AMENDED RETURN

| | Form | 990-T | E | Exempt Organization Bus and proxy tax und | sine | ss Income T | ax Return | · | OMB No 1545-0687 |
|-------------------------------|-------|---|--------------------|--|--|--|------------------------|----------|-------------------|
| | • | | For ca | lendar year 2018 or other tax year beginning | | 2018 | | | |
| • | | tment of the Treasury al Revenue Service | • | | Open to Public Inspection for 501(c)(3) Organizations Only | | | | |
| | A [| Check box if address changed | | Name of organization (Check box if name of | (Emp | oyer identification number loyees' trust, see actions) | | | |
| | B Ex | xempt under section | Print | GREATER COLUMBUS ARTS | | 1-0833384 | | | |
| | X |]501(c)(3) | _ or | Number, street, and room or suite no. If a P.O. bo | | E Unrelated business activity code (See instructions) | | | |
| | |] 408(e)220(e) | Type | 100 EAST BROAD STREET, | NO | . 2250 | | _ | |
| | | 408A530(a) 529(a) | | City or town, state or province, country, and ZIP o | 900 | 099 | | | |
| | C Boo | ok value of all assets | | | | | | | |
| | | , 313, 3° , 313, 3° | 10. | G Check organization type X 501(c) corp | poratio | n 501(c) trust | 401(a) | trust | Other trust |
| | H En | ter the number of the o | organiza | tion's unrelated trades or businesses. | 1 | Describe | the only (or first) un | related | |
| | tra | de or business here | DIS | SALLOWED FRINGES | | . If only one, | complete Parts I-V. | If more | than one, |
| | des | scribe the first in the bl | ank spa | ce at the end of the previous sentence, complete Pa | rts I ar | nd II, complete a Schedule | M for each addition | al trade | or |
| | bus | siness, then complete l | Parts III | -V | | | | | |
| | I Du | ring the tax year, was | the corp | oration a subsidiary in an affiliated group or a parer | nt-subs | idiary controlled group? | ▶ [| Ye | es X No |
| | If " | Yes," enter the name a | nd ident | tifying number of the parent corporation. | | | | | |
| | J Th | | | KAYLA GREEN | | Telepho | one number 🕨 6 | 14- | 221-8704 |
| | Pa | rt I Unrelated | d Trac | le or Business Income | | (A) Income | (B) Expenses | 3 | (C) Net |
| | 1 a | Gross receipts or sale | S | | | | | | |
| | b | Less returns and allow | vances | c Balance | 1c | | | | |
| 7. | 2 | Cost of goods sold (S | chedule | A, line 7) | 2 | | | | |
| 2021 | 3 | Gross profit. Subtract | line 2 fr | om line 1c | 3 | | | | |
| 70 | 4 a | Capital gain net incom | ie (attac | h Schedule D) | 4a | | | | |
| © | b | Net gain (loss) (Form | 4797, P | art II, line 17) (attaen Form 4797) | 4b | | | | |
| | C | Capital loss deduction | for trus | sts | 4c | | | ~ | |
| Ā | 5 | Income (loss) from a | partners | ship or an S corporation (attach statement) | 5 | | | | |
| SCANNED JAN | 6 | Rent income (Schedul | le C) | | 6 | | | | |
| Ω | 7 | Unrelated debt-finance | ed incor | ne (Schedule E) | 7 | | | | |
| 쁫 | 8 | Interest, annuities, roy | alties, a | nd rents from a controlled organization (Schedule F) | 8 | | | | |
| Z | 9 | Investment income of | a sectio | on 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | | | |
| K | 10 | Exploited exempt activ | ty inco | me (Schedule I) | 10 | | | | |
| တ | 11 | Advertising income (S | chedule | : J) | 11 | | | | |
| | 12 | Other income (See ins | truction | s; attach schedule) | 12 | | | | |
| | | Total. Combine lines | | | 13 | 0. | | | |
| | Pa | | | t Taken Elsewhere (See instructions for | | | | | |
| | | (Except for o | ontribu | utions, deductions must be directly connected | l with | the unrelated business | income) | | |
| | 14 | Compensation of offi | cers, dii | rectors, and trustees (Schedule K) | | | | 14 | |
| | 15 | Salaries and wages | | | | | | 15 | |
| | 16 | Repairs and mainten | ance | | | | | 16 | <u></u> |
| | 17 | Bad debts | | | | | | 17 | |
| Received In Balching Ogden | 18 | Interest (attach sche | dule) (se | ee instructions) | | | | 18 | |
| 크 이 | 19 | Taxes and licenses | | រិកិច្ចិកាន | 1 22 | | | 19 | |
| ng C | 20 | Charitable contribution | ons (See | e instructions for limitation rules) Receive | ry i ic | S Bank - US28 | | 20 | |
| ည်မှ | 21 | Depreciation (attach | Form 45 | 662) | 9 UC | Bank - US21 | | <u> </u> | |
| <u> </u> | 22 | Less depreciation cla | imed or | Schedule A and elsewhere on return | بری | + 1 22a | | 22b | |
| | 23 | Depletion | | 00 | T. 1 | 9 2020 | | 23 | |
| VOV | 24 | Contributions to defe | rred co | mpensation plans | | 9 2020 | | 24 | |
