₄SECT		512(A) (7) : Exempt Orga		ine	see li	ncome T				OMB No. 1545-0687		
Form 990-1	•						ax II					
محب مراجية	Force	(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019 2018										
		Go to www.irs.gov/Form990T for instructions and the latest information.										
Department of the Treasury Internal Revenue Service		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										
A Check box if		Name of organization (Check box if name of	-		•	-			oyer identification number loyees' trust, see		
address changed		LIVING CITIES INC THE NATIONAL COMMUNITY								ctions.)		
B Exempt under section	Print	· • • • • • • • • • • • • • • • • • • •								26-0003950 E Unrelated business activity code		
X 501(c (3)		Type Number, Street, and room or Street in. If a F.O. box, see instructions.								nstructions)		
408(e) 220(e)	"	1040 AVENUE OF THE AMERICAS, NO. 17 F										
408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018										
C Book value of all assets		F Group exemption num							L			
at end of year		G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust										
H Enter the number of the	organiza	rganization'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 b	lank spa	ace at the end of the previo	ous sentence, complete Pa	arts I a	nd II, con	nplete a Schedul	e M for ead	ch additiona	al trade	or		
business, then complete			_		,							
		poration a subsidiary in an		nt-sub:	sidiary co	ntrolled group?		>	Ye	s No		
		tifying number of the pare					•		A C	440 0000		
J The books are in care of		ESTHER MENSA de or Business Ind			1 .					442-2222 (C) Not		
		ue or business inc	, onle	ī	+	A) Income	+ (R	Expenses		(C) Net		
1 a Gross receipts or sale			• Palance];					
b Less returns and allow2 Cost of goods sold (5)			c Balance	1c 2	 		 `					
3 Gross profit. Subtract				3	 		/					
4a Capital gain net incor				4a	†			 		-		
b Net gain (loss) (Form	•	Part II, line 17) (attach Forr	n 4797)	4b		ECFIVE	P-0			_		
c Capital loss deduction			,	40	F		19	3				
5 Income (loss) from a	partner	ship or an S corporation (a	ittach statement)	5		G A 25	120 1.	ارز				
6 Rent income (Schedu	ile C)			6		APR 2 4 21	ال	<u>~</u>				
7 Unrelated debt-finance	ed incol	me (Schedule E)		7	101	OGDEN	UT					
8 Interest, annuities, ro	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)											
	investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)											
10 Exploited exempt acti	-	, ,	10	<u> </u>		ļ						
	vertising income (Schedule J)						<u> </u>					
·	ther income (See instructions; attach schedule) otal. Combine lines 3 through 12 13 0 -											
Part II Deduction	ne No	ot Taken Elsewhei	TE (See instructions for	13	tations o		.L			<u> </u>		
		utions, deductions mus)				
-		rectors, and trustees (Sch							14			
15 Salaries and wages	110010, 0	Totalo, and tradical (con-							15			
16 Repairs and mainter	nance								16			
17 Bad debts									17			
18 Interest (attach sche	edule) (s	ee instructions)							18	· · ·		
19 Taxes and licenses									19	,		
		e instructions for limitation	n rules)						20			
21 Depreciation (attach		•			•	21			ļ			
	aimed o	n Schedule A and elsewher	re on return			22a			22b			
23 Depletion									23			
24 Contributions to def		•							24			
25 Employee benefit pr26 Excess exempt expe	-								25 26	<u> </u>		
									27			
•	ess readership costs (Schedule J) er deductions (attach schedule)								28			
•	Total deductions. Add lines 14 through 28									0.		
										0.		
	_	ncome, Subtract line 31 fro	-		· ·				32	0.		
823701 01-09-19 LHA F	or Paper	work Reduction Act Notic	e, see instructions.							Form 990-T (2018)		
			1	-				_	(11)	· Y		
300407 149157	260	003950.14	2018	.05	070	LIVING	CITIE	S INC	YKH.	B NAT 2600039		

Part I		3330	
		1 as T	
33	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)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	0.
Part I	/ Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part V			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
b	Other credits (see instructions) 45b	1 i	
•	General business credit. Attach Form 3800	i	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1	
	Total credits. Add lines 45a through 45d	45e	
	Subtract line 45e from line 44	46	0.
46	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
47		48	0.
48	Total tax. Add lines 46 and 47 (see instructions)	49	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
	Payments: A 2017 overpayment credited to 2018 2018 estimated tax payments 5 60a 50b 15,163.	1	
	•	1 1	
	Tax deposited with Form 8868	1.	
	Foreign organizations: Tax paid or withheld at source (see instructions)	∮'	
	Backup withholding (see instructions)	1	
f	Credit for small employer health insurance premiums (attach Form 8941)	∤	
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 50g	 	45 463
51	Total payments. Add lines 50a through 50g	51	15,163.
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	45 460
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	15,163.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	<u> 15,163.</u>
Part \	I Statements Regarding Certain Activities and Other Information (see instructions)		
56	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		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here ▶		<u> </u>
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
	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 knowled correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	lge and belie	f, it is true,
Sign		av the IRS du	scuss this return with
Here	4/15/20 PRESIDENT & CEO	-	own below (see
	Signature of officer Date Title	structions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check i	f PTIN	
Paid	FREDERICK E. DAVIS, A 107/2020 Self- employed		
Prepa	TD	P00	1446023
•	S. ATTOCHET I C MITTIE IID		-2781641
Use C	80 PINE STREET, 32 FL		
		212)	709-4500
823711 01			orm 990-T (2018)

FOOTNOTE STATEMENT 1

REPEAL OF IRC SECTION 512(A)(7) STATEMENT

THE LIVING CITIES, INC THE NATIONAL COMMUNITY DEVELOPMENT INITIATIVE (THE "ORGANIZATION") IS FILING 2018 FORM 990-T TO CLAIM REFUND OF ESTIMATED UNRELATED BUSINESS TAX PAYMENTS OF \$15,163 WITH RESPECT TO CERTAIN QUALIFIED TRANSPORTATION FRINGE BENEFITS UNDER SECTION 512(A)(7) FOR THE PERIOD BETWEEN JULY 1, 2018 ANDJUNE 30, 2019. THE ORGANIZATION MADE TIMELY DEPOSIT(S) OF THE ESTIMATED PAYMENTS BEFORE SECTION 512(A)(7) WAS RETROACTIVELY REPEALED BY THE TAXPAYER CERTAINTY AND DISASTER TAX RELIEF ACT OF 2019 SIGNED INTO LAW IN DECEMBER 2019.