

Department of the Treasury Internal Reveaue Service

2949320200318 EXTENDED TO NOVEMBER 15, 2018

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

A F	or the	2017 calendar year, or tax year beginning and ending	9						
B c	heck if pplicable	C Name of organization	D	Employer identific	ation number				
Address SOUTHERN ECONOMIC DEVELOPMENT COUNCIL									
F	Name change	Doing business as		58-60	75177				
\vdash	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite F	Telephone number					
	Final return/	311 NELSON STREET, SW	-	•	523-3030				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$	686,568.				
	Amende return		H	(a) Is this a group ret					
	Applica	Finame and address of principal officer GENE STINSON		for subordinates?					
	pending	3 311 NELSON STREET, SW, ATLANTA, GA 30313	н	(b) Are all subordinates inc	cluded? Yes No				
<u> T</u>	ax-exe	mpt status 501(c)(3) 501(c) (6) ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a li	ist. (see instructions)				
		e:▶ WWW.SEDC.ORG	Н	(c) Group exemption	number 🕨				
			Year of fo	ormation: 1968 <u>M</u>	State of legal domicile: GA				
Pa		Summary							
ě		Briefly describe the organization's mission or most significant activities: PURSUE I							
Activities & Governance	_	PROFESSIONAL STANDARDS TO ENHANCE THE IMAGE							
eru		Check this box if the organization discontinued its operations or disposed of	more th	1 1					
90		Number of voting members of the governing body (Part VI, line 1a)		3	22				
8	l	Number of independent voting members of the governing body (Part VI, line 1b)		4	22				
ties	i .	Fotal number of individuals employed in calendar year 2017 (Part V, line 2a)	•	5	0				
ξį	l	Total number of volunteers (estimate if necessary)		6	0.				
Ac		Fotal unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34		7a 7b					
	В	Net unrelated business taxable income from Form 990-1, line 34		Prior Year	Current Year_				
	8 (Contributions and grants (Part VIII, line 1h)		195,800.	194,335.				
Ę		Program service revenue (Part VIII, line 2g)	 	541,921.	492,080.				
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	-	<485.					
æ	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		737,236.	686,568.				
		Grants and similar amounts paid (Part IX, column (A), lines 1·3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
Ś	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		239,375.	270,036.				
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ğ	b⊺	otal fundraising expenses (Part IX-column (D), line 25)							
ú		Other expenses (Part IX, column (A), lines Na-14d-11f24e)		484,883.	431,687.				
ı	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), ine 25)		724,258.	701,723.				
	I 19 F			12,978.	<u><15,155.</u> >				
s or		revenue less expenses Subtract line 18 from line 12 2010	Begin	ning of Current Year	End of Year				
Sset	20 7	Total assets (Part X, line 16) OGDEN, UT	<u> </u>	558,905.	464,262.				
Net Assets or Fund Balances	21 7	otal liabilities (Part X, line 26)		277,328.	<u> 197,840.</u>				
촍	22 1	Net assets or fund balances. Subtract line 21 from line 20		281,577.	<u> 266,422.</u>				
		Signature Block							
	-	ties of perjury, I declare that I have examined this return, including accompanying schedules and st		•	knowledge and belief, it is				
true,	correct	, and complete Declaration of preparer (other than officer) is based on all information of which pre	parer nas		10				
0:	_	Signature of officer		7-9-1 Date	<u> </u>				
Sign	1			54.0					
Her	e	GENE STINSON, PRESIDENT Type or print name and title							
		Description or annovation name	Date	7 COADCheck	PTIN				
Paid	- 1	KELLEY SAMMONS TOOLE & EL	JURate	2 7 2018 Check Self-employed					
Prep	Г	Firm's name KELLEY SAMMONS TOOLE & ELLISON, LLE	-	Firm's EIN	20-5920496				
Use		Firm's address 750 HAMMOND DRIVE, BLDG. 3		1 1111 3 2111					
		ATLANTA, GA 30328		Phone no. 404	1-256-3830				
— Mav	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No				

