

1806

OMB No 1545-0687

2017

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

990-T

Department of the Treasury  
Internal Revenue ServiceA  Check box if  
address changed

B Exempt under section

<input checked="" type="checkbox"/>	501( C ) (03 )
<input type="checkbox"/>	408(e) 220(e)
<input type="checkbox"/>	408A 530(a)
<input type="checkbox"/>	529(a)

C Book value of all assets  
at end of year

144,084

Name of organization (  Check box if name changed and see instructions )

Print or Type Connecting Henry Inc.

Number, street, and room or suite no. If a P O box, see instructions

66 Veterans Drive

City or town, state or province, country, and ZIP or foreign postal code

McDonough GA 30253

D Employer identification number  
(Employees' trust, see instructions )

20-1249256

E Unrelated business activity codes  
(See instructions )

H Describe the organization's primary unrelated business activity

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 ► Susan Crumbley

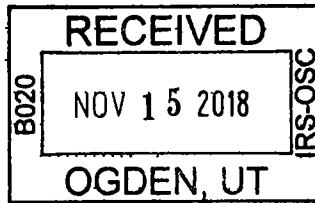
Telephone number ► 770-288-6230

## Part I Unrelated Trade or Business Income

1a	Gross receipts or sales	_____	c Balance	►	1c	_____
b	Less returns and allowances	_____			2	_____
2	Cost of goods sold (Schedule A, line 7)	_____			3	_____
3	Gross profit Subtract line 2 from line 1c	_____			4a	_____
4a	Capital gain net income (attach Schedule D)	_____			4b	_____
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	_____			4c	_____
c	Capital loss deduction for trusts	_____			5	_____
5	Income (loss) from partnerships and S corporations (attach statement)	_____			6	_____
6	Rent income (Schedule C)	_____			7	_____
7	Unrelated debt-financed income (Schedule E)	_____			8	_____
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	_____			9	_____
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	_____			10	_____
10	Exploited exempt activity income (Schedule I)	_____			11	_____
11	Advertising income (Schedule J)	_____			12	_____
12	Other income (See instructions, attach schedule)	_____			13	0
13	Total. Combine lines 3 through 12	_____				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)	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
23	Depletion	22b
24	Contributions to deferred compensation plans	0
25	Employee benefit programs	
26	Excess exempt expenses (Schedule I)	
27	Excess readership costs (Schedule J)	
28	Other deductions (attach schedule)	
29	Total deductions. Add lines 14 through 28	
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	
31	Net operating loss deduction (limited to the amount on line 30)	
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	
34	Unrelated business taxable income Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32	



**Part III Tax Computation**

35 **Organizations Taxable as Corporations.** See instructions for tax computation Controlled group members (sections 1561 and 1563) check here ►  See instructions and

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)

(1) \$ (2) \$ (3) \$

\$  
\$

b Enter organization's share of (1) Additional 5% tax (not more than \$11,750)  
(2) Additional 3% tax (not more than \$100,000)

c Income tax on the amount on line 34

► 35c

36 **Trusts Taxable at Trust Rates.** See instructions for tax computation Income tax on the amount on line 34 from  Tax rate schedule or  Schedule D (Form 1041)

► 36

37 **Proxy tax.** See instructions

► 37

38 Alternative minimum tax

► 38

39 **Tax on Non-Compliant Facility Income.** See instructions

► 39

40 **Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies

► 40

**Part IV Tax and Payments**

41a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)

41a

41b

41c

41d

41e

b Other credits (see instructions)

c General business credit Attach Form 3800 (see instructions)

d Credit for prior year minimum tax (attach Form 8801 or 8827)

e **Total credits.** Add lines 41a through 41d

42 Subtract line 41e from line 40

42

43 Other taxes  Form 4255  Form 8611  Form 8697  Form 8866  Other (att. sch.)

43

44 **Total tax.** Add lines 42 and 43

44

0

45a Payments A 2016 overpayment credited to 2017

45a

45b

45c

45d

45e

45f

45g

b 2017 estimated tax payments

c Tax deposited with Form 8868

d Foreign organizations Tax paid or withheld at source (see instructions)

e Backup withholding (see instructions)

f Credit for small employer health insurance premiums (Attach Form 8941)

g Other credits and payments  Form 2439 \_\_\_\_\_

Form 4136 \_\_\_\_\_  Other \_\_\_\_\_

Total ►

46

46 **Total payments.** Add lines 45a through 45g

47

47 **Estimated tax penalty (see instructions)** Check if Form 2220 is attached

48

48 **Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed

49

49 **Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

50

50 Enter the amount of line 49 you want Credited to 2018 estimated tax ►

Refunded ►

**Part V Statements Regarding Certain Activities and Other Information (see instructions)**

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority 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 ►

Yes  No

X

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file

Yes  No

X

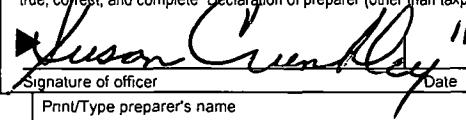
53 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

May the IRS discuss this return with the preparer shown below (see instructions)?

Yes  No

Sign Here

 11/1/18

Executive Director

Title

Print/Type preparer's name

Preparer's signature

Patty B. Whaley

Date

11/1/18

Check  if

PTIN

self-employed

P00006269

Paid

Patty B. Whaley

Preparer

Firm's name ► Whaley Hammonds Tomasello PC

Firm's EIN ► 58-1971018

Use Only

115 Westridge Ind. Blvd Suite 200

Phone no 770-914-1040

Firm's address ► McDonough, GA 30253

Form 990-T (2017)