_
(2)												
(3)												
(4)												
Totals					Add amou column 2 here and o line 9, colu	. Enter n Part I,					Add amounts in column 5. Enter here and on Part line 9, column (B 0	r 1, 3)
Part	VIII Exploited E	xempt A	Activity Income	, Other 1	Than Adve	ertising	g Income	see in	structions)			
1	Description of exploite	ed activity:										_
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con line 10, column (B)		h production of unr							3		
4	Net income (loss) from	n unrelated		Subtract lir	ne 3 from lin	e 2. If a g	gain, complete	!		4		_
5	Gross income from ac									5		_
6	Expenses attributable									6		_
7	Excess exempt expension	ses. Subtra	act line 5 from line 6	3, but do no	ot enter mor	e than th	ne amount on l	ine		7		_
	4. Enter here and on P	arr II, III 18	14			<u></u>				1		—

Schedule A (Form 990-T) 2022

223731 01-16-22

	ule A (Form 990-T) 2022				Page 4
Part					
1	Name(s) of periodical(s). Check box if reportin	ng two or more periodicals on a	consolidated basis	S.	
	A [
	В				
	c				
	D				
Enter a	amounts for each periodical listed above in the				
•		Α	B	C	D
2	Gross advertising income				0.
	Add columns A through D. Enter here and or	Part I, line 11, column (A)			
a					
3	Direct advertising costs by periodical				0.
а	Add columns A through D. Enter here and or	Part I, line TT, column (B)			0.
4	Advertising gain (loss) Subtract line 2 from li	no (
4	Advertising gain (loss). Subtract line 3 from li 2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	'n			
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
•	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
-	deduction. For each column showing a gain	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g		otal or zero here an	id on	
	Part II, line 13				0.
Part	X Compensation of Officers, Di	rectors, and Trustees (see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (set	ee instructions)			

223732 01-16-23

1

FORM 990-T SCHEDULE A STATEMENT 3

COMMISSIONS RECEIVED OUTSOURCED WEBINARS FROM EXPLOITED

TO FORM 990-T, SCHEDULE A, LINE E

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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).

2022
Open to Public Inspection for 501(c)(3) Organizations Only

2

2

of

 A Name of the organization
 AMERICAN
 NETWORK
 OF
 COMMUNITY
 OPTIONS
 B
 Employer identification number

 AND
 RESOURCES
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 52-0846389</td

<u>C</u> Unrelated business activity code (see instructions) 541800

741000

D Sequence:

E Describe the unrelated trade or business LINKS PERIODICAL

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b					
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11	108,472.	1,659.	106,813.
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	108,472.	1,659.	106,813.
Pa	t II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in			luctions. Deductior	ns must be
1	Compensation of officers, directors, and trustees (Part X)				
2	Seleries and wages			2	6 1 3 7

LHA	For Paperwork Reduction Act Notice, see instructions.	Schedule A	(Form 990-T) 2022
18	Unrelated business taxable income. Subtract line 17 from line 16		99,676.
17	Deduction for net operating loss. See instructions		0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	99,676.
15	Total deductions. Add lines 1 through 14	15	7,137.
14	Other deductions (attach statement) SEE STATEMENT 4	. 14	1,000.
13	Excess readership costs (Part IX)	13	
12	Excess exempt expenses (Part VIII)	12	
11	Employee benefit programs	11	
10	Contributions to deferred compensation plans		
9	Depletion	9	
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	
7	Depreciation (attach Form 4562). See instructions 7		
6	Taxes and licenses	6	
5	Interest (attach statement). See instructions		
4	Bad debts	4	
3	Repairs and maintenance	3	
2	Salaries and wages	2	6,137.
	compensation of oncers, directors, and trustees (Fart X)	· - +	

