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OMB No. 1545-0047 **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning , 2019, and ending , 20 ▶ Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Check box if address changed D Employer identification number (Employees' trust, see instructions.) THE COMMUNITY RENEWAL TEAM INC. B Exempt under section **Print** Number, street, and room or suite no. If a P.O. box, see instructions 06-0795640 √ 501(C)(3) E Unrelated business activity code 220(e) 408(e) 555 WINDSOR STREET Type (See instructions) ☐ 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 900099 529(a) HARTFORD, CT. 06120 C Book value of all assets Group exemption number (See instructions.) ▶ ☐ 401(a) trust Other trust G Check organization type ► ✓ 501(c) corporation ☐ 501(c) trust Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated . If only one, complete Parts I-V. If more than one, describe the trade or business here ▶ SOFTWARE SUPPORT SERVICES first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts JII-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . ▶ ☐ Yes ☑ No If "Yes." enter the name and identifying number of the parent corporation. The books are in care of ▶ JEFFREY WALSH Telephone number ▶ 860-560-5639 (A) Income (B) Expenses (C) Net Part I Unrelated Trade or Business Income 1a Gross receipts or sales 1c b Less returns and allowances Balance ▶ 2 2 Cost of goods sold (Schedule A, line 7). Gross profit. Subtract line 2 from line இந்தி நிறுக்கும் இதுக்கு 3 3 Capital gain net income (attach Scheduleto) ed US Bank USB. 4a Net gain (loss) (Form 4797, Part II, line 17) (attach, Form 4797) 4b 4c Capital loss deduction for trusts . . . Income (loss) from a partnership or an Sycorporation (attach statement) 5 6 6 Rent income (Schedule C) . . . Unrelated debt-financed income (Schedule Egden, UT 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule) 8 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 11 11 Advertising income (Schedule J) 18,000 12 12 Other income (See instructions; attach schedule). 18,000 13 Total. Combine lines 3 through 12 13 18,000 18,000 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) 15 15 Salaries and wages 16 16 Repairs and maintenance 17 17 18 18 Interest (attach schedule) (see instructions) 19 19 Taxes and licenses . . 20 Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return. 21 22 22 23 23 Contributions to deferred compensation plans Employee benefit programs 24 24 25 25 Excess exempt expenses (Schedule I) 26 26 Excess readership costs (Schedule J) 27 27 Other deductions (attach schedule) . 3,118

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

For Paperwork Reduction Act Notice, see instructions.

Total deductions. Add lines 14 through 27

Unrelated business taxable income. Subtract line 30 from line 29

28

29

30

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30

3,118

14,882

14.882

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Part I				
32	Total of unrelated business taxable income computed from all u	nrelated trades or businesses (se	:e,	
	instructions)	\		14,882
33	Amounts paid for disallowed fringes	` .)	. 33	
34	Charitable contributions (see instructions for limitation rules)			
35	Total unrelated business taxable income before pre-2018 NOLs ar			
-	34 from the sum of lines 32 and 33		1 11 1	14,882
26	Deduction for net operating loss arising in tax years beginn	<i>,</i>	14,002	
36				
	instructions)		#	
37	Total of unrelated business taxable income before specific deduction			14,882
38	Specific deduction (Generally \$1,000, but see line 38 instructions for			1,000
39	Unrelated business taxable income. Subtract line 38 from line 3			
\	enter the smaller of zero or line 37	<u> </u>	· \ 39	13,882
Part	V Tax Computation		J	
\ 4 0	Organizations Taxable as Corporations. Multiply line 39 by 21%	(0.21) (.	▶ 40	2,915
\ 41	Trusts Taxable at Trust Rates. See instructions for tax		n 🔝	
	the amount on line 39 from: Tax rate schedule or Sched	ule D (Form 1041) I		
42	Proxy tax. See instructions		▶ 42	
43	Alternative minimum tax (trusts only)			
43 44	Tax on Noncompliant Facility Income. See instructions		· -	
			•	2.045
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	<u> </u>	<u>[45 </u>	2,915
Part		1110)		
	Foreign tax credit (corporations attach Form 1118; trusts attach Fo			
// b	Other credits (see instructions)			
С	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 46a through 46d		. 46e	
47	Subtract line 46e from line 45		. 47	2, <u>915</u>
- '48	Other taxes Check if from Form 4255 Form 8611 Form 8697 F	48		
. 49	Total tax. Add lines 47 and 48 (see instructions)	49	2,915	
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Par		50	
51a	Payments A 2018 overpayment credited to 2019		¥ 꽭	
b	2019 estimated tax payments		915	
c	Tax deposited with Form 8868	~		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	\ 	—	
	Backup withholding (see instructions)	' 		
' e	• • • • • • • • • • • • • • • • • • • •			
ı	Credit for small employer health insurance premiums (attach Form	0941) 311		
g	Other credits, adjustments, and payments Form 2439		\$ 15 m	
	☐ Form 4136 ☐ Other ☐	Total ► [51g]	<u></u>	
52	Total payments. Add lines 51a through 51g		. 52	2,915
53	Estimated tax penalty (see instructions). Check if Form 2220 is atta		53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter		▶ 54	0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and	· · ·	► 55	
56	Enter the amount of line 55 you want Credited to 2020 estimated tax		▶ 56	
Part \	VI Statements Regarding Certain Activities and Other I	nformation (see instructions)		
57	At any time during the 2019 calendar year, did the organization have	ve an interest in or a signature or o	other authority	Yes No
	over a financial account (bank, securities, or other) in a foreign cou			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts	s. If "Yes," enter the name of the fo	oreign country	
	here ▶			
58	During the tax year, did the organization receive a distribution from, or was	s it the grantor of or transferor to a fo	reian trust?	
50	If "Yes," see instructions for other forms the organization may have			
EO				
_59	Enter the amount of tax-exempt interest received or accrued during Under penalties of perjury, I declare that I have examined this return, including accompanion	grine tax year	est of my knowledge	and belief it is
Sign		nformation of which preparer has any knowledge	e	
			May the IRS disci with the preparer	
Here		CHIEF FINANCIAL OFFICER	(see instructions)?	
		Title	<u> </u>	
Paid	Print/Type preparer's name Preparer's signature	Date	Check I If Pi	ΓIN
Prepa	arer	s	elf-employed	
Use (I Complete the com	F	ırm's EIN ►	
	Firm's address ►	P	hone no	·

