Form	T-066		Exempt Organization Bus (and proxy tax und lendar year 2018 or other tax year beginning OCT 1,	ler se	ection 6033(e))	۱۷	1041	OMB No 1545-0887		
	tment of the Treasury	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) Open to Public Inspection for 501(c)(3) Organizations Only								
Α	Check box if address changed	Name of organization (
B Ex	kempt under section	Print	DBA NEIGHBORWORKS AMER	5	52-1148078					
] 501(d)(3)	or	or Number, street, and room or suite no. If a P.O. box, see instructions.							
	408(e) 220(e)	Type	Type 999 NORTH CAPITOL STREET NE, NO. 900							
	408A530(a)		City or town, state or province, country, and ZIP or foreign postal code							
C Boo	529(a) WASHINGTON, DC 20002 900099 C Book value of all assets F Group exemption number (See instructions.)									
ate	end of year 61 . 198 . 1	48.	G Check organization type ► X 501(c) corp	ooratio	n 501(c) trust	401(2	a) trust	Other trust		
H En			ition's unrelated trades or businesses.	1		the only (or first) u				
		-	EE STATEMENT 1			complete Parts I-V		than one,		
			ce at the end of the previous sentence, complete Pa	arts I ar						
bus	siness, then complete	Parts III	-V							
I Du	ring the tax year, was	the corp	oration a subsidiary in an affiliated group or a parei	nt-subs	sidiary controlled group?	•	Ye:	s X No		
		_	tifying number of the parent corporation.							
			REBECCA BOND			one number 🕨 🕽	$\overline{}$			
			de or Business Income		(A) Income	(B) Expense	8	(C) Net		
	Gross receipts or sale									
	Less returns and allow		c Balance ▶	1c						
~	Cost of goods sold (S			2	-					
	Gross profit Subtract			3				/		
☐ 4ª ☐ 5	Capital gain net incon	-		4a			$\overline{}$			
Ξ .	Capital loss deduction	-	art II, line 17) (attach Form 4797)	4b 4c						
بيد	•		ship or an S corporation (attach statement)	5						
ပ္တို့	Rent income (Schedu	•	sing of an 3 corporation (attach statement)	6	_					
ທ ₇	Unrelated debt-finance	•	ne (Schedule F)	7						
8			and rents from a controlled organization (Schedule F)					 _		
-		-	on 501(c)(7), (9), or (17) organization (Schedule G)							
	Exploited exempt acti			10						
	Advertising income (S	•	,	11						
12	Other income (See in:	struction	ns; attach schedule)	12						
	Total: Combine lines	3 throu	gh 12	13/	0.					
Pa 7	T I Deduction		ot Taken Elsewhere (See instructions fourtions, deductions must be directly connected			s income)				
97			rectors, and trustees (Schedule K)				14			
15	Salaries and wages	iicei 5, ui	rectors, and trustees (Schedule K)	٢	RECEIVE	$D_{-\pi}$	15			
	Repairs and mainten	nance		1		1(0)	16			
7	Bad debts	unoo		1	% AUG 1 8 20)20 6	17			
Ġ.	Interest (attach sche	dule) (s	ee instructions)	1	8 AUG 1 8 20	S:	18			
11	Taxes and licenses	, (-			OGDEN,	ÎIT (19			
20		ons (Se	e instructions for limitation rules)		OGDEN,		20			
215	Depreciation (attach				21					
22	Less depreciation cla	aimed oi	n Schedule A and elsewhere on return		22a		22b			
23	Depletion						23			
24	Contributions to def	erred co	mpensation plans				24			
25	Employee benefit pr	-					25			
26	Excess exempt expe						26			
27	Excess readership c		•				27			
28	Other deductions (at						28			
29	Total deductions A						29	<u> </u>		
30	,							<u> </u>		
31	/		loss arising in tax years beginning on or after Janua	ıry 1, 20	018 (see instructions)		31			
32 /			ncome. Subtract line 31 from line 30				32	0.		
82370	1 01-09-19 LHA FO	or Paper	work Reduction Act Notice, see instructions					Form 990-T (2018)		