	t III Statement of Program Service Accomplishments
<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission PITP CITE WICH DEP CONAL AND DEPERCE CONAL CHANDADDS MO ENHANCE MUE TWACE
	PURSUE HIGH PERSONAL AND PROFESSIONAL STANDARDS TO ENHANCE THE IMAGE
	OF THE ECONOMIC DEVELOPMENT PROCESS. 2) PROVIDE PROFESSIONAL SERVICE
	AND EDUCATIONAL OPPORTUNITIES TO DEVELOP AND IMPROVE MEMBER SKILLS. 3)
	IMPROVE QUALITY OF LIFE OF CITIZENS OF REGION THROUGH IMPLEMENTATION,
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$
	REGISTRANTS ATTENDED VARIOUS ECONOMIC DEVELOPMENT CONFERENCES AND
	MEMBER ORIENTED EVENTS & SEMINARS
•	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$
70	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 428,977.
	Form 990 (2017)

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		_X_
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		i .	
	dunng the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,
	If "Yes," complete Schedule D, Part IV	_9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	4.0		v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	116	22	
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	-110		<u> </u>
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		_	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	İ	х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			[
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines]		<u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			.,
—	complete Schedule G, Part III	19	000	(2017)
		rorm	フプリ	(2017)

	•		Yes	NO
20a	Did, the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>_x</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a_		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			;
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_	<u></u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2017)

SOUTHERN ECONOMIC DEVELOPMENT COUNCIL 58-6075177 Form 990 (2017) Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a Enter ·0· if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 g Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the

Form 990 (2017)

14a

X

organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand

13b

13c

Form 990 (2017) SOUTHERN ECONOMIC DEVELOPMENT COUNCIL 58-6075177 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 2								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		_X_					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		<u> </u>					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X					
6	Did the organization have members or stockholders?	6_		_X_					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		<u>X</u>					
b			;						
	persons other than the governing body?	7b	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	<u>X</u> _						
þ	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			г					
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		X					
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401							
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х						
11a		<u>11a</u>		 					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		x					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b							
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120							
·	in Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written whisteblower policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent	_ - -							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		_X_					
h	Other officers or key employees of the organization	15b	-	X					
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		Ì]					
	exempt status with respect to such arrangements?	16b		l					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶GA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	vailab	le						
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l fınan	cıal						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
	GENE STINSON - 404-523-3030								
	311 NELSON STREET, SW, ATLANTA, GA 30313								
		_	$\Delta \Delta \Delta$						

Form **990** (2017)

Form 990 (2017)	SOUTHERN	ECONOMIC	DEV

58-6075177

ELOPMENT COUNCIL Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees; and former such persons