| | 25 | Employee benefit pro | grams | | | | | 25 | |
| 2 0 | 26 | Excess exempt exper | ises (So | hedule I) | gder | ı, UT | | 26 | |
| | 27 | Excess readership co | sts (Sci | nedule J) | | . • • | | 27 | |
| 2031 | 28 | Other deductions (att | ach sch | edule) | | • | | 28 | |
| - | 29 | Total deductions. Ad | dd lines | 14 through 28 | | · | | 29 | 0. |
| | 30 | Unrelated business ta | axable ır | ncome before net operating loss deduction. Subtrac | t line 2 | 9 from line 13 | | 30 | 0. |
| | 31 | Deduction for net ope | erating l | oss arising in tax years beginning on or after Janua | ry 1, 20 | 018 (see instructions) | | 31 | |
| | 32 | Unrelated business ta | axab <u>l</u> e ir | ncome. Subtract line 31 from line 30 | | | | 32 | 0. |
| | 82370 | 1 01-09-19 I HA Fn | r Paper | work Reduction Act Notice, see instructions | | | | | Form 990-T (2018) |

| Form 990-1 | | 31-083 | 3384 | Page 2 |
|------------|--|--|------------------------|------------------|
| Part I | Total Unrelated Business Taxable Income | | | |
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see inst | ructions) | 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 | s) | 35 | |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of | | | |
| 30 | lines 33 and 34 | | 36 | |
| | | | 37 | 1,000. |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | | 37 | |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, | | | 0. |
| - | enter the smaller of zero or line 36 | | 38 | <u></u> |
| Part I | | <u>.</u> | T T | |
| 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 lin | e 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 \ | | | | |
| | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45 | | | |
| b | Other credits (see instructions) 45I | | 1 | |
| | General business credit. Attach Form 3800 45i | | 1 | |
| ن | Credit for prior year minimum tax (attach Form 8801 or 8827) | | 1 | |
| | | <u>' </u> | 450 | |
| | Total credits. Add lines 45a through 45d | | 45e | 0. |
| 46 | Subtract line 45e from line 44 | | 46 | <u></u> |
| 47 | Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 | Other (attach 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 | Ĭ | 4 | |
| b | 2018 estimated tax payments 501 |) | ↓ ↓ | |
| C | Tax deposited with Form 8868 | ; |] [| |
| đ | Foreign organizations: Tax paid or withheld at source (see instructions) 50 | t | | |
| е | Backup withholding (see instructions) 50 | | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) 50 | | | |
| | Other credits, adjustments, and payments. Form 2439 | T | 1 | |
| • | ☐ Form 4136 | 3,368. | 1 1 | |
| 51 | Total payments. Add lines 50a through 50g SEE STATE | | 51 | 3,368. |
| 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 | | 54 | 3,368. |
| | Enter the amount of line 54 you want: Credited to 2019 estimated tax | Bofunded - | 55 | 3,368. |
| Part \ | | Refunded see instructions) | 33 | 3,300. |
| | | • | | I Van I Na |
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other transfer of the control of the co | | | Yes No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may | | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign | n country | | |
| | here > | | | - X |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfe | ror to, a foreign 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 >\$ | | | |
| 0: | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has a | | edge and belief, it is | s true, |
| Sign | DIR OF FI | NANCE & - | May the IRS discuss | this return with |
| Here | 7) at (Ten 10/7/20 ADMINISTR | ATION " | ne preparer shown | |
| | Signature of officer Date Title | ır | nstructions)? X | Yes No |
| | Print/Type preparer's name Preparer's signature Date | Check | if PTIN | |
| Paid | MARY ELIZABETH | self- employed | 1 | |
| | t-m-r-crim 10.40 | | P0009 | 99212 |
| Prepa | - DEL C LOCOTAMEN THO | Fırm's EIN ▶ | | 310124 |
| Use C | 941 STEUBENVILLE AVE., P.O. BOX 8 | | | <u> </u> |
| | Firm's address ► CAMBRIDGE, OH 43725-0820 | | (740)-43 | 32-5658 |
| 823711 01 | | Transition (| | 990-T (2018) |
| 023/11 01 | פו-פטי | | rom | (2018) |

| Schedule A - Cost of Good | s Sold. Enter | method of inver | ntory v | aluation ► N/A | | | | |
|--|------------------------------------|-------------------------------|----------|--|--|--|---|-------------|
| 1 Inventory at beginning of year | 1 Inventory at beginning of year 1 | | | 6 Inventory at end of year 6 | | | | |
| 2 Purchases | 2 | | | 7 Cost of goods sold. Subtract line 6 | | | | |
