Ţ,		<u>.</u>					29	<b>393</b> 15	907	0 4.9	· 9	
-	TE S	<b>.</b>								• , ,	for the	
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, e		,	l Ev	cempt Organization	Rus	siness Inc	ome	Tax Retu	ırn İ			
.:	Form	990-T		(and proxy tax					1306 F	ОМВ	No 1545-0687	
	-		 	ndar year 2017 or other tax year begin	· · · · ·	07/01 2017	ond and	06/30	2018	9	M 17	
_	•		For cale	■ Go to www.irs.gov/Form990					. 20	<u>(</u>		
		ment of the Treasury	▶ Do	not enter SSN numbers on this form					1(c)(3)	Open to F	Organizations Only	
	Ā T	Check box if	<u> </u>			me changed and se			D Emplo	yer identif	ication number	
	_	address changed							(Emplo	yees' trust, s	ee instructions ) 🖍	
	B Exe	empt under section	1	TECHBRIDGE, INC.								
	X	501( C ) <b>Q</b> 3_)	Print	Number, street, and room or suite no	lf a P O	box, see instruction	ns	_	58-2	531971		
		408(e) 220(e)	Type								ess activity codes	
		408A 530(a)		100 PEACHTREE STREE				2090	(See in	structions)		
		529(a)		City or town, state or province, countr	y, and 7	ZIP or foreign postal	code					
		ok value of all assets	<u></u>	ATLANTA, GA 30303				•				
	at e	end of year		up exemption number (See instruct								
		1,438,979.	G Che	ck organization type 🕨 🐰 501	(c) co	rporation	501(	c) trust	401(a)	trust	Other trust	
	H De	escribe the organiz	zation's p	rimary unrelated business activity	<u> </u>						1 1 1	
		• •		corporation a subsidiary in an affil	-		subsidiary	controlled group	<sup>17</sup>	▶∟	Yes X No	
				identifying number of the parent co	rporati	on 🕨						
	_		e of ▶ JULIO CARRILLO			Telephone number I			per ► 404-8/9-		<del></del>	
				or Business Income	т—	(A) Inco	ne	(B) Exp	enses	2 -4 (184 × 5)	(C) Net	
	1a	Gross receipts or								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	-	2 Cost of goods sold (Schedule A, line 7)						2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2		2		
								CANTO COLOR	The Calleton Control	5) <u></u>	#E4120.424.WWV.185's	
	3	•							thate entries	4.		
	4a			attach Schedule D)	4a			TOTAL SECTION SECTION	a programme de la composição de la composi La composição de la composição	<u>រ</u>		
10.00	b			Part II, line 17) (attach Form 4797)	4b 4c			Control of the contro	A THE COLUMN	<u> </u>		
Ö	5 5	•		rusts					- व्यापातः । विशेष्ट्री क्रियान	<u> </u>		
SCANNED				ps and 3 corporations (attach statement)				da (Monumer 1997); mi / dain	22 zimeli ven 16° v.n.			
\$	7			come (Schedule E)	7							
m	8			nts from controlled organizations (Schedule F)				-				
O	9	-		1(c)(7), (9), or (17) organization (Schedule G)								
SE				ncome (Schedule I)				<u> </u>				
<del>"</del> "	11			dule J)								
<del>  </del>				tions, attach schedule)			982.	HOTA	1:55	3	982.	
	13			ough 12	1		982.				982.	
2	Par			Taken Elsewhere (See inst		ons for limitati	ons on	deductions)	(Except f	or contr	ibutions,	
		deduction	is must	be directly connected with t	the ur	nrelated busin	ess inco	ome )				
	14	Compensation of	officers,	directors, and trustees (Schedule K)	)				14			
	15	Salaries and wage	es						15			
	16	Repairs and main	tenance						16			
	17	Bad debts		<del></del>					17	ļ		
	18	Interest (attach so	chedule)						18			
	19											
	20			See instructions for limitation rules)		1						
	21			4562)					46.	7		
	22	,		on Schedule A and elsewhere on re		· · · · · · · · · · · · · · · · · · ·		1,3				
	23											
	24			compensation plans					24		· · ·	
	25	Employee benefit	program	s			. D. L	CENTE	<del>₹</del>		<del></del>	
	26	Excess exempt ex	kpenses (	Schedule I).				CEIVE	<u>)</u> 26			
	27			chedule J)		&	:		27 28 28			
	28			chedule)				Y/ <b>(5)</b> 2019		-		
	29	i otal deductions	Auu iine	s 14 through 28			ټين د ۱۰	٠. حي	· • •   ŁŒŸ_			

30 31

32

33

Unrelated business taxable income before net operating loss deduction

Unrelated business taxable income before specific deduction. Subtract line 31 from-

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .

Net operating loss deduction (limited to the amount on line 30) . . . . . . .

Form **990-T** (2017)

982.

982.

1,000.

Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32,

33

Form	990-T (20	TECHBRIDGE, IN	NC.		58-2531971	Page 2
Par	t III	Tax Computation				
35		zations Taxable as Corporations. See	instructions for tax com	putation Controlled group		
	member	s (sections 1561 and 1563) check here $lacktriangle$	See instructions and			
а		our share of the \$50,000, \$25,000, and \$9,		rackets (in that order)	15	
	(1) \$	(2) \$	(3)			
b	Enter or	ganization's share of (1) Additional 5% tax (not m	nore than \$11,750)	\$	_  ՝	
	(2) Addı	tional 3% tax (not more than \$100,000)		\$		
C		tax on the amount on line 34			▶ 35c	<del></del>
36	Trusts	Taxable at Trust Rates. See instr	ructions for tax comp	utation Income tax o	n	
		unt on line 34 from Tax rate schedule or	•		LI	
37		xx. See instructions				
38		ive minimum tax				<del></del> -
39		Non-Compliant Facility Income. See instructions				
40		dd lines 37, 38 and 39 to line 35c or 36, whiches	ver applies		.   40	
$\overline{}$		Tax and Payments		410	<b>1</b> -	
		tax credit (corporations attach Form 1118, trusts				
		redits (see instructions)			- 1	
d	Crodit fo	or prior year minimum tax (attach Form 8801 or 8	997)	41d		
		edits. Add lines 41a through 41d			41e	
42		t line 41e from l <u>ine 4</u> 0				
43	Other tax	es Check if from Form 4255 Form 8611	Form 8697 Form 88	Other (attach schedule)	. 43	
44		x. Add lines 42 and 43	<del></del>		. 44	0.
b	2017 es	ts A 2016 overpayment credited to 2017 timated tax payments	SOb	45b 3,000	<u>·</u>	
С	Tax dep	osited with Form 8868		45c	14.	
d		organizations Tax paid or withheld at source (see			_  • _	
	Backup	withholding (see instructions)		45e		
f	Credit fo	or small employer health insurance premiums (Att		45f	- H	
g	Other c	redits and payments. Form 243	9		7.5	
		orm 4136 Other				3,000.
46		syments. Add lines 45a through 45g			46	3,000.
47		ed tax penalty (see instructions) Check if Form 2			48	
48		. If line 46 is less than the total of lines 44 and 4			48	3,000.
49	•	ment. If line 46 is larger than the total of lines 4 amount of line 49 you want Credited to 2018 estimated to 2018.		Refunded 1	· · · · · · · · · · · · · · · · · · ·	3,000.
50 Par		Statements Regarding Certain Act				
51		time during the 2017 calendar year, did the				Yes No
•		financial account (bank, securities, or other				4.5
		Form 114, Report of Foreign Bank and I				
	here 🕨	·				Х
52	During t	he tax year, did the organization receive a distrib	oution from, or was it the gra	antor of, or transferor to, a for	reign trust?	X
	If YES, s	ee instructions for other forms the organization m	ay have to file			
<u>53</u>		e amount of tax-exempt interest received or accr				1 1
	l to	der penalties of perjury, I declare that I have examined this e, correct, and complete Declaration of preparer (other than taxp	s return, including accompanying s	chedules and statements, and to the	best of my knowledge	and belief, it i
Sig	3   N	Tours Indiana			May the IRS discuss	s this return
Her		( ) www (m)	05/15/2019	INTERIM CEO	with the preparer s	shown below
	Sı	gnàture of officer	Date Title			res No
Paid	ı	" ' '	Preparer's signature	_ NAAV 1 L 7111U	eck If PTIN	770740
	arer	MARC AZAR	Mare A.			739349
	Only	Firm's name SMITH & HOWARD, P.C			m's EIN ▶58-1250	

Form **990-T** (2017)

