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Dusiness, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? I'ves, enter the name and identifying number of the parent corporation. I'ne books are in care of ▶ DENTISE HARLOW Telephone number ▶ (202) 255 − 754 6 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Not (A) Income (B) Expenses (C) Not (B) Expenses (C) Not (C) Not (B) Expenses (C) Not (C) Not (B) Expenses (C) Not (C) Not (D) Expenses (C) Not (D) Expenses (C) Not (D) Expenses (C) Not (D) Expenses (E) Expenses (D) Not (D) Expenses (E) Expenses (•				,
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If Yes,' enter the name and identifying number of the parent corporation. ▶ J The books are in care of ▶ DENTSE HARLOW Telephone number ▶ (202) 265-7546 PART I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Less returns and allowances Cost of goods sold (Schedule A, line 7) Cost of goods sold (Schedule C) Contribution (Schedule C) Cost of goods sold (Schedule A, line 7) Compensation of officers, directors, and trustees (Schedule W) Compensation of				offiliated group or a core	nt-cube	idiany controlled group?	<u> </u>		T Vo	<u>. </u>	TNo
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29 0. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income. Subtract line 31 from line 30 32 O.									\vdash		
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Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30 31 32 0.	/				A 1'- C	O from the cate		•			<u> </u>
32 Unrelated business taxable income. Subtract line 31 from line 30	/										<u> </u>
	/	_			ary 1, 20	io (see instructions)			-		
					•	· · · · · ·			02	Earm (

Form 990-1	(2 91 8)	COMMUNITY ACTION PARTNERSHIP	52-112	20274		Page
Part I	4 111	Total Unrelated Business Taxable Income				
	_	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		38		0
34		ints paid for disallowed fringes	••	3,4		
35		ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35		
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				_
•		33 and 34		. 36		
37		fic deduction (Generally \$1,000, but see line 37 instructions for exceptions)	8	37	1,00	იი
38	-	ated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	O	\ 		
30		the smaller of zero or line 36		38		0
Dort I		Tax Computation	•	1 30 1		<u> </u>
				39		0
39	-,	tizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		08		-
40		s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		1,0		
		Tax rate schedule or Schedule D (Form 1041)		40		_
41	-	tax. See instructions		41		
42		native minimum tax (trusts only)		42		
43		n Noncompliant Facility Income. See instructions		43		_
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44		0
		ax and Payments		1		
45 a		tax credit (corporations attach Form 1118; trusts attach Form 1116)		4		
b	Other	credits (see instructions)		1		
C	Genei	ral business credit. Attach Form 3800]		
d	Credi	t for prior year minimum tax (attach Form 8801 or 8827)		↓		
8	Total	credits. Add lines 45a through 45d		45e		
46		act line 45e from line 44		46		0
47	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (at	tach schedule)	47	<u> </u>	
48	Total	tax. Add lines 46 and 47 (see instructions)		48		0
49	2018	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49		0
50 a	Paym	ents: A 2017 overpayment credited to 2018				
	_	estimated tax payments 50b		1		
		eposited with Form 8868 50c		1		
		on organizations: Tax paid or withheld at source (see instructions) 50d		1		
		up withholding (see instructions) 50e		1		
		t for small employer health insurance premiums (attach Form 8941)		1		
		credits, adjustments, and payments: Form 2439		1		
,		Form 4136	1,035.			
51		payments. Add lines 50a through 50g SEE STATEMENT 2		1 ₅₁	1,03	35
52		ated tax penalty (see instructions). Check if Form 2220 is attached	· ·	52		-
53		lue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53		_
54		payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		1 34	1,03	1 5
54 55			nded	V 55	1,03	
Part \		Statements Regarding Certain Activities and Other Information (see instruct		प चुठ ।	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>
					- IVI	A1.
56		y time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			1 1	
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here					
57		g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	gn trust?			
	If "Ye	s," see instructions for other forms the organization may have to file.			1 1	
58		the amount of tax-exempt interest received or accrued during the tax year > \$				
	Un	ider pena les of perjury, I declare that I have examined and return, including accompanying schedules and statements, and to the rect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge CHIEF EXECUTIVE	e best of my kno	wiedge and t	ellef, it is true,	
Sign	"	CHIEF EXECUTIVE	· [lay the IRS di	scuss this return w	ith
Here		OFFICER		-	own below (see	
		Signature of officer Date Title	In	structions)?	X Yes	<u>No</u>
		Print/Type preparer's name Preparer's signature Date C	hecki	if PTIN		
Paid			elf- employed			
		JENNIFER S. HAN JUNEAU 10/26/20	. ,		0633304	
Prepa			Firm's EIN			_
Use C	niy	1020 19TH STREET, NW, SUITE 800	2 = 7			
		l	Phone no. ((202)	293-700	0 (

FOOTNOTES

STATEMENT

1

LINES 34, 36, 38, 39, 44, 46, 48, 50G, 51, 52, 53, 54, AND 55 ARE CHANGED FORM THE ORIGINAL DUE TO REPEAL OF SECTION 512(A)(7)

FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT	2
DESCRIPTION	AMOUNT	
TAX PAID WITH THE ORIGINAL RETURN	. 1,03	35.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G	1,03	35.