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Part	In A (Farm 000 T) 2022				2
	Ile A (Form 990-T) 2022 III Cost of Goods Sold Enter meth	nod of inventory valua	tion		Page 2
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	nere and in Part I, line	2		
9	Do the rules of section 263A (with respect to property p				Yes No
Part		•	-		
1	Description of property (property street address, city, st	tate, ZIP code). Check	if a dual-use. See instru	uctions.	
	A				
	B				
	c				
	D []				
		Α	В	C	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
	in lines 2(a) and 2(b) (attach statement)				
5 Part ` 1	Total deductions. Add line 4 columns A through D. En	e instructions)			0.
Part '	Total deductions. Add line 4 columns A through D. EnVUnrelated Debt-Financed Income (set	e instructions)			0.
Part '	V Unrelated Debt-Financed Income (set address, compared to the set address,	e instructions)			0.
Part '	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, or A	e instructions)			0.
Part '	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, or a base) B B B B B B B B B B B B B B B B B B B C <thc< th=""> C C</thc<>	e instructions)			0.
Part '	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	e instructions)			0.
Part '	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ee instructions) ity, state, ZIP code). (Check if a dual-use. See	instructions.	
Part ` 1	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, or A	ee instructions) ity, state, ZIP code). (Check if a dual-use. See	instructions.	
Part ` 1	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, or A	ee instructions) ity, state, ZIP code). (Check if a dual-use. See	instructions.	
<u>Part '</u> 1 2	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, or A	ee instructions) ity, state, ZIP code). (Check if a dual-use. See	instructions.	
<u>Part '</u> 1 2	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, or A	ee instructions) ity, state, ZIP code). (Check if a dual-use. See	instructions.	
Part ' 1 2 3	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, or A	ee instructions) ity, state, ZIP code). (Check if a dual-use. See	instructions.	
Part ` 1 2 3 a	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (set Description of debt-financed property (street address, or A	ee instructions) ity, state, ZIP code). (Check if a dual-use. See	instructions.	
Part) 1 2 3 a b	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (set Description of debt-financed property (street address, or A	ee instructions) ity, state, ZIP code). (Check if a dual-use. See	instructions.	
Part) 1 2 3 a b	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, or A	ee instructions) ity, state, ZIP code). (Check if a dual-use. See	instructions.	
Part) 1 2 3 a b c	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, or A	ee instructions) ity, state, ZIP code). (Check if a dual-use. See	instructions.	
Part) 1 2 3 a b c	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, or A	ee instructions) ity, state, ZIP code). (Check if a dual-use. See	instructions.	
Part) 1 2 3 a b c 4	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (set Description of debt-financed property (street address, or A	ee instructions) ee instructions) ity, state, ZIP code). (Check if a dual-use. See	instructions.	
Part) 1 2 3 a b c 4	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (set Description of debt-financed property (street address, or A	ee instructions) ity, state, ZIP code). (Check if a dual-use. See	instructions.	D
Part) 1 2 3 6 5	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (set) Description of debt-financed property (street address, or A (set) B (set) (set) C (set) (set) D (set) (set) Gross income from or allocable to debt-financed (set) (set) D (set) (set) (set) Gross income from or allocable to debt-financed (set) (set) (set) Deductions directly connected with or allocable (set) (set) (set) (set) Deductions directly connected with or allocable (set) (set) (set) (set) (set) Deductions directly connected with or allocable (set)	A	B B S S S S S S S S S S S S S S S S S S	instructions.	D
Part) 1 2 3 a b c 4 5 6	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (set Description of debt-financed property (street address, or A	A	B B S S S S S S S S S S S S S S S S S S	instructions.	D
Part) 1 2 3 6 5 6 7	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (set) Description of debt-financed property (street address, or A (set) B (set) (set) C (set) (set) D (set) (set) Gross income from or allocable to debt-financed (set) (set) D (set) (set) (set) Gross income from or allocable to debt-financed (set) (set) (set) Deductions directly connected with or allocable (set) (set) (set) (set) Deductions directly connected with or allocable (set) (set) (set) (set) (set) Deductions directly connected with or allocable (set)	A	B B S S S S S S S S S S S S S S S S S S	instructions.	D
Part) 1 2 3 6 5 6 7	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (set) Description of debt-financed property (street address, or A	ee instructions) ee instructions) A A Enter here and on Pa	B B //////////////////////////////////	instructions.	% 0.
Part) 1 2 3 6 7 8	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (set) Description of debt-financed property (street address, or A Image: C Image: C <thimage: c<="" th=""> Image: C <th< td=""><td>A Cete instructions) Cete instructions) Cete instructions) Cete instructions) Cete instructions Cete i</td><td>B B //////////////////////////////////</td><td>instructions.</td><td>D 94 0.</td></th<></thimage:>	A Cete instructions) Cete instructions) Cete instructions) Cete instructions) Cete instructions Cete i	B B //////////////////////////////////	instructions.	D 94 0.

