Form 990-T (2018)

	73						, ,	29 393 ;	42	0 (1128				
		ENDED RETURN	7	Evernt Organization Rue	einaee In	come T	av Ro	turn	<u> </u>	OMB No 1	545-0687				
	Form 290-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning and ending									20	12				
			For cat	For catendar year 2018 or other tax year beginning , and ending						20	10				
		artment of the Treasury	1	 Go to www.irs.gov/Form990T for it 	nstructions an	d the latest					Inspection for				
	Inter	nal Revenue Service	• Do	not enter SSN numbers on this form as it m			rganizatio				nizations Only				
	A	Check box if address changed Name of organization (Check box if name changed and see instructions) D Employer is													
		Exempt under section													
		X 501(C)(3)	Print			NC		20.03	20-8351782						
	H 1000 - 0000 1000								 						
		408A J 530(a) Type 1701 K STREET NW, STE 1000 E Unrelated b									•				
	l	529(a)	1	City or town, state or province, country, and ZIP or for	(See mandade	(See instructions)									
		Book value of all assets			WASHINGTON DC 20006										
		at end of year	F Group exemption number (See instructions) • O G Check organization type • X 501(c) corporation 501(c) trust 401(a) tru												
		1,478,610) trust	401(a) trus			r trust				
	Н	Enter the number of the	organiz	ation's unrelated trades or businesses •	Describ	e the only (c	or mist) un	related trade or I							
		•		and a thing the blank appear of the and	-f the		aamalata	Dorto Lond II. o		•	complete				
				combe the first in the blank space at the end		us sentence,	Complete	Fants Fanto II, C	omple	le					
	_			rade or business, then complete Parts III-		sherdians con	mollod arr	2		$\neg \neg$	res No				
	ı	Dunng the tax year, was If "Yes." enter the name	s the cor and ide	poration a subsidiary in an affiliated group on ntifying number of the parent corporation	or a parent-su	ibsidiary con	uonea gra	oup,	-	י עם	es 🔲 140				
		•		,											
	J	The books are in care o	f• I	ARA DUGUAY			Tele	phone number •	20	2-73	30-9390				
2020	IP			or Business Income		(A) Inco	ne	(B) Expenses		((C) Net				
20	1a	Gross receipts or sale													
00		Less returns and allow	,	c Balance	• 1c										
	2	Cost of goods sold (S	chedule	A, line 7)	2										
۵	- 3	Gross profit Subtract	_	3											
Ü	_ ე4a	Capital gain net incom		4a											
_				line 17) (attach Form 4797)	4b										
- (7, 6	Capital loss deduction			4c			RECEIVE	<u>-U</u>						
	SCANNED S	income (loss) from partnership	oration (attach statement)	5		1 -			$1\%\Gamma$						
i	Z 6	Rent income (Schedul	_	6		2	144/80	520	0						
	3	Unrelated debt-finance	ed incom	e (Schedule E)	7		्राह्म	MAIAUL	529	181					
	Ŧ\$	Interest, annuities, royaltie	nterest, annuities, royalties, and rents from controlled organization (Schedule F)							_=					
	9	Investment income of a s	ection 50	(c)(7), (9), or (17) organization (Schedule G)	9			OGDEN	Ul						
	10	Exploited exempt activ	vity incoi	ne (Schedule I)	10										
	11	Advertising income (S	chedule	J) _	11					,					
	12	Other income (See in	struction	s, attach schedule)	12										
	13	Total. Combine lines			13		이				0				
3	ĹΡ	art II Deductio	ns No	t Taken Elsewhere (See instruction be directly connected with the unit	ns for limita	ations on	deduction	ons.) (Except	for c	ontnbu	tions,				
,	-				iciated bus	iiicss iiico	iiic <i>)</i>		14						
Received in Parching Oguen	14 15	Salanes and wages	eis, uile	ctors, and trustees (Schedule K)				ŀ	15						
\$ €	16	Repairs and maintena	ance					ļ-	16						
ୃଥ୍ୟ	17	Bad debts	ance					<u> </u>	17						
ම් ද	18	Interest (attach sched	ule) (sec	unstructions)					18						
	19	Taxes and licenses	uic) (sc	. Instructions,			•	ľ	19						
=	20	Chantable contributions (See instri	ctions for limitation rules)	,		•		20						
Ξ	21	Depreciation (attach F		•	-	2	1 l	· ·							
7	22	•		Schedule A and elsewhere on return		22	-		22b		0				
JUL 2 8 2020	23	Depletion	011	,		<u></u>		·· †	23						
3	24	Contributions to deferred compensation plans													
9	25	Employee benefit pro						ľ	24						
	26	Excess exempt expen	-	nedule I)				ŀ	26						
	27	Excess readership costs (Schedule J)							27	-					
	28								28						
	29	Total deductions. Ad			F	29									
	30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13													
	31			is arising in tax years beginning on or after						•					
	32	•	_	come Subtract line 31 from line 30					32						