Name and Title	Check this box if neither the organization (A)	(B)			((C)			(D)	(E)	(F)
Week (list any hours for related organizations below line)		Average	box	not c	Pos heck ss pe	more rson	than is bot	han		Reportable	Estimated
(1) GENE STINSON PRESIDENT		week (list any hours for	offi	cerar	d a d	tirecto	or/trus	tee)	from the organization	from related organizations	compensation from the
1 GENE STINSON 40.00 X X X 129,925. 0. (2) BOB HELTON 1.00		organizations below	Individual trustee	Institutional trust	Officer	Key employee	Highest compensemples	Former	(W-2/1099-MISC)		•
1.00 SECRETARY/TREASURER	(1) GENE STINSON	40.00	ļ	ļ	l	ł	ł	ĺ		_	_
SECRETARY/TREASURER	PRESIDENT		X	<u> </u>	X	<u> </u>	_	<u> </u>	129,925.	0.	0.
1.00	(2) BOB HELTON	1.00									_
IMMEDIATE PAST CHAIRMAN 0. 0. (4) SAM POWERS 1.00 0. (5) RAUL PERALTA 1.00 0. (6) WILL WILLIAMS 1.00 0. (7) BLAKE WALLACE 1.00 0. (8) BETH JOHNSON 1.00 0. (9) (9) (9) (9) (9) (9) (9) (9) (9) (9)	SECRETARY/TREASURER		ļ	<u> </u>		<u> </u>			0.	0.	0.
(4) SAM POWERS 1.00 CHAIRMAN 0.0.0 (5) RAUL PERALTA 1.00 1ST VICE CHAIRMAN 0.0.0 (6) WILL WILLIAMS 1.00 2ND VICE CHAIRMAN 0.0.0 (7) BLAKE WALLACE 1.00 SOUTHEAST REGIONAL DIRECTOR 0.0.0 (8) BETH JOHNSON 1.00	(3) BOB LEAK	1.00									
CHAIRMAN 0. 0. 0. (5) RAUL PERALTA 1.00 1ST VICE CHAIRMAN 0. 0. 0. (6) WILL WILLIAMS 1.00 2ND VICE CHAIRMAN 0. 0. 0. (7) BLAKE WALLACE 1.00 SOUTHEAST REGIONAL DIRECTOR 0. 0. 0. (8) BETH JOHNSON 1.00	IMMEDIATE PAST CHAIRMAN		<u> </u>		_	<u> </u>			0.	0.	0.
(5) RAUL PERALTA 1.00 1ST VICE CHAIRMAN (6) WILL WILLIAMS 2ND VICE CHAIRMAN (7) BLAKE WALLACE SOUTHEAST REGIONAL DIRECTOR (8) BETH JOHNSON 1.00 0. 0. 0. 0. 0. 0. 0. 0.	(4) SAM POWERS	1.00									
1.00 0. 0. 0. 0. 0. 0. 0	CHAIRMAN					ļ			0.	0.	0.
(6) WILL WILLIAMS	(5) RAUL PERALTA	1.00								_	_
2ND VICE CHAIRMAN 0. 0. (0. (7.) BLAKE WALLACE 1.00	1ST VICE CHAIRMAN			ļ	_		ļ	<u> </u>	0.	0.	0.
(7) BLAKE WALLACE SOUTHEAST REGIONAL DIRECTOR (8) BETH JOHNSON 1.00	(6) WILL WILLIAMS	1.00	_							_	
SOUTHEAST REGIONAL DIRECTOR 0. 0. (8) BETH JOHNSON 1.00			ļ.,	ļ		<u> </u>	1	<u> </u>	0.	0.	0.
(8) BETH JOHNSON 1.00	(7) BLAKE WALLACE	1.00								_	
	SOUTHEAST REGIONAL DIRECTOR					L_		<u> </u>	0.	0.	0.
WESTERN REGIONAL DIRECTOR O. O. ((8) BETH JOHNSON	1.00			ļ			ļ	_	_	
	WESTERN REGIONAL DIRECTOR					<u> </u>	_	<u> </u>	0.	0.	0.
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Form 990 (2017)

732008 11-28-17

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f	51.	1 -	194,335.				
Contribu	g h	Similar amounts not included abor Noncash contributions included in lines Total. Add lines 1a-1f	<u></u>		194,335.			
Program Service Revenue	2 a b c		AND AD	Business Code 900099 900099	472,205. 19,875.	472,205. 19,875.		
Program Reve	d e f	All other program service reve						
$\overline{}$	<u>д</u> 3	Investment income (including	dividends, intere	est, and	492,080.	153		
	4 5	other similar amounts) Income from investment of tax Royalties	x-exempt bond p	proceeds	153.	153.		
	6 a b c	Gross rents Less' rental expenses Rental income or (loss)	(i) Real	(II) Personal	:			
	d 7 a b	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
evenue	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising including \$ contributions reported on line	of	•				
Other Reven	С	Part IV, line 18 Less. direct expenses Net income or (loss) from func Gross income from gaming ac Part IV, line 19	-	>				
	с 10 а	Less. direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold		>				
		Net income or (loss) from sale Miscellaneous Revenu	s of inventory	Business Code				
	c d	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.			686,568.	492,233.	0	. 0.
	12	TOTAL TOTAL OCC MISH GOLDING.			000,000.	<u> </u>	<u>_</u>	•