1 Inventory at beginning of year 2 Purchases	1	6	Inventory	at end of year			
2 Purchases			inventory a	atend or year	6		
	2	7		oods sold. Subtract line			
3 Cost of labor	3		6 from line	5. Enter here and in Part	1		
4a Additional section 263A costs			I, line 2		7		
(attach schedule)	4a	8	Do the rul	les of section 263A (with		Yes No	
b Other costs (attach schedule)	4b			roduced or acquired for r			
5 Total. Add lines 1 through 4b	5			anization?			
Schedule C-Rent Income (From I	Real Property a	nd Personal					
(see instructions)							
Description of property			<u></u>				
(1)							
(2)							
(3)							
(4)							
2. Rent re-	ceived or accrued	-					
(a) From personal property (if the percentage of re for personal property is more than 10% but not more than 50%)	and personal pro nt for personal pro ent is based on pro	perty exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)							
(2)							
(3)		-					
(4)							
Total	Total			(b) Total deductions.			
(c) Total income. Add totals of columns 2(a) here and on page 1, Part I, line 6, column (A) Schedule E—Unrelated Debt-Final	▶	e instructions		Enter here and on page 1 Part I, line 6, column (B)	•		
Description of debt-financed p	2. Gross inc	come from or debt-financed	Deductions directly connected with or allocable to debt-financed property				
	<u>. </u>	property		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)							
(2)							
(3)						_	
(4)							
acquisition debt on or o allocable to debt-financed debt	rage adjusted basis f or allocable to -financed property ittach schedule)	4 dr	olumn vided lumn 5	7. Gross income reportable (column 2 × column 6)	8. Allocable (column 6 × to 3(a) an	tal of columns	
(1)			%				
(2)			%				
(3)			%				
(4)			%				
				Enter here and on page 1, Part I, line 7, column (A).	Enter here an Part I, line 7,		
Totals Total dividends-received deductions includ	ed in column 8 .		.		Form	990-T (2019	

Sche	dule F-Interest, Ann	uities,	Royalties,				anizations (se	e instruct	tions)		
						d Organizations					
	Name of controlled organization	I luentineation number 1		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)											
	xempt Controlled Organi	zations						<u> </u>			
	7 Tayable Income I		Net unrelated industrial (see instruction)			otal of specified yments made	10. Part of column 9 that is included in the controlling organization's gross income		connected with income in		
(1)											
(2)					ļ		<u> </u>				
(3)					<u> </u>		<u> </u>				
(4)					<u> </u>		<u> </u>		ļ		
Totals							Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 ere and on page 1, line 8, column (B)	
	dule G-Investment	Incom	e of a Sect	ion 501	(c)(7), (9),	or (17) Organi	zation (see inst	ructions)	<u>. </u>		
	1. Description of income		2. Amount of income		3. dire	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)											
Totals	·		Enter here and Part I, line 9, c							re and on page 1, ne 9, column (B).	
Sche	edule I-Exploited Exe	empt A	Activity Inco	ome, O	ther Than	Advertising In	come (see inst	ructions)		<u>-</u>	
Description of exploited activity		2. Gross unrelated business incoi from trade o business	ome or unrelated		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. Expe attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)											
(2)											
(3)											
(4)			C-t			**************************************	" C And HE (1992) TH (C TA C T	San San Marie Annie (Salata	**************************************	Enter here and	
Totals	.		Enter here and page 1, Part line 10, col (/	I, pa	r here and on ge 1, Part I, e 10, col (B)					Enter here and on page 1, Part II, line 25.	
Sche	edule J-Advertising I	ncome	e (see instruc	ctions)							
Par	t I Income From P	eriodi	cals Repor	ted on	a Consoli	dated Basis					
	1. Name of penodical		2. Gross advertising income		3. Direct ertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)						的重要数据					
(2)											
(3)						HACK AS					
(4)						公司的		ļ		S STREET	
Totals	s (carry to Part II, line (5))	•									

(2)

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

Part II Income From Periodi 2 through 7 on a line-b	-	l on a Separat	e Basis (For ea	ach periodical I	isted in Part II,	fill in column
1. Name of penodical	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 readershi costs (column 6 minus column 5, bu not more than column 4)
(1)						
(2)						
(3)						,
(4)						
Totals from Part I			生物 "我" "我" "我"		T. T. B. B.	
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, Direc	tors, and Tru	stees (see instr	uctions)		_
1. Name		2. Tıtle		3. Percent of time devoted to business	4. Compensation attributable to unrelated business	
(1)				9	6	

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