Form	990-	T (2018) CREDIT BUILDERS ALLIANCE INC 20-	8351782				Page 2
Pa	rt III	Total Unrelated Business Taxable income					
33	Tota	al of unrelated business taxable income computed from all unrelated trades or businesses (see	е				
	ınstn	ructions)			33		
34	Amo	ounts paid for disallowed fringes			34		
35	Ded	uctions for net operating loss arising in tax years beginning before January 1, 2018 (see					
	ınstn	ructions)			35	-	
36	Tota	al of unrelated business taxable income before specific deduction. Subtract line 35 from the su	ım				
	of lin	nes 33 and 34	•	10	36		0
37	Spec	cific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		38	37		1,000
38	Unre	elated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 3	36,				_
		er the smaller of zero or line 36			38		<u> </u>
	rt IV	/ Tax Computation anizations Taxable as Corporations. Multiply line 38 by 21% (0 21)			····		
39 40	-	sts Taxable at Trust Rates. See instructions for tax computation Income tax on			39		
40		amount on line 38 from Tax rate schedule or Schedule D (Form 1041)		•			
41		xy tax. See instructions			1		
42		mative minimum tax (trusts only)			42	-	
43		on Noncompliant Facility Income. See Instructions			48		
44		al. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44		
	rt V						
45a		eign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	·				
b		er credits (see instructions) 45b					
С		eral business credit. Attach Form 3800 (see instructions) 45c					
d		dit for pnor year minimum tax (attach Form 8801 or 8827)					
е	Tota	al credits. Add lines 45a through 45d			45e		
46		tract line 45e from line 44			46		
47		taxes Form 4255 Form 8611 Form 8697 Form 8866 Other (att. sch.)			47		
48	Tota	at tax. Add lines 46 and 47 (see instructions)			48		0
49	2018	8 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2			49		
50a	Payr	ments: A 2017 overpayment credited to 2018					
b	2018	8 estimated tax payments 50b					
C	Tax	deposited with Form 8868					
d	Fore	eign organizations Tax paid or withheld at source (see instructions) 50d					
e		kup withholding (see instructions)					
f		dit for small employer health insurance premiums (attach Form 8941)			\		
g		er credits, adjustments, and payments. Form 2439		226			
-4	_	Form 4136 X Other SEE STMT 2 Total • J 50g		236	7		226
51		at payments. Add lines 50a through 50g		$\overline{}$	51 52	_	236
52 52		mated tax penalty (see instructions) Check if Form 2220 is attached	•		- 1		0
53 54		due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed inpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	Q	c	53		236
55		r the amount of line 54 you want: Credited to 2019 estimated tax •	یہ Refunded	ξι.	55		236
	rt VI			~ ~			
56		iny time during the 2018 calendar year, did the organization have an interest in or a signature				1	es No
	over	r a financial account (bank, secunties, or other) in a foreign country? If "YES," the organization	may have to file	9			\neg
	here	CEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the	ie toreign countr	y			x
57		ng the tax year, did the organization receive a distribution from, or was it the grantor of, or trar	nsferor to a fore	ian ta	ıst?		x
5 1		(ES," see instructions for other forms the organization may have to file	1310101 10, a 1010	igii ac	.J.		- -
<u>58</u>	Ente	er the amount of tax-exempt interest received or accrued during the tax year • \$					_ــــــ
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bi		nd behef	, etrs		
Sig	n l	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle Dara Duguau_	edge		Ma	y the IRS disci	ess this return
Her	е •	05/13/20 • EXECUTIVE DIRECTO)R		(\$6	fi the preparer se instructions)	
	- 1	Signature of officer Date Title				X Yes	No
		Print/Type preparer's name Preparer's signature	Date		Check X	f PTIN	
Paid		ROBERT F PREBOLA, CPA	05/1	2/20	self-employed	P00575	666
Prep	arer			Firm's	EIN •	46-21	08854
Use	Only	'1					
		Firm's address • BEDFORD, PA 15522-0259		Phone	no 81	4-623	
						Form 990	D-T (2018)

