

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0087

For calendar year 2018 or other tax year beginning OCT 1, 2018 and ending SEP 30, 2019

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).

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

Department of the Treasury
Internal Revenue Service

- A Check box if address changed
- B Exempt under section
 501(c)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

Name of organization (Check box if name changed and see instructions.)
COMMUNITY CONNECTIONS INC.

Number, street, and room or suite no. If a P.O. box, see instructions.
801 PENNSYLVANIA AVE., SE, NO. 201

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20003

D Employer identification number (Employees' trust, see instructions)
52-1349382

E Unrelated business activity code (See instructions)
900099

C Book value of all assets at end of year

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust 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 **JOSEPH CULLINAN** Telephone number **202-546-1512**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
1c	Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
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) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22a	Less depreciation claimed on Schedule A and elsewhere on return	22a	
22b		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.

Internal Revenue Service
 Received US Bank - USB
 740

AUG 21 2020

Kansas City, MO

62 Received in
 Batched Open
 DEC 7 2020
 SCANNED MAY 11 2021

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Line 33: Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 0. Line 34: Amounts paid for disallowed fringes. Line 35: Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions). Line 36: Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34. Line 37: Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 1,000. Line 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. 0.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Line 39: Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) 0. Line 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). Line 41: Proxy tax. See instructions. Line 42: Alternative minimum tax (trusts only). Line 43: Tax on Noncompliant Facility Income. See instructions. Line 44: Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies. 0.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Line 45a: Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). Line 45b: Other credits (see instructions). Line 45c: General business credit. Attach Form 3800. Line 45d: Credit for prior year minimum tax (attach Form 8801 or 8827). Line 45e: Total credits. Add lines 45a through 45d. Line 46: Subtract line 45e from line 44. Line 47: Other taxes. Check if from: Form 4255, Form 8611, Form 8697, Form 8866, Other (attach schedule). Line 48: Total tax. Add lines 46 and 47 (see instructions). Line 49: 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2. Line 50a: Payments: A 2017 overpayment credited to 2018 8,993. Line 50b: 2018 estimated tax payments. Line 50c: Tax deposited with Form 8868. Line 50d: Foreign organizations: Tax paid or withheld at source (see instructions). Line 50e: Backup withholding (see instructions). Line 50f: Credit for small employer health insurance premiums (attach Form 8941). Line 50g: Other credits, adjustments, and payments: Form 2439, Form 4136, Other, Total. Line 51: Total payments. Add lines 50a through 50g. 8,993. Line 52: Estimated tax penalty (see instructions). Check if Form 2220 is attached. Line 53: Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Line 54: Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. 8,993. Line 55: Enter the amount of line 54 you want: Credited to 2019 estimated tax, Refunded. 8,993.

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

Table with 3 columns: Line number, Description, and Yes/No columns. Line 56: At any time during the 2018 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. Line 57: 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. Line 58: Enter the amount of tax-exempt interest received or accrued during the tax year \$.

Sign Here

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.

Signature of officer: [Signature] Date: 08/14/2020 Title: CHIEF ADMINISTRATIVE OFFICER

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN. Print/Type preparer's name: JENNY E. HERRERA, CPA. Preparer's signature: [Signature]. Date: 8/14/2020. Check if self-employed: [] No [] Yes. PTIN: P00252755. Firm's name: CITRIN COOPERMAN & COMPANY, LLP. Firm's EIN: 22-2428965. Firm's address: 2 BETHESDA METRO CENTER, 11TH FLOOR, BETHESDA, MD 20814. Phone no.: (301) 654-9000.