David I		400/0	
Part I			
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (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	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36;	7	
	enter the smaller of zero or line 36	38	0.
Part P	√ i₁Tax Computation		
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	89	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 38 from:	133	
40	Tax rate schedule or Schedule D (Form 1041)	40	
44			
41	Proxy tax See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
<u>44</u>	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
	Tax and Payments	- •	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	4	
	Other credits (see instructions)	- 1	
	General business credit. Attach Form 3800	_	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	<u> </u>	
е	Total credits Add lines 45a through 45d	45e	<u></u>
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
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	Payments: A 2017 overpayment credited to 2018	_ 1	
b	2018 estimated tax payments (40 50b 13,400	.	
C	Tax deposited with Form 8868		
đ	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
е	Backup withholding (see instructions) 50e		
	Credit for small employer health insurance premiums (attach Form 8941)	7	
	Other credits, adjustments, and payments: Form 2439	7	
_	Form 4136		
51	Total payments. Add lines 50a through 50g	5	13,400.
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	·-
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	5,4	13,400.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	13,400.
Part V		- 	
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		7,00 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3,	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kn	owledge and b	elief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here		•	scuss this return with
		the preparer sho instructions)?	
		if PTIN	
		I	
Paid	T ANDREW CMTTH T ANDREW CMTTH 09/07/20	L L	625175
Prepa			0746749
Use C	Only Firm's name CLIFTONLARSONALLEN LLP Firm's EIN DELTE 300	41-	0746749
	11710 BELTSVILLE DRIVE, SUITE 300	/2011	021 0050
			931-2050
23711 01	-09-19	Fr	orm 990-T (2018)

NEIGHBORHOOD REINVESTMENT CORPORATION

2

Schedule A - Cost of Good	Is Sold. Enter	method of inver	ntory valuation N/A				
1 Inventory at beginning of year	11		6 Inventory at end of yea	r	6		
2 Purchases				old. Subtract line 6			
3 Cost of labor				here and in Part I,			
4a Additional section 263A costs			line 2	·	7		
(attach schedule)	4a		8 Do the rules of section	263A (with respect to	Yes No		
b Other costs (attach schedule)	4b		property produced or a	cquired for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?		. [
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leased With Real Pr	operty)		
Description of property							
(1)				· · · · · · · · · · · · · · · · · · ·			
(2)		· ·					
(3)					•••		
(4)							
	2. Rent receiv	ed or accrued	· · · · · · · · · · · · · · · · · · ·				
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)				
(1)							
(2)							
(3)							
(4)	-						
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum		ter -		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			
Schedule E - Unrelated De		Income (see	e instructions)				
			2 Gross income from or allocable to debt-	to debt-fina	onnected with or allocable inced property		
1 Description of debt-f	financed property		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)				-			
(2)							
(3)							
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed of or a property (attach schedule) 5 Average of or a debt-financed debt-fina		adjusted basis allocable to nced property n schedule)	6 Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)			%				
(2)			%				
(3)			%				
(4)			%				
				Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals			•		0. 0.		
Total dividends-received deductions	ncluded in columi	18			0.		

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Form 990-T (2018) DBA NEIGHBORWORKS AMERICA 52-1148078 Page 4 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 6 Deductions directly connected with income in column 5 5 Part of column 4 that is included in the controlling 1. Name of controlled organization 2. Employer 3 Net unrelated income 4 Total of specified identification (loss) (see instructions) payments made number organization's gross income (1) (2) (3) (4) Nonexempt Controlled Organizations 10. Part of column 9 that is included 11 Deductions directly connected R Net unrelated income (loss) Taxable Income Total of specified payments in the controlling organization's gross income with income in column 10 (see instructions) (1) (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Part I, Enter here and on page 1, Part I, line 8. column (B) line 8 column (A) 0. n **Totals** Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 5. Total deductions Set-asides 1 Description of income 2. Amount of income directly connected and set-asides (attach schedule) (attach schedule) (col 3 plus col 4) (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (B) Enter here and on page Part I. line 9. column (A) 0. **Totals** Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) 3 Expenses 7 Excess exempt 5 Gross income 2 Gross from unrelated trade or 6 Expenses directly connected with production expenses (column from activity that is not unrelated unrelated business business (column 2 1 Description of attributable to 6 minus column 5, minus column 3) If a exploited activity income from of unrelated but not more than gain, compute cols 5 business income column 4) business income through 7 (1) (2)(3)(4) Enter here and Enter here and on Enter here and on page 1, Part I, line 10, col (A) page 1. Part I on page 1 line 10 col (B) Part II line 26 0. **Totals** Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 4. Advertising gain 7. Excess readership 2 Gross or (loss) (col 2 minus 3. Direct 5. Circulation 6. Readership costs (column 6 minus advertising advertising costs col 3) If a gain, compute cols 5 through 7 costs Name of periodical income column 5, but not more income than column 4) (1) (2)(3)(4)

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

0

0

52-1148078

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Part II 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)

Columnia 2 timough 7 on a line-by line basis)						
1. Name of periodical	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 readership costs (column 6 minus column 5, but not more than column 4)
(1)				-		·
(2)						
(3)				_		
(4)			· · · · · · · · · · · · · · · ·			
Totals from Part I	0.	0.				0.
	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 27
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

)RM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

QUALIFIED TRANSPORTATION FRINGE BENEFITS

) FORM 990-T, PAGE 1