Form	990-T (2018) CREDIT	BUILDERS	ÁL	LIANCE	I	NC			20-8	351782			Р	age 3	
	nedule A - Cost of Goo						uation •								
1	Inventory at beginning of ye	ar 1			6	Invent	tory at end	of y	/ear		• 6				
2	Purchases	2			7 Cost of goods sold. Sul				I. Subtra	act					
3	Cost of labor	3		line 6 from line 5. Ent			nter here	and .	Ł.						
4a	Additional sec 263A costs				in Part I, line 2						7	1		_	
	(attach schedule)	4a		1	8 Do the rules of section				on 263A	(with respect to	_		Yes	No	
þ	Other costs	4b								ed for resale) apply					
5	(attach schedule) Total. Add lines 1 through 4						organization							-	
	nedule C - Rent Incom		Proper	tv and P	ers				eased	With Real Prop	ertv	·)·		L., ., ., .	
			-								,	,			
	scription of property	·				-									
(1)	N/A													•	
(2)									,						
(3)												3., -,			
(4)															
		2. Rent receiv	ed or accr	ved											
	(a) From personal property (if the pe	ercentage of rent		(b) From rea	al and	i persona	ol property (if th	e		3(a) Deductions	directh	connected with the	income		
	for personal property is more than	_		percentage of r					;		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
	more than 50%)			50% or if the rent is based on profit or income)				l							
<u>(1)</u>									_			·····			
(2)		-				•									
(3)							•								
(4)												· · ·			
Tota	<u> </u>		Total							(b) Total doduction			-		
	otal income. Add totals of co	humne 2(a) and 2(b		·					-	(b) Total deduction Enter here and on page					
	and on page 1, Part I, line 6,		i). Lillei			•				Part I, line 6, column					
	edule E - Unrelated D		ncom	e (see ins	truc	tions)				<u> </u>	<u>, , ,</u>				
				1				T		3. Deductions directly	connec	ted with or allocable	to.		
				1	2. Gross ancome from or						I-financed property				
	1. Description of debt-fine	anced property		alloc	allocable to debt-financed			(a) S	(a) Straight line depreciation		(b) Other deductions				
					(attach schedule)						(attach schedule)				
(1)	N/A			,							丁				
(2)								T		·					
(3)								\neg			\neg				
(4)				· · · · · ·							\top				
<u> </u>	4 Amount of average	5. Average adjusted I	oasis		6	Column		\neg			\neg	8. Allocable de	ductions		
	acquisition debt on or	of or allocable to		1		divided		- 1		iross income reportable		(column 6 x total o		าร	
	allocable to debt-financed property (attach schedule)	debt-financed proper (attach schedule)	•	:	by	column :	5	I	(0	xolumn 2 x column 6)		3(a) and 3(b))		
(1)								%			_	 			
(2)	·····							%			\top				
(3)								%		······································	\top				
(4)				 				%		 	\top				
<u>.~_</u>			:	<u> </u>				~	Enter	here and on page 1		Enter here and o	าก กลด	e 1	
	•									I, line 7, column (A)		Part I, line 7, or			
Tota	(le			•											
	is Labidonde medicad deduci	tione included in a	olumn 9					·			\top				

cols. 5 through 7

Form **990-T** (2018)

column 4)

(1) N/A

Totals (carry to Part II, line (5))

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

Form 990-T (2018) CREDIT BUILDERS ALLIANCE INC Page 5 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) 4 Advertising 7. Excess readership 2 Gross gain or (loss) (col costs (column 6 3 Direct 5. Circulation 6. Readership advertising 2 minus col 3) If minus column 5, but 1 Name of penodical advertising costs ілсоте costs ıncome a gain, compute not more than cols 5 through 7 column 4) (1) N/A <u>(2)</u> (3) Totals from Part I Enter here and on Enter here and on Enter here and on page 1, Part II, line 27 page 1, Part I, page 1, Part I, line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 2 Title unrelated business N/A <u>(1)</u> % (2) % (3)

Form 990-T (2018)

20-8351782

Federal Statements

Statement 1 - Form 990-T - Explanation for Amending

Description

AMOUNTS PAID FOR DISALLOWED FRINGES WAS DECREASED TO ZERO DUE TO REPEAL OF SECTION 512(A)(7).

Statement 2 - Form 990-T, Part IV, Line 50g - Other Credits and Payments

	Description	 	 Amount
PAID WITH ORIGINAL	RETURN	 	\$ 236
TOTAL			\$ " 236