Forn	1990-T (2018) Neighborhood Improvement Project	31-1591242		Page 2
	artill. Total Unrelated Busines axable income	()		
33	Total of unrelated business taxable income computed from all unrelated trades or b	usinesses (see		
-	instructions)	(000	33	
34	Amounts paid for disallowed fringes		34	790
35	Deductions for het operating loss arising in tax years beginning before January 1, 2	018 (see		
	instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line	35 from the sum		
	of lines 33 and 34		36	790
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is gre	ater than line 36,		
	enter the smaller of zero or line 36		38	0
P	artilly Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		▶ 39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax o			
	the amount on line 38 from Tax rate schedule or Schedule D (For	m 1041)	40	
41	Proxy tax. See instructions		41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	0
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	
	Tax and Payments	450	1:3	
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a	1.74	
b	Other credits (see instructions)	45b 45c		
C	General business credit Attach Form 3800 (see instructions)	45d		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits Add lines 45a through 45d	430	45e	
e 46	Subtract line 45e from line 44		46	
46 47	Other taxes	att sch)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	an son y	48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) liii	ne 2	49	
50a	Payments A 2017 overpayment credited to 2018	50a	15 45	
b	2018 estimated tax payments	50b	17 (4)	
c	Tax deposited with Form 8868	50c		
d	Foreign organizations Tax paid or withheld at source (see instructions)	50d	1-2-5	
e	Backup withholding (see instructions)	50e		
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	('4')	
g	Other credits, adjustments, and payments Form 2439			
Ū	Form 4136 Other Total	▶ 50g		
51	Total payments. Add lines 50a through 50g		51	
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	•	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		▶ 53	0
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amoun	t overpaid	▶ 54	
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶	Refunded	1 ▶ 55	
Pa	TWE Statements Regarding Certain Activities and Other Info	rmation (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in c	or a signature or other authority	!	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "YES," the FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter	the name of the foreign country	; y	17 4 CAN
	here >	•	,	X
57	During the tax year, did the organization receive a distribution from, or was it the gra	antor of, or transferor to, a forei	gn trust?	X
	If "YES," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year	œ.		1 30 July 1 30 1 30 1 30 1 30 1 30 1 30 1 30 1 3
<u>58</u>				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	ements, and to the best of my knowledge ar narer has any knowledge		
Sig	n X X X X X X X X X X X X X X X X X X X		with	by the IRS discuss this return th the preparer shown below the instructions)?
Hei	e		(Se	Yes No
	Signature of officer Date Title	Τ_		
	Print/Type preparer's name Jacqueline G. Atkins Preparer's signature Augueline At	H COA Date	Check !	PTIN
Paid		En CPA 10/7/		1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
•	parer Firm's name Draffin & Tucker LLP		Firm's EIN	58-0914992
Use	Only PO Box 71309		_	0-003-7070
	Firm's address Albany, GA 31708-1309	<u>.</u>	Phone no 22	9-883-7878 Form 990-T (2018)
				rorm JJU-1 (2018)

Fora	m 990-T'(2018) Neigh	borhood	hpro	v <u>ement</u> F	roject	31-(91242			Pag	je :
Scł	nedule A Cost of God										
1	Inventory at beginning of ye	ear 1		6	Inventory at end of	year		6			
2	Purchases	2		7	Cost of goods sol	d. Subtra	act	It and the second			
3	Cost of labor	3			line 6 from line 5						
4a	Additional sec 263A costs				ın Part I, line 2			7			
	(attach schedule)	4a		8	Do the rules of sec	tion 2634	(with respect to	L'	T.	'es	No
b	•	4b					·		7.	25.00 2	140
_	(atlach schedule)	 			property produced		ed for resale) apply		***	λ ≥ [·	
Sak	Total. Add lines 1 through			tu and Dana	to the organization		Mish Dool Door				_
	nedule C – Rent Incom	ie (From Real F	roper	ty and Pers	onal Property L	eased	with Real Prope	erty)			
	ee instructions)										
	scription of property										
1)	N/A			 							
2)											
3)				<u> </u>							
4)											
		2 Rent recaiv	ed or accr	ued			Į				
	(a) From personal property (if the pe	ercentage of rent		(b) From real and	d personal property (if the	3(a) Deductions directly connected with the in columns 2(a) and 2(b) (attach sched			ome		
	for personal property is more tha	in 10% but not		percentage of rent for	or personal property exceed						
more than 50%)				50% or if the rent is	s based on profit or income)						
 1)					 						
2)											
 3)	"		•		· · · · · · · · · · · · · · · · · · ·						
4)	·-·· · · · · · · · · · · · · · · · · ·										
rota!			Total								_
							(b) Total deductions.				
	otal income. Add totals of co and on page 1, Part I, line 6,) Enter	r •			Enter here and on page 1, Part I, line 6, column (B) ▶				
				- /	Alama\		rait i, line o, column	(b) P			
SCII	edule E – Unrelated D	ebt-rinanced i	ncom	e (see instruc	uons)	τ					
				2 Gross income from or			 Deductions directly connected with or allocable to debt-financed property 				
1. Description of debt-financed property				allocable to debt-financed			dept-fina	ncea propen	<u>у</u>		
							(a) Straight line depreciation		(b) Other deductions		
_				ļ		ļ	(attach schedule)		(attach schedule)	
1)	N/A					ļ					
2)						<u> </u>					
3)											
1)			!					<u> </u>			
	4 Amount of average	5 Average adjusted b	asıs	6	Column			8	Allocable deduct	ions	
	acquisition debt on or of or allocable to allocable to debt-financed debt-financed property (attach schedule) (attach schedule)		rtv	4 divided 7 G			7 Gross income reportable (column 6 x to		ımn 6 x total of co	tal of cotumns	
			hy column 5			(column 2 x column 6) 3(a) ar					
1)				%							
<u></u> -					%						_
-/					%	 		<u> </u>			
<u>"</u>					%			+			_
1							horo and an acce 4	Ente-	horo and an	2222	
							here and on page 1, l, line 7, column (A)		here and on p I, line 7, colur		
							, , ()		.,	(2)	
otal	S dividende received deduc				•	L	<u> </u>	+			
	anuidonde roccived doduci	TIONS INCIDION IN CO									

