₽ ₀₅ 990- T	Exempt Organization Bus	sine	ss Income T	ax Return	<u> </u>	OMB No 1545-0687					
. 🗭	(and proxy tax und	2	2018								
•	For calendar year 2018 or other tax year beginning JUL 1,				<u>9</u>	2010					
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) Open to Public Inspection for 501(c)(3) Open to Public Inspection for 501(c)(3)									
A Check box if address changed	Name of organization (Check box if name of COLUMBUS ECONOMIC DEVE		er identification number yees' trust, see ions)								
B Exempt under section			3-2014651								
X 501(c)(3()	Number, street, and room or suite no If a P O bo	x, see ir	structions			ed business activity code tructions)					
408(e) 220(e			~-								
408A530(a	City or town, state or province, country, and ZIP of COLUMBUS, GA 31901	or foreig	n postal code			1					
C Book value of all assets at end of year	F Group exemption number (See instructions)	>									
12,324,	082. G Check organization type ► 🗶 501(c) cor	poration	501(c) trust	401(a)	trust	Other trust					
H Enter the number of th	e organization's unrelated trades or businesses 🕒	1	Describe	the only (or first) unr	elated						
trade or business here				complete Parts I-V. I							
describe the first in the	blank space at the end of the provious sentence, complete P	arts I an	d II, complete a Schodulo	M for each addition:	al trade o)r					
business, then complet						(v)					
	s the corporation a subsidiary in an affiliated group or a pare	ent-subs	idiary controlled group?	▶ ∟	Yes	X_ No					
	and identifying number of the parent corporation		Tolophe	one number > 7	06 3	27_1566					
	of ► PACE HALTER ed Trade or Business Income		(A) Income	(B) Expenses		(C) Net					
1a Gross receipts or sa	1""	1	(71) moonie	(D) EXPONDED		(0)					
b Less returns and all		1c									
2 Cost of goods sold		2									
=	ct line 2 from line 1c	3									
4 a Capital gain net inco		4a									
b Net gain (loss) (For	m 4797, Part II, line 17) (attach Form 4797)	4b			-						
c Capital loss deducti	on for trusts	4c		,		<u> </u>					
5 Income (loss) from	a partnership or an S corporation (attach statement)	5									
6 Rent income (Schei	dule C)	6									
	nced income (Schedule E)	7									
	oyalties, and rents from a controlled organization (Schedule F)										
	of a section 501(c)(7), (9), or (17) organization (Schedule G										
	ctivity income (Schedule I)	10			-						
,	• • • • • • • • • • • • • • • • • • • •										
•											
	ons Not Taken Elsewhere (See instructions f										
	r contributions, deductions must be directly connected										
14 Compensation of c	officers, directors, and trustees (Schedule K)		-		14						
15 Salaries and wages		pin merennistra A			15						
16 Repairs and maint	enance RECE	IVE	D_{-}		16						
17 Bad debts		-			17						
•	nedule) (see instructions)	0 20			18						
19 Taxes and licenses	NOV 1	8 20	ျာ ဖြ		19						
	utions (See instructions for limitation rules)		<u></u> J≌		20						
21 Depreciation (attac	th Form 4562) Claimed on Schedule A and elsewhere o <u>n return</u> OGDE	N. U	JT 21 22a		22b						
22 Less depreciation	cialmed on Schedule A and elsewhere o <u>n return</u>		[22a		23						
23 Depletion 24 Contributions to de	eferred compensation plans				24						
25 Employee benefit p	•				25						
	penses (Schedule I)				26						
·	costs (Schedule J)				27						
28 Other deductions (28						
	Add lines 14 through 28				29	0.					
	s taxable income before net operating loss deduction. Subtra	ct line 2	9 from line 13		30	0.					
31 Deduction for net	pperating loss arising in tax years beginning on or after Janu	ary 1, 20) 18 (see instructions)		31 .	101.1					
32 Unrelated business	s taxable income. Subtract line 31 from line 30				32	0.					
823701 01-09-19 LHA	For Paperwork Reduction Act Notice, see instructions					Form 990-T (2018)					