| 3 Cost of labor | 3 | | | from line 5. Enter here | | i i | | |
| 4a Additional section 263A costs | | | | line 2 | | [_ | 7 | |
| (attach schedule) | 4a | | 8 | Do the rules of section | 263A (| with respect to | Yes | s No |
| b Other costs (attach schedule) | 4b | | | property produced or a | cquired | for resale) apply to | | |
| 5 Total. Add lines 1 through 4b | 5 | | | the organization? | | | | |
| Schedule C - Rent Income (see instructions) | (From Real | Property and | l Per | sonal Property L | ease | d With Real Prope | erty) | |
| Description of property | _ | | | | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | T | | |
| | _, | ed or accrued | | | | 3/a\Deductions directly c | connected with the income | ın |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50%) | centage of than | ot rent for | personal | onal property (if the percentag property exceeds 50% or if ed on profit or income) | ge 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach 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 | n (A) | • | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | • | 0. |
| Schedule E - Unrelated Deb | ot-Financed | Income (see | ınstru | ctions) | | - | | |
| | • | | 2 | . Gross income from | | 3. Deductions directly conne to debt-finance | | |
| Description of debt-fire | nanced property | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | (b) Other deduction (attach schedule | ons) |
| (1) | | | 1 | | | | - | |
| (2) | | | | | | | <u></u> | |
| (3) | | | | | | , | | |
| (4) | | - | | | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | | illocable to nced property | 6 | Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) | |
| (1) | | | | % | | | | |
| (2) | | | | % | | | | |
| (3) | | | | % | | | | |
| (4) | | | | % | | | | |
| | | | | | | nter here and on page 1, Part I, line 7, column (A) | Enter here and on pe Part I, line 7, column | |
| Totals | | | | > | | 0. | | 0. |
| Total dividends-received deductions in | ncluded in column | ı 8 | | | | • | | 0. |
| | | | | | | | Form 990- | T /2018\ |

| | | | Exempt (| Controlled O | ganizatio | ons | | | | |
|--|--|---------------------------------|--|---|--|--|--|-------------------------------|--|---|
| Name of controlled organizat | iden | Employer tification umber | 3. Net unr (loss) (see | elated income instructions) | ated income 4. Total of specific payments made | | | | 6. Deductions directly connected with income in column 5 | |
|) | | | 1 | | | | | - | | _ |
| | | | | | | · | | | | |
|) | | | | | | | | | | |
|) | | | 1 | | | | | | | |
| nexempt Controlled Organi | zations | | | | | | | | | • |
| | | (1) | A 7-4-1 | -11 | Т | 10 Dant of anti- | 0.15-4 | | 44 0- | |
| 7. Taxable Income | 8. Net unrelated inc (see instruction | | g, rotar | of specified payn made | ients | 10. Part of colum in the controllingross | ng organizat Income | ion's | | luctions directly connec income in column 10 |
|) | | | | | | | | | | |
|) | | | | | | | | | | |
| 3) | | | ĺ | | | | | | | |
| 1) | · · · · · · · · · · · · · · · · · · · | | 1 | | | | | | | * |
| | <u> </u> | | 1 | | | Enter here and | ns 5 and 10 on page 1, 9 olumn (A) | | Enter he | d columns 6 and 11 are and on page 1, Part I, ine 8 column (B) |
| tals | | | | | | | | 0. | | (|
| chedule G - Investme | nt Income of a | Section | 501(c)(7 | ') (9) or (| 7) Ora | anization | | | | |
| (see inst | | CCCLION | 001(0)(1 |), (o), oi (| ., 0.9 | amzation | | | | |
| | ription of income | | | 2. Amount of | encome | 3. Deduction directly connect (attach schedi | ted | 4. Set-a | | 5. Total deduction and set-asides (col 3 plus col |
|) | | | | | | | | | | |
|) | | | | | | | | | | |
|)) | | | | | | | | | | · |
| -,) | | | | | | | | | | <u> </u> |
| , | | | | Enter here and o Part I, line 9, col | | | [| | · · · · · · | Enter here and on pag Part I, line 9, column (|
| tals | | | • | | 0. | | | | | (|
| chedule I - Exploited | - | y Incom | e, Other | Than Adv | | g Income | | | | <u>L</u> |
| (see instru 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | directly with pr of ur | kpenses connected oduction welated ss income | 4. Net incomfrom unrelated business (cominus column gain, compute through | trade or umn 2 3) If a cols 5 | 5. Gross inconfrom activity the is not unrelate business incon | nat ed | 6. Expe attributa colum | ble to | 7. Excess exemplexpenses (column 6 minus column 5 but not more than column 4) |
|) | | | | | | | <u> </u> | | | 1 |
| 2) | | 1 | | | | • | | | | 1 |
| 3) | | + | | | + | | - | | | |
| | | + - | