

2939307915501 1

*****AMENDED RETURN - SECTION 512(A)(7) REPEAL*****

Form 990-T

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No 1545-0887

2018

For calendar year 2018 or other tax year beginning _____, and ending 12/31/2018

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).

Department of the Treasury
Internal Revenue Service

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

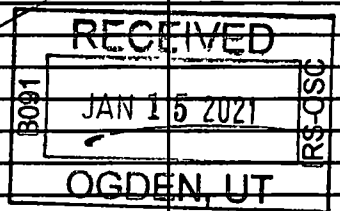
<input type="checkbox"/> A Check box if address changed		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COMMUNITY ACTION PARTNERSHIP		Employer identification number (Employees' trust, see instructions.) 52-1120274	
<input checked="" type="checkbox"/> B Exempt under section 501(c)(3)		Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 1020 19TH STREET, NW, NO. 700		<input type="checkbox"/> E Unrelated business activity code (See instructions)
<input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)			City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		
<input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)					
<input type="checkbox"/> C Book value of all assets at end of year		<input type="checkbox"/> F Group exemption number (See instructions.)		<input checked="" type="checkbox"/> G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the 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 III-V.

I 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.

J The books are in care of **DENISE HARLOW** Telephone number **(202) 265-7546**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	0.	



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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	0.

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, Amount. Includes lines 33-38. Total unrelated business taxable income is 0.

Part IV Tax Computation

Table with 3 columns: Line number, Description, Amount. Includes lines 39-44. Total tax computation is 0.

Part V Tax and Payments

Table with 3 columns: Line number, Description, Amount. Includes lines 45a-45e, 46-49, 50a-50f, 51-55. Total tax and payments is 1,035.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question number, Question text, Yes/No. Includes questions 56-58 regarding foreign accounts, distributions, and tax-exempt interest.

Sign Here: Declaration of preparer, Signature of officer (Jennifer Han), Date (11/2/21), Title (Chief Executive Officer).

Paid Preparer Use Only: Print/Type preparer's name (JENNIFER S. HAN), Preparer's signature, Date (10/26/20), Firm's name (HAN GROUP LLC), Firm's address (1020 19TH STREET, NW, SUITE 800, WASHINGTON, DC 20036), Firm's EIN (P00633304), Phone no. ((202) 293-7000).

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

DESCRIPTIONAMOUNT

TAX PAID WITH THE ORIGINAL RETURN

1,035.

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G

1,035.