Form 990-T	E	Exempt Orgai					Tax Return		OMB No. 1545-0047
	l	=	nd proxy tax unde		-		מת אוד אוד ד	ا ۸	2019
	For cal	lendar year 2019 or other tax yea				_		<u>- </u>	ZU 19
Department of the Treasury Internal Revenue Service	► 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).							5	Open to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed	Name of organization (offects box if finding changed and see instructions.)							(Emplo instruc	yer identification number byees' trust, see tions.)
B Exempt under section	Print	Print UNITED WAY OF THE NATIONAL CAPITAL AREA							3-0234290
X 501(c)(3)	Or	Or Number, street, and room or suite no. If a P.O. box, see instructions.							ted business activity code structions.)
408(e) 220(e)	liyhe	1577 SPRING HILL ROAD, NO. 420							
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code							200
529(a)		VIENNA, VA						9000	199
C Book value of all assets at end of year 35,055,3	ΛZ	6 Check organization type	See instructions.)	oration	501/6	c) trust	t 401(a)	truet	Other trust
H Enter the number of the							pe the only (or first) un		Other trust
	-	EE STATEMENT		-			ne, complete Parts I-V.		than one
		ce at the end of the previou		rts I and		-			
business, then complete	-	·			, ,				
I During the tax year, was	the corp	oration a subsidiary in an a	ffiliated group or a paren	t-subsi	diary controlled (group?	?	Yes	X No
		tifying number of the paren	t corporation.						
J The books are in care of							ohone number 🕨 2		
		de or Business Inc	ome		(A) Incom	ie	(B) Expenses	3	(C) Net
1a Gross receipts or sale			Dalama						
b Less returns and allow			c Balance	1c 2					
Cost of goods sold (SGross profit. Subtract		A, line 7)		3					
		h Schedule D)		4a					
		art II, line 17) (attach Form		4b					_
		sts		4c					
		ship or an S corporation (at		5					
6 Rent income (Schedu			· ·	6					
7 Unrelated debt-financ	ed incor	me (Schedule E)		7					
· · · · · · · · · · · · · · · · · · ·		nd rents from a controlled o	-	8					
		on 501(c)(7), (9), or (17) or		9					
		me (Schedule I)		10					
11 Advertising income (S	Schedule	e J)		11					
		ns; attach schedule)		12		0			
13 Total. Combine lines Part II Deductio	3 throu	gn 12 ot Taken Elsewher	2 (See instructions to	13	tions on dodu				
		be directly connected wi				5110118)		
14 Compensation of off	icers, di	rectors, and trustees (Sche	dule K)					14	
15 Salaries and wages								15	_
								16	
17 Bad debts								17	
		ee instructions)						18	
								19	
		562)						041	
		n Schedule A and elsewhere						21b 22	
		mpensation plans						23	
		pensation plans						24	
		chedule I)						25	
		hedule J)						26	
		nedule)						27	
		14 through 27						28	0.
29 Unrelated business t	axable ii	ncome before net operating	loss deduction. Subtract	line 28	from line 13			29	0.
30 Deduction for net op	erating l	loss arising in tax years beg	jinning on or after Januar	y 1, 20	18				
								30	0.
31 Unrelated business t	axable iı	ncome. Subtract line 30 fro	m line 29					31	0.