	COLUMBUS ECONOMIC DEVELOPMENT					
Form 990-	<u> </u>		<u>58-20</u>	14651		Page 2
Part I	II Total Unrelated Business Taxable Income					
+33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see in	nstructions)		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 instruction)	•		35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	n of				
	lines 33 and 34			36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	<u> 1,0</u>	00.	
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36,	•		1 1		
	enter the smaller of zero or line 36			38		0.
Part I						
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 \	/ Tax and Payments					
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	15a		_		
b	Other credits (see instructions)	45b		-		
c	F	45c		_		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	15d		4		
е	Total credits Add lines 45a through 45d			45e		
46	Subtract line 45e from line 44			46		0.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866	Other (att.	ach schedule)	47		
48	Total tax. Add lines 46 and 47 (see instructions)			48		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1		49		0.
50 a	Payments: A 2017 overpayment credited to 2018	50a		4 1		
b	2018 estimated tax payments	50b		-l l		
	· ·	50c		4		
	· · · · · · · · · · · · · · · · · · ·	50d		_		
	· · · · · · · · · · · · · · · · · · ·	50e				
f		501		-		
9	Other credits, adjustments, and payments: Form 2439			1 1		
		50g		-		
51	Total payments. Add lines 50a through 50g			51		
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		
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1		54		
55	Enter the amount of line 54 you want Credited to 2019 estimated tax	Refun		55		
Part \			ons)			Т
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	-			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	•				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the for	reign country				3,7
	here >					X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	steror to, a foreig	gn 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 ▶ \$					
Sign	Under penalties of perjury, it declare that I have examined this return, including accompanying schedules and state correct, and complete. Declare tion of preparer (other than taxpayer) is based on all information of which preparer in	ements, and to the nas any knowledge	pest of my kn	owieage and belie	ı, it is true,	
Here	\ \(\lambda \/ \ \ \ \ \ \ \ \ \ \ \ \ \			May the IRS discu		with
	Signature of officer Date CHAIRMAN			he preparer show		ا ہے۔
				nstructions)?	Yes	No
	Print/Type preparer's name Preparet supraints Preparet supraints	I	ieck L	if PTIN		

Paid CPA SELLERS, 11 18/19 P00014240 Preparer Firm's name ► ROBINSON, GRIMES AND COMPANY,
P.O. BOX 4299 58-1374304 **Use Only** Firm's address ► COLUMBUS, GA 31914 Phone no 706-324-5435

823711 01-09-19

Form 990-T (2018) CORPORATI	ON, INC	•			58-201	14651	Page
Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation N/A	1			
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6	
2 Purchases	2		7 Cost of goods sold S	ıne 6			
3 Cost of labor	3		from line 5. Enter here	Part I,	, ,		
4 a Additional section 263A costs			line 2		7		
(attach schedule)	4a		8 Do the rules of section	with respect to		Yes No	
b Other costs (attach schedule)	4b		property produced or	for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?	,		~ " ~ "	
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Lease	ed With Real Pro	perty)	
(see instructions)							
1 Description of property							
(1)						•	
(2)							
(3)							
(4)			·				
	2. Rent receiv	ed or accrued			2(a) Deductions descri	h	with the reasons in
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	and personal property (if the percent personal property exceeds 50% or it nt is based on profit or income)	and 2(b) (attac	with the income in th 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	` ' ' '	iter		0.	(b) Total deductions Enter here and on page 1,		0
Schedule E - Unrelated Del	<u> </u>	Income (see	instructions)	<u> </u>	Part I, line 6, column (B)		0.
Schedule L - Officiated Del	ot-i mancec	income (see	instructions)	1	3 Deductions directly co	nnected with	or elloceble
			2 Gross income from		to debt-finar	nced property	
1 Description of debt-fi	nanced property		or allocable to debt- financed property	(a) Straight line depreciation (attach 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)	of or a debt-fina	a adjusted basis allocable to inced property h schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		Allocable deductions mn 6 x total of columns 3(a) and 3(b))
(1)			%				
(2)			%				
(3)			%				
(4)			%				
				E	nter here and on page 1,	Enter	here and on page 1,

0.

Totals

Total dividends-received deductions included in column 8

Form 990-T (2018) CORPOR	RATION	, INC	•						58-20	1465	51	Page 4
Schedule F - Interest,	Annuitie	s, Roya	Ities, a	nd Rent	s From C	ontrolle	ed Organiz	ation	1S (see ins	structio	ns)	
\ -				Exempt	Controlled O	rganizati	ons					
Name of controlled organization		2 Employer (loss) (s		3 Net uni (loss) (see	unrelated income 4 To pay		yments made in		5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(4)		-				 						
(1)				 		-		-			-	
(2)				-			-					
_(3)										\rightarrow		
(4)						<u> </u>						
Nonexempt Controlled Organ	izations					_						
7 Taxable Income		related inco e instruction		9 Total	of specified pay- made	ments	10. Part of cotur in the controlli gross		uzation's		eductions directly	
(1)												
(2)												
			·									
(3)	+			+			······································					-
_(4)				<u> </u>								
							Add colum Enter here and line 8, c		1, Part I,		dd columns 6 an here and on pag line 8, column (e 1, Part I,
Totals						▶			0.			0.
Schedule G - Investme	ent Incor	ne of a	Section	1 501(c)(7), (9), or	(17) Or	ganization	1			•	
	tructions)			(-)(.,, (-,,	(, , , , ,	J					
1 Desc	cription of incor	me			2. Amount of	income	3 Deduction directly conne (attach sched	cted	4 Set- (attach s	asides schedule)	and s	deductions et-asides olus col 4)
(1)												
(2)			***									
(3)											1	
												
(4)					Catas base and	1					Estar bara a	nd on page 1,
					Enter here and Part I, line 9, co	olumn (A)					Part I, line 9,	
Totals					<u> </u>	0.1	· · · · <u>-</u> · · · · · · · · · · · · · · · · · · ·					<u> </u>
Schedule I - Exploited	•	Activity	/ Incom	ie, Othe	r Inan Ac	ivertisi	ng Income	,				
(see instr	uctions)						_					
1. Description of exploited activity	2 Gi unrelated income trade or b	business from	directly with pr of un	penses connected oduction related as income	4 Net incon from unrelated business (cominus colum gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attribut colui	able to	expense 6 minus but not r	ss exempt s (column column 5, nore than nn 4)
(1)												
(2)												
(3)									-			
	-										_	
(4)	Enter here page 1, line 10,	Part I,	page	are and on 1, Part I, , col (B)			· · · · · · · · · · · · · · · · · · ·				on pa	ere and age 1, line 26
Totals		0.		0.								0.
Schedule J - Advertis	ing Incor	ne (see	instructio	ns)	•					-		
Part I Income From					solidated	Basis						
T die T	· ciioaio	alo i lop	00			Duoio						
1 Name of periodical		2 Gross advertising income	adv	3 Direct ertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, comput hrough 7	5. Circulat		6 Read		7 Excess r costs (colum column 5, bu	nn 6 minus it not more
					COIS 5 II	niough /	-			<u> </u>	man cold	
(1)					_						4	
(2)					_						1	
(3)											_	
(4)											7	
			1									
Totals (carry to Part II, line (5))	•	-	0.	0).						Form 990	0.
											FOITH 330	, 1 (ZU10)

•	COHOMBOD	HCOHOMIC	DE VIDOLE.
rm 000-T /2018\	$C \cap D \cap D \cap D \cap T$	ON THE	

58-2014651

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Form 990-T (2018) CORPORATION, INC. 58-20146

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.	7	1 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)	, m, - : m	, <u>,</u> , , , , ,	, ,	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.	and the state of		4	0.

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		>	0.

Form 990-T (2018)