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	ule A (Form 990-T) 2022 VI Interest, Annu		valtics and D	onto fron	n Control		agnization	x (-		·)	Page 3	
Part	VI Interest, Annu		Jyanies, and ne				Exempt Control	,	ee instruct	,		
	1. Name of controlled		2. Employer 3. Net				otal of specified		art of colu		6. Deductions directly	
organization						nents made	that is included in the			connected with		
		number	(see ins	nstructions)				controlling organiza- tion's gross income		income in column 5		
(1)	1)											
(2)												
(3)												
(4)				 novempt (Controlled O	 aonizati	000					
7	. Taxable Income	18	Net unrelated		Controlled Or otal of specif	<u> </u>		of colu	mn 9	11	Deductions directly	
'			icome (loss)		ayments made		10. Part of column 9 that is included in the controlling organization's gross income		in the	connected with income in column 10		
		(see	e instructions)									
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here				d columns 6 and 11. er here and on Part I.	
							line 8, c		,		line 8, column (B)	
Totals									0.		0.	
Part		Income	of a Section 50	1(c)(7), (9). or (17)	Organ	nization (s	ee inst	ructions)			
		cription of i			2. Amou		3. Deductio		,	asides	5. Total deductions	
					incon	ne	directly conne (attach stater		(attach st	tatemer	nt) and set-asides (add cols 3 and 4)	
(1)												
(2)												
(3)												
(4)					Add amou	inte in					Add amounts in	
					column 2						column 5. Enter	
					here and or line 9, colu	,					here and on Part I, line 9, column (B)	
Totals						0.					0 •	
Part		xempt A	ctivity Income	, Other T	han Adve	ertising	g Income	see in	structions)			
1	Description of exploite	-										
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Entei	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,				
	line 10, column (B)									3		
4	Net income (loss) from											
_	lines 5 through 7									4		
5	Gross income from ac									5		
6 7	Expenses attributable Excess exempt expense									6		
'	4. Enter here and on P									7		
	Entor hore and off	aren, 1110										

Schedule A (Form 990-T) 2022

Sched	ule A (Form 990-T) 2022				2 Page 4
Part					
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a c	onsolidated basis	5.	
	A LINKS				
	B C				
	D				
Enter a	amounts for each periodical listed above in the co	prresponding column.			
		A	В	С	D
2	Gross advertising income	108,472.			
	Add columns A through D. Enter here and on P	art I, line 11, column (A)			108,472.
а					
3	Direct advertising costs by periodical				1.650
а	Add columns A through D. Enter here and on P	art I, line 11, column (B)			1,659.
		Г Г ГТ			
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8	106,813.			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
-	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the great Part II, line 13				0.
Part	X Compensation of Officers, Dire	ctors, and Trustees (se	e instructions)		
		, , , , , , , , , , , , , , , , , , ,		3. Percentage	4. Compensation
	1. Name	2. Title		3. Percentage of time devoted	4. Compensation attributable to
				of time devoted to business	
				of time devoted to business %	attributable to
(2)				of time devoted to business %	attributable to
(2) (3)				of time devoted to business % %	attributable to
(2) (3)				of time devoted to business %	attributable to
(<u>2)</u> (3) (4)	1. Name			of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	1. Name	2. Title		of time devoted to business % %	attributable to
(1) (2) (3) (4) Total Part	1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	1. Name	2. Title		of time devoted to business % %	attributable to unrelated business

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52-0846389

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
ACCOUNTING FEES		1,000.
TOTAL TO SCHEDULE A, PART I	I, LINE 14	1,000.

SCHEDULE O (Form 1120)	OMB No. 1545-0123	
(Rev. December 2018) Department of the Treasury Internal Revenue Service	Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RI Go to www.irs.gov/Form1120 for instructions and the latest information.	C.
Name		Employer identification number
AMERICAN . AND RESOU	NETWORK OF COMMUNITY OPTIONS RCES	52-0846389
	nment Plan Information	
 Type of controlled grou a X Parent-subsidial b Brother-sister g c Combined group d Life insurance c 	y group roup D	
a X For the entire ye	een a member of this group: ar, until	
 3 This corporation conset a Adopt an apport the current tax y b Amend the current tax y b Amend the current tax y b Amend the current tax y c Terminate the current adopting an app d Terminate the current an apportionme succeeding tax y 4 If you checked box 3c mplan was: 	nts and represents to: ionment plan. All the other members of this group are adopting an apportionment plan effective for rear which ends on, and for all succeeding tax years. ent apportionment plan. All the other members of this group are currently amending a previously hich was in effect for the tax year ending, and for all succeed urrent apportionment plan and not adopt a new plan. All the other members of this group are not ortionment plan. urrent apportionment plan and adopt a new plan. All the other members of this group are adopting nt plan effective for the current tax year which ends on, and	
 b Required for the 5 If you did not check a tapportionment plan (see a X) No apportionment 	component members of the group. box on line 3 above, check the applicable box below concerning the status of the group's ee instructions). Int plan is in effect and none is being adopted. Int plan is already in effect. It was adopted for the tax year ending	, and
(including extensions) o from the date this corpo instructions. a Yes. (i) The statute (ii) On Internal Rev b X No. The membe	s group are adopting a plan or amending the current plan for a tax year after the due date f the tax return for this corporation, is there at least one year remaining on the statute of limitations ration filed its amended return for such tax year for assessing any resulting deficiency? See of limitations for this year will expire on, this corporation entered into an agreement with the venue Service to extend the statute of limitations for purposes of assessment until rs may not adopt or amend an apportionment plan.	
For Paperwork Reduction /	Act Notice, see Instructions for Form 1120. Sc	hedule 0 (Form 1120) (Rev. 12-2018)

213335 04-01-22 LHA