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (C) Management and (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 129,925. 64,963. 64,962. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 87,245. 19,431 67,814. Other salaries and wages Pension plan accruals and contributions (include 6,136. 6,136. section 401(k) and 403(b) employer contributions) 29,729. 29,729. Other employee benefits 17,001. 17,001. Payroll taxes 10 Fees for services (non-employees): Management **b** Legal 8,895. 8,895. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,176. column (A) amount, list line 11g expenses on Sch O.) 2,176 Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 Occupancy 16 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 318,430. 318,430 Conferences, conventions, and meetings 19 2,968. 2,968. Interest 20 Payments to affiliates 21 5,868. 5,868 22 Depreciation, depletion, and amortization 4.306 4.306. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 31,478. 31,478. a BOARD & OFFICER EXPENSE 13,753. 13,753. ь **SERVICE CHARGES** 7,949. 7,949. c WEBSITE DEVELOPMENT 6,454. 6,454. d ASSOCIATION DUES 29,410 24,959. 4,451. e All other expenses 428,977. 272,746. 701,723. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 32,793. 54,105 1 Cash - non-interest-bearing 208,448. 261,893. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 1,329 833. 7 7 Notes and loans receivable, net 1,891. 20,041. 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 177,725. basis. Complete Part VI of Schedule D 10a 36,155. 141,993. 141,570. 10b 10c b Less accumulated depreciation Investments - publicly traded securities 11 78,727. 79,**544.** 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 464,262. 558,905. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 18,461. 28,467. Accounts payable and accrued expenses 17 17 18 18 Grants payable 22,917. 77,350 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 78,194. 92,072. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 78,268. 197,840. 79,<u>439</u>. 25 Schedule D 277,328 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗶 and complete lines 30 through 34. 90,259. 90,259. Capital stock or trust principal, or current funds 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 191,318. 176,163. 32 Retained earnings, endowment, accumulated income, or other funds 32 281,577. 266,422. 33 Total net assets or fund balances 33 464,262. 558,905.

Form **990** (2017)

Total liabilities and net assets/fund balances

	990 (2017) SOUTHERN ECONOMIC DEVELOPMENT COUNCIL	<u> 58-607</u>	<u>5177</u>	Page 12
Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>6,568.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	70	<u>1,723.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<1	<u>5,155.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28	<u>1,577.</u>
5	Net unrealized gains (losses) on investments .	5		
6	Donated services and use of facilities .	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	26	<u>6,422.</u>
Pa	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u>	X
	<u> </u>			Yes No
1	Accounting method used to prepare the Form 990. Cash Accrual X Other SEE SCH	_0		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis))	
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audīt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		·
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	990 (2017)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SOUTHERN ECONOMIC DEVELOPMENT COUNCIL

Employer identification number 58-6075177

Par	t I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		,
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose conf	erring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	V, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historica	lly important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	, .	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the org	anization during the tax
_	year -		
4	Number of states where property subject to conservation ea	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the per		Yes No
6	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,		. — —
0	Star and volunteer flours devoted to monitoring, inspecting,	Harding of violations, and emorcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ding of violations, and enforcing conservation	easements during the year
•	S	and of violations, and officially consolvation	out of the during the your
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	, 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense stat	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	·	
	conservation easements		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.	
	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

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Part III Organizations Meintaining Collections of Art, Historical Treasures, or Other Similar Assets; continued)			N ECONOMIC						<u>607517</u>		<u> 1ge 2</u>
circleck all that apply) a	Par	t III Organizations Maintaining C	collections of A	rt, Histo	orical Tre	asures,	or Othe	er Similar A	ssets(contil	nued)	
a	3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing tha	at are a s	ignificant use o	f its collectio	n item	s
b Scholarly research •		(check all that apply)									
c	а	Public exhibition	d	ı 🔲 L	oan or exch	ange progr	ams				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII	b	Scholarly research	е		Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 Is the organization answered "Yes" on Form 990, Part X X, line 9, or reported an amount on Form 990, Part X X, line 21 Is I'Yes, "explain the arrangement in Part XIII and complete the following table* Beginning balance I d	С	Preservation for future generations									
to be seld to rase funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	e organizati	ion's exe	mpt purpose in	Part XIII		
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes	5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	ures, or oth	ner sımılaı	rassets			
reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the airangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 2 Distributions 1 Is Tyes," explain the airangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Phor year (c) Two years back (d) Three years back (e) Four years back 1 Beginning of year balance b Contributions 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quase-endowment		to be sold to raise funds rather than to be ma	aintained as part of t	he organ	nzation's col	lection?			Yes_		No_
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai			ete if the	organization	answered	"Yes" on	Form 990, Par	t IV, line 9, o	r	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Amount											
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a		ian or other intermed	diary for c	contributions	s or other as	ssets not	included			٦.,
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		•							Yes	<u> </u>] No
c Beginning balance d Additions during the year	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able.						
d Additions during the year Distributions during the year 16 16 17 18 18 19 19 19 19 19 19		_						 	Amoun	<u>t</u>	
e Distributions during the year f Ending balance 2D did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions 1b Contributions 1c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasiendowment year b Permanent endowment year year b year b year balance c Temporanty restricted endowment year year b year b year balance c Temporanty restricted endowment year year b y		• •	•								
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?											
Describe organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. In Part V Interest Inte	е	• •									
Bo If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	f	_							<u></u>		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back		•		•				•	L Yes	<u> </u>	J No
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back											<u></u>
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iversion in a Sa(ii), are the related organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Describe in Part XIII the intended uses of the organization's endowment funds 1a Land b Buildings 150,492. 17,686. 132,806. c Leasehold improvements d Equipment 27,233. 18,469. 8,764.	Fai	Endowment Funds. Complete									
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			(a) Current year	(b) Pr	nor year	(c) Iwo yea	irs back	(d) Three years b	ack (e) Fou	r years	back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶											
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % % c Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) basis (investment) basis (other) 1a Land b Buildings 150,492. 17,686. 132,806. c Leasehold improvements d Equipment 27,233. 18,469. 8,764.											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment				<u> </u>							
and programs f. Administrative expenses g. End of year balance 2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a. Board designated or quasi-endowment.		·									
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е	Other expenditures for facilities									
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4. Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings 1 50, 492. 1 7, 686. 1 32, 806. c Leasehold improvements d Equipment 2 7, 233. 1 8, 469. 8, 764.		and programs									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f	Administrative expenses									
a Board designated or quasi-endowment ▶	g	•									
b Permanent endowment \			•	e (line 1g	g, column (a)) held as:					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) 1a Land b Buildings 150,492. 17,686. 132,806. c Leasehold improvements d Equipment e Other	а	Board designated or quasi-endowment		%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) b Buildings 1 50, 492. 1 7, 686. 1 32, 806. c Leasehold improvements d Equipment 27, 233. 18, 469. 8, 764. e Other	b	Permanent endowment	%								
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(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings 150,492. 17,686. 132,806. c Leasehold improvements d Equipment 27,233. 18,469. 8,764.	За	Are there endowment funds not in the posse	ssion of the organiz	ation that	t are held ar	nd administe	ered for t	he organization	ł		
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) b Buildings 1 Land b Buildings 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		by.								Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings 150,492. 17,686. 132,806. c Leasehold improvements d Equipment 27,233. 18,469. 8,764.		(i) unrelated organizations							3a(i)	\sqcup	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) Buildings Land Buildings Leasehold improvements d Equipment Other Other Other Other Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 17, 686. 132, 806.		(ii) related organizations							3a(ii)	igsquare	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 (b) Cost or other basis (other) (c) Accumulated depreciation 17, 686. 132, 806. 27, 233. 18, 469. 8, 764.	b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on So	chedule R?				3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other Ca) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 17,686. 17,686. 132,806.				wment fo	unds						
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other (b) Cost or other basis (other) (c) Accumulated depreciation 17,686. 17,686. 132,806. 18,469. 8,764.	Pa	t VI _ Land, Buildings, and Equipm	nent.								
ta Land basis (investment) basis (other) depreciation b Buildings 150,492. 17,686. 132,806. c Leasehold improvements 27,233. 18,469. 8,764. e Other 27,233. 18,469. 18,469. 18,764.		Complete if the organization answere	d "Yes" on Form 990	D, Part IV	, line 11a. Si	ee Form 99	0, Part X,	line 10			
1a Land b Buildings 150,492. 17,686. 132,806. c Leasehold improvements 27,233. 18,469. 8,764. e Other 27,233. 18,469. 18,469. 18,764.		Description of property	, , ,		, ,		\ \-'		(d) Boo	ık valu	Э
b Buildings c Leasehold improvements d Equipment e Other 150,492. 17,686. 132,806. 18,469. 8,764.		 	Dasis (investr	Herit)	Dasis (ouier)	de	preciation	 		
c Leasehold improvements d Equipment 27,233. 18,469. 8,764.			150	400			 	17 606		2 2	<u>~</u>
d Equipment 27,233. 18,469. 8,764.		_		492.			<u> </u>	17,686.	 13	<u> </u>	<u>u 6 .</u>
e Other		·		000			<u> </u>	10 100	 		
		, ,	27,	<u>∠33.</u>				18,469.	 	<u>8,7</u>	64.
			15: 05: 5	- ·			L			1 -	70