	orhood J					,15 <u>912</u>			Page
Schedule F - Interest, Ann	uities, Ro	ies, and Ren					(see instructi	ions)	
• A Name of controlled		0.5	Exem	pt Controlled C)rganızat	lions		· · · · · ·	
Name of controlled organization	lde	2 Employer entification number	3 Net ur	related income	4 Total of	specified	5 Part of column 4	4 that is	6 Deductions directly
•			(loss) (se	ee instructions)	payments	made	included in the cor		connected with income
, ,							organization's gross	income	ın column 5
(1) N/A ,									
(2)									
(3)							_		
(4)									
Nonexempt Controlled Organiza	ations								
7 Taxable Income		Net unrelated income oss) (see instructions)	- 1	9 Total of specified payments made		10 Part of col included in th organization's	e controlling		Deductions directly nected with income in column 10
(1)						_		-	
(2)									
(3)									·-····································
(4)									·
						Add columns	5 and 10	Ade	d columns 6 and 11
						Enter here and			r here and on page 1,
Totals						Part I, line 8,	column (A)	Pan	I, line 8, column (B)
Schedule G – Investment Ir	acomo of a S	action 501/c	1/7) (0)	or (17) Org	anizatio	\n /ooo in	atrustions)		
ochedule o – investment n	iconie di a 3	ection sorte)(1), (3)	, or (17) Org.	amzauc	ni (see iii	istructions)		
						7			
1 Description of income		2 Amount of in	acomo	3 Deduct directly coni			Set-asides		5 Total deductions
1 Description of income		2 Amount of it	ICOME	(attach sche			ach schedule)		and set-asides (col. 3 plus col. 4)
					·				· · · · · · · · · · · · · · · · · · ·
(1) N/A		-				ļ		_	
(2)				ļ					
(3)	.								
(4)									
Totals	>	Enter here and or Part I, line 9, col	umn (A)						er here and on page 1, rt I, line 9, column (B)
Schedule I - Exploited Exer	mpt Activity	Income, Othe	er Than	Advertising	Incom	e (see ins	structions)		
Description of exploited activity	2 Gross unrelated business income	3 Expension directly connected	,	4 Net income (loss) from unrelated trade or business (column	5 0	Gross income	6 Expen		7 Excess exempt expenses (column 6 minus
, , , ,	from trade or business	production unrelate business inc	ed	2 minus column 3) If a gain, compute cols 5 through 7		ot unrelated ness income	column		column 5, but not more than column 4)
(1) N/A						.			
			-						
(2)	<u> </u>					· · · · · ·			
(3)						-	- 		
(4)	Enter here and or	n Enter here a	nd on S	and the state of t	SE 5544744	000 a 1750.55e	ARRIAL PROPERTY	· Prince A	Enter here and
Totals	page 1, Part I, line 10, col (A)	page 1, Pa	arti,						on page 1, Part II, line 26
Schedule J - Advertising In	come (see ins	structions)							
Part Income From P			Conso	lidated Basis	s		,		· · · · ·
				4 Advertising					7 Excess readership
1 Name of periodical	2 Gross advertising income	3 Direc advertising o		gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		Circulation	6 Reader costs		costs (column 6 minus column 5, but not more than column 4)
(1) N/A			器		F.				Not the second
(2)									
(3)									
									
(4)		 	333	Variable Language Control	W.E.1				" while the party of the straight
Totals (carry to Part II, line (5))									200 T

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 minus column 5, but 1 Name of periodical 2 minus col 3) If costs advertising costs income not more than income a gain, compute cols 5 through 7 column 4) (1) N/A (2) (4) Totals from Part I \blacktriangleright Andrew States Enter here and on Enter here and Enter here and on page 1, Part I, on page 1, page 1, Part I, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5)

Schedule K - Compensation of Officers, Direct	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		.	

Form 990-T (2018)