Part	III ·	Total Unrelated Business Taxable Income		
32	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amoun	ts paid for disallowed fringes	33	
34	Charital	ole contributions (see instructions for limitation rules)	34	0.
		orelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
		on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific	deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
		ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		_
	enter th	e smaller of zero or line 37	39	0.
Part	IV	Tax Computation		
		rations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41		Faxable at Trust Rates . See instructions for tax computation. Income tax on the amount on line 39 from:		
		ax rate schedule or Schedule D (Form 1041)	41	
42	Proxy t	ax. See instructions	42	
43	Alterna	ive minimum tax (trusts only)	43	
44	Tax on	Noncompliant Facility Income. See instructions	44	
45 Dort	i otai. <i>F</i>	Idd lines 42, 43, and 44 to line 40 or 41, whichever applies Tax and Payments	45	0.
		tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
		redits (see instructions)		
		business credit. Attach Form 3800 46c		
-		or prior year minimum tax (attach Form 8801 or 8827)		
		redits. Add lines 46a through 46d	46e	
		tt line 46e from line 45	47	0.
48	Other ta	IXES. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
		x. Add lines 47 and 48 (see instructions)	49	0.
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
		nts: A 2018 overpayment credited to 2019 <u>51a</u> 866.		
		stimated tax payments 51b 3,034.		
		osited with Form 8868 51c		
d	Foreign	organizations: Tax paid or withheld at source (see instructions)		
е	Backup	withholding (see instructions) 51e		
f	Credit f	or small employer health insurance premiums (attach Form 8941)		
g	Other c	redits, adjustments, and payments: Form 2439		
		orm 4136 Other Total ▶ <u>51g</u>		
		ayments. Add lines 51a through 51g	52	3,900.
		ed tax penalty (see instructions). Check if Form 2220 is attached	53	
		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	2 000
		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	3,900.
56 Part		the amount of line 55 you want: Credited to 2020 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions)	56	3,900.
		ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	-	inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		103 140
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here	•		X
		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	-	see instructions for other forms the organization may have to file.		
59	Enter th	e amount of tax-exempt interest received or accrued during the tax year 🕨 \$		
<u> </u>	Ur	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	ge and belie	ef, it is true,
Sign		rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. PRESIDENT & CHIEF Associated Library 1/5/2021 PRESIDENT & CHIEF Material Chief C	v the IRS di	scuss this return with
Here		EXECUTIVE OFFICER the	-	nown below (see
		Signature of officer Date Title inst	_	X Yes No
		Print/Type preparer's name Preparer's signature Date Check if	PTIN	
Paid		MICHAELA J. CROMAR, MICHAELA J. self-employed		
Prep	arer	CPA CROMAR, CPA 12/10/20		0895728
Use	Only	Firm's name ► CLIFTONLARSONALLEN LLP Firm's EIN ►	41-	-0746749
		901 NORTH GLEBE ROAD, SUITE 200	71 01	0.7 0.500
		Firm's address ► ARLINGTON, VA 22203 Phone no. 5'		
923711 0	1-27-20		F	orm 990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation ► N/A					
1 Inventory at beginning of year				Inventory at end of yea	r		6		
2 Purchases 2				Cost of goods sold. Su					
3 Cost of labor 3 4a Additional section 263A costs				from line 5. Enter here	and in I	Part I,			
				line 2					
(attach schedule)			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 and	d Per	sonal Property L	ease	d With Real Prop	erty	()	
(000 mon donorio)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
		ed or accrued				2(a) Doductions directly	, conn	acted with the income in	_
` rent for personal property is more than \ ' of rent for pe			personal	nd personal property (if the percentage ersonal property exceeds 50% or if t is based on profit or income)			ectly connected with the income in (a) and 2(b) (attach schedule)		
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.	_			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column					0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Del			e instru	ctions)	•	Parti, line 0, column (b)			
			Τ,			3. Deductions directly cor to debt-finan			
1 December of data of				2. Gross income from or allocable to debt-	(a)	Straight line depreciation	T	(b) Other deduction	ns
Description of debt-financed property				financed property	(attach schedule)			(attach schedule)	
(1)							+		
(2)							+		
(3)							+		
(4)	 						+		
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	e adjusted basis allocable to inced property h schedule)	6	by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%			+		
(2)				%			\top		
(3)				%					
(4)				%					
						Enter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column	
Totals						0			0.
Total dividends-received deductions in									<u> </u>

Form **990-T** (2019)

Close) (see instructions) payments made included in the controlling organization's gross income connected in controlling organization's gross income connected in controlling organization's gross income connected in controlling organization controllin	olumn 10
(2) (3) (4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net urrelated income (loss) (see instructions) 9. Total of specified payments made 10, Part of column 9 that is included in the controlling organization's gross income (1) (2) (3) (4) Add columns 5 and 10. Enter here and on page 1, Part 1, line 8, column (A) Enter here and on page 1, Part 1, line 8, column (A) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions directly connected (attach schedule) (otto) (ott	olumn 10
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(2) (3) (4) Enter here and on page 1, Part I, line 9, column (A). Totals Cochedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross directly connected from unrelated these or businessed exhaust or businessed exhau	. o piao ooi. 1)
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(4) Enter here and on page 1, Part I, line 9, column (A). Totals Description of the part I, line 9, column (B). Enter here and on page 1, Part I, line 9, column (A). O. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) from unrelated trade or businessed of the part o	
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Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross directly connected directly connected business (activated or business (activa	e and on page 1, e 9, column (B).
(see instructions) 2. Gross directly connected directly connected business directly connected business (actually 2) from unrelated that 2 from postibility that 6. Expenses experience (actually 2) from postibility that 6. Expenses experience (actua	0.
2. Gross Unrelated the spinor directly connected directly connected business global 9.6. Expenses expenses of the spinor of the	
exploited activity income from distributable to some from trade or business income from trade or business income from trade or business income from but no	access exempt nses (column nus column 5, ot more than olumn 4).
(1)	
(2)	
(2) (3)	
(4)	
page 1, Part I, line 10, col. (A). page 1, Part I, line 10, col. (B). Part	er here and n page 1, t II, line 25.
Totals	0.
Part I Income From Periodicals Reported on a Consolidated Basis	
1. Name of periodical 3. Direct or (loss) (col. 2 minus 5. Circulation costs (col. 3.) If a gain compute income costs (col. 3.) If a gain compute income	ss readership
	lumn 6 minus , but not more
(2)	olumn 6 minus , but not more column 4).
(3)	, but not more
(4)	, but not more
	, but not more
Totals (carry to Part II, line (5)) ► 0 • 0 • Form 9	, but not more

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.)

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 26.
Totals, Part II (lines 1-5)	0.	0.				0.
<u> </u>	4.0.44					

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

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

Form 990-T (2019)

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

QUALIFIED TRANSPORTATION FRINGE BENEFITS

TO FORM 990-T, PAGE 1