Schedule D (Form 990) 2017

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Schedule D (Form 990) 2017

_	dule D (Form 990) 2017 SOUTHERN ECONOMIC DEVEL		58-6075177 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir	ne 12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• •	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b	40	
_		1	4c 5
D ₂	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial St		
<u> </u>		•	es per neturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir	ie i2a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.)
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5
Pa	t XIII Supplemental Information.		
Prov	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b; Part	V, line 4, Part X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide a	ny additional information	•
FOI	M 990, PART X, LINE 12		
ΙŅ	VESTMENT REPRESENTS AN INVESTMENT IN AN	AFFILIATE.	_
		 	
			٠
	·		
			Schedule D (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information

Inspection

Name of the organization

SOUTHERN ECONOMIC DEVELOPMENT COUNCIL

Employer identification number 58-6075177

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEVELOPMENT PROCESS. 2) PROVIDE PROFESSIONAL SERVICE AND EDUCATIONAL
OPPORTUNITIES TO DEVELOP AND IMPROVE MEMBER SKILLS. 3) IMPROVE QUALITY
OF LIFE OF CITIZENS OF REGION THROUGH IMPLEMENTATION, CREATION &
RETENTION OF QUALITY EMPLOYMENT OPPORTUNITIES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CREATION & RETENTION OF QUALITY EMPLOYMENT OPPORTUNITIES.
FORM 990, PART VI, SECTION A, LINE 7B:
DECISIONS THAT REQUIRE ACTION ARE VOTED ON AND APPROVED BY A MAJORITY VOTE
OF THE BOARD.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE TAX RETURN IS GIVEN TO THE PRESIDENT AND HE REVIEWS IT BEFORE
IT IS FILED WITH THE IRS.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION HAS A FILE OF THESE DOCUMENTS AND ARE MADE AVAILABLE TO
MEMBERS UPON REQUEST. IF REQUESTED BY THE GENERAL PUBLIC, THE ORGANIZATION
WOULD COMPLY.
FORM 990, PAGE 11, PART XI, LINE 1
THE ORGANIZATION USES A MODIFIED CASH BASIS OF ACCOUNTING

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017 Open to Public Inspection

Name of	Name of the organization SOUTHERN ECONOMIC DEVELOPMENT COUNCIL	Employer identification number 58-6075177
Part I	Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	

(g) Section 512(b)(13) controlled ž entity? Yes Direct controlling entity ε status (if section 501(c)(3)) Public charity **e** Exempt Code section ਉ Legal domicile (state or foreign country) <u>ق</u> Primary activity <u>@</u> Name, address, and EIN of related organization

501(C) 501(C) SEORGIA GEORGIA PROMOTE THE ADVANCEMENT OF COMMUNITY DEVELOPMENT SCONOMIC DEVELOPMENT CONDUCT EDUCATIONAL ACTIVITIES FOR THE PROFESSIONALS COMMUNITY DEVELOPMENT COUNCIL - 72-1310040 58-2284845, 311 NELSON STREET, SW. ATLANTA SEDC EDUCATIONAL FOUNDATION, INC. 311 NELSON STREET, SW ATLANTA, GA 30313 30313

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2017

58-6075177 Page 2.