Form 990-T (2017)						Page 3
Schedule A - Cost of Go	oods Sold. Er	nter method	d of inventory valuation	<b>&gt;</b>		
1 Inventory at beginning of y	ear . 1		6 Inventory	at end of yea	ar	6
2 Purchases	2				ld. Subtract line	
3 Cost of labor	3		6 from	line 5 En	ter here and in	
4a Additional section 263A co	osts		Part I, line	2		7
(attach schedule)	4a		:		section 263A (v	
<b>b</b> Other costs (attach schedu					or acquired for	·
5 Total, Add lines 1 through						
Schedule C - Rent Income	(From Real P	roperty a	nd Personal Property	Leased V	Vith Real Prope	rtv)
(see instructions)	•	. ,	, ,		•	2,
1 Description of property						
(1)						
(2)						
(3)						
(4)					_	
	2 Rent recei	ved or accrue	ed			• •
(a) From personal property (if the	percentage of rent	(b) F	rom real and personal property	(if the	3(a) Deductions d	rectly connected with the income
for personal property is more th more than 50%)	an 10% but not	percenta	age of rent for personal property of the rent is based on profit or	exceeds		(a) and 2(b) (attach schedule)
(1)						·-·
(2)						
(3)						
(4)						
Total		Total	, ,			• •
(c) Total income. Add totals of co	olumns 2(a) and 2(	b) Enter			(b) Total deduction Enter here and or	
here and on page 1, Part I, line 6					Part I, line 6, colur	
Schedule E - Unrelated De	ebt-Financed li	ncome (se	e instructions)		•	
1 Description of deb			2 Gross income from or allocable to debt-financed		debt-financ	nnected with or allocable to ced property
			property		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)						
(4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjus of or allocal debt-financed (attach sche	ble to property	6 Column 4 divided by column 5		income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
<del></del>					e and on page 1, e 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
<b>-</b>			_		į.	

Form 990-T (2017)

Total dividends-received deductions included in column 8 . . . . . . . .

organization identify  (1) (2) (3) (4)  Nonexempt Controlled Organizations  7 Taxable Income  8 No (loss) (1) (2) (3) (4)  Fotals  Schedule G - Investment Income  1 Description of income  1) (2) (3) (4)  Fotals  Schedule I - Exploited Exempt A  1 Description of exploited activity from busing f	2 Amount o	ction 501 on page 1, column (A) acome, O	9 9 1 1 (c)(7),	3 Deduct directly con (attach sch	Organ titions inected inedule)	10 Paincluc organi Add Enter Part	included organization of column station of column station stat	and 10 page 1, nn (A) ructions)	Addcente Part	
1) 2) 3) 4) Nonexempt Controlled Organizations 7 Taxable Income 8 No (loss) 1) 2) 3) 4)  Fotals  Schedule G - Investment Income 1 Description of income 1) 2) 3) 4)  Fotals  Schedule I - Exploited Exempt A  1 Description of exploited activity 1 Description of exploited activity 1) 2) 3) 4)  Enter I page line 1	e of a Sec 2 Amount o	ctions)  ction 501  of income  on page 1, column (A)  acome, O  3 Experimental Expe	1(c)(7),	(9), or (17) 3 Deduct directly con (attach sch	) Organ trons nected nedule)	Add Enter Part	columns 5 al here and on ji, line 8, columns 4 Set (attach :	and 10 page 1, nn (A) ructions)	Add Enle Part	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)  5 Total deductions and set-asides (col 3 plus col 4)
2) 3) 4) Nonexempt Controlled Organizations 7 Taxable Income 8 No. (loss) 1) 2) 3) 4)  Cotals  Cochedule G - Investment Income 1 Description of income 1) 2) 3) 4)  Enter P  Cotals  Cochedule I - Exploited Exempt A  1 Description of exploited activity  busing from busing	e of a Sec 2 Amount o	ctions)  ction 501  of income  on page 1, column (A)  acome, O  3 Experimental Expe	1(c)(7),	(9), or (17) 3 Deduct directly con (attach sch	) Organ trons nected nedule)	Add Enter Part	columns 5 al here and on II, line 8, columns 4 Set (attach :	and 10 page 1, nn (A) ructions)	Add Enle Part	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)  5 Total deductions and set-asides (col 3 plus col 4)
otals  Tobescription of exploited Exempt A  Description of exploited activity  Description of exploited activity  Description of exploited activity  Enter I page line 1	e of a Sec 2 Amount o	ctions)  ction 501  of income  on page 1, column (A)  acome, O  3 Experimental Expe	1(c)(7),	(9), or (17) 3 Deduct directly con (attach sch	) Organ trons nected nedule)	Add Enter Part	columns 5 al here and on II, line 8, columns 4 Set (attach :	and 10 page 1, nn (A) ructions)	Add Enle Part	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)  5 Total deductions and set-asides (col 3 plus col 4)
otals  Totals	e of a Sec 2 Amount o	ctions)  ction 501  of income  on page 1, column (A)  acome, O  3 Experimental Expe	1(c)(7),	(9), or (17) 3 Deduct directly con (attach sch	) Organ trons nected nedule)	Add Enter Part	columns 5 al here and on II, line 8, columns 4 Set (attach :	and 10 page 1, nn (A) ructions)	Add Enle Part	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)  5 Total deductions and set-asides (col 3 plus col 4)
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2) 3) 4)  Fotals  Schedule G - Investment Income  1 Description of income  1) 2) 3) 4)  Enter I page line 1	2 Amount of the property of th	of income on page 1. column (A) acome, O acome, O acome, O	1(c)(7),	3 Deduction of the second seco	) Organ titions innected nedule)	Enter Part	here and on plants and on plants and on plants and on plants and p	ructions)	Ente Part	5 Total deductions and set-asides (col 3 plus col 4)
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1 Description of income  1) 2) 3) 4): Fotals  Schedule I - Exploited Exempt A  1 Description of exploited activity  1) 2) 3) 4) Enter I page line 1	2 Amount o	on page 1, column (A)	ther Th	3 Deduction of the second seco	sing Inc		4 Set (attach	asides schedule)		and set-asides (col. 3 plus col. 4)
1) 2) 3) 4): Fotals  Schedule I - Exploited Exempt A  2 un busing from bu  1) 2) 3) 4)  Enter I page line 1	nter here and art I, line 9, concentration In Carons included assume and articles and articles are lated assume  as lated as lated are lated as lated as lated as lated are lated	I on page 1, column (A)  ICOME, O  3 Expidirec connect	ther Th	(attach sch	sing Inc	come (	(attach	schedule)		plus col 4)
2) 3) 4):  Fotals  Schedule I - Exploited Exempt A  2 un busine from bu  1) 2) 3) 4)  Enter I page line 1	Activity In  Gross Irrelated Ess income	3 Expidirection	ther Th	4 Net incom	sing Inc	come (				
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1 Description of exploited activity  1)  2)  3)  4)  Enter I page line 1	Gross irelated ess income	3 Expo direct	enses ctly	4 Net incom	ne (loss)	come (	see instru	ctions)		
1 Description of exploited activity busining from busining	related ess income	dire	ctly	from unrelate						•
2) 3) - 4) Enter I page line 1	isiness	unrel	tion of lated	2 minus colu if a gain, co cols 5 thro	(column umn 3) ompute	from ac	ss income ctivity that unrelated ss income	6. Expens attributabl column	le to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
3) - 4) Enter I page line 1										
4) Enter I page line 1										
Enter I page line 1									•	
page line 1		•								
「otals	nere and on 1, Part I, 0, col (A)	Enter here page 1, line 10, c	Part I,							Enter here and on page 1, Part II, line 26
Schedule J - Advertising Income	(see instr	ructions)		,			- 44-34-4 - 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1	W. C.	n 0.42 4715	<u> </u>
Part I Income From Periodica			Consol	idated Bas	sis			-		
1 Name of periodical adv	Gross vertising acome	3 Dii advertisir		4 Adverti gain or (loss 2 minus col a gain, con cols 5 throi	s) (col ol 3) If mpute		culation come	6 Readers		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
1)		<del>                                     </del>			ed 20 ment 2 v		·			
2)	·									
3)	-				35 P			•		
4)				2" make 4" b 2" (%						
		1								107 000 10 000 000
otals (carry to Part II, line (5))										1

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 )

		<del>'</del>	γ			
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)		<del>-</del>	-			
(2)		·		_		_
(3)		` .				
(4)						
Totals from Part I ▶			And the second			
Totale Part II (lines 1.5)	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) ▶			िस्प्राप्ति विस्ति क्षि	Chillian Strang Francis	Charles a Continue garage	

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			

Form **990-T** (2017)

TECHBRIDGE, INC.

58-2531971

ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME

PARKING

E FE

982.

PART I - LINE 12 - OTHER INCOME

982.