Schedule R (Form 990) 2017 SOUTHERN ECONOMIC DEVELOPMENT COUNCIL

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part

organizations are a particularly defined and pour	an all a carried and a carried	, John					i			
(a)	(q)	(0)	(Q	(e)	ε	(6)	ε	€	9	S
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
		comma)							3	
SEDC NMTC, LLC - 20-1588724	ī						_			
311 NELSON STREET, SW	COMMUNITY						_			
ATLANTA, GA 30313	DEVELOPMENT	GA	N/A	UNRELATED			×	N/A	X	900.66
							_			
							_			
							-			
								_		
								_		
		_								
									_	

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations freated as a comporation or first during the fax year. Part IV

	(-	0(13) olled	2	Š			 					
	<u> </u>	512(b)(13) controlled	aut	Yes								
	Ξ	Percentage ownership	•									
İ	(6)	Share of end-of-year	assets									
	(£)	Share of total										
	(e)	ype of entity corp. S corp	or trust)									
	(P)	Direct controlling entity	•						1			
	(0)	Legal domicile	foreign	country)	_			_				
ring the tax year.	(q)	Primary activity										
organizations treated as a corporation or trust during the tax year.	(a)	Name, address, and EIN of related organization	•									

Schedule R (Form 990) 2017

732162 09-11-17

Schedule R (Form 990) 2017 SOUTHERN ECONOMIC DEVELOPMENT COUNCIL

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1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ons with one or more re	elated organizations listed	in Parts II-IV?	L_		ļ.
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ıţ	•		ā		×
b Gift, grant, or capital contribution to related organization(s)				9		×
c Gift, grant, or capital contribution from related organization(s)				ပ္		×
d Loans or loan guarantees to or for related organization(s)				Þ		×
				9		×
				2		
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				;=		×
j Lease of facilities, equipment, or other assets to related organization(s)				÷		×
k Lease of facilities, equipment, or other assets from related organization(s)				*		×
1 Performance of services or membership or fundraising solicitations for related org	related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related org	related organization(s)			1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			-		×
 Sharing of paid employees with related organization(s) 				9		×
p Rembursement paid to related organization(s) for expenses				Đ		×
				\$		>
				2		4
r Other transfer of cash or property to related organization(s)				+	-	×
s Other transfer of cash or property from related organization(s)				-ts		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	ine, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	pevlovr		
(1)						
(2)						
(3)						
(4)						
(5)					İ	
(9)						
732163 09-11-17	28		Schedule R (Form 990) 2017	e R (Form	(066	2017

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Schedule R (Form 990) 2017

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revehue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(s)	P P P	5) Yes No	 					_ -					 							
(h)	Dispropor- bonate amount in box llocations of Schedule K	Yes No (Form 1065	 		 _				_					-		_		 		
(b)	<u>م</u>	assets	-																	_
6	•	Income																		
(e)	Are all partners sec 501(c)(3) orgs?	Yes No	 	 +	 				_	\perp		 -					-	 _	1	
(p)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)						_												_
(5)	e e	country)																		
(q)	Primary activity					ļ	C.													
(a)	Name, address, and EIN of entity																			

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Schedule R (Form 990) 2017	SOUTHERN EC	ONOMIC DEVELOPME	ENT COUNCIL	<u>58-6075177</u> Page §
Part VII Supplemental Ir	nformation.			
		uestions on Schedule R See ins	structions.	
PART II, IDENTIFI	CATION OF RELA	TED TAX-EXEMPT (ORGANIZATIONS	5:
				
NAME OF RELATED C	DCANTTATION.			
NAME OF REDAIED C	MGANIZATION:			
CEDC EDITCAMIONAL	EULINID VIII TV.	rC		
SEDC EDUCATIONAL	FOUNDATION, IN		·	
DDIMADY ACMITTMY.		MTONAL ACMINISTRA	30 BOD WIE BO	CONONTO
PRIMARY ACTIVITY:	CONDUCT EDUCA	TIONAL ACTIVITIE	S FOR THE EC	CONOMIC
DELIET ODVENIE COLOR	n1T m17			
DEVELOPMENT COMMU	INITY			
		<u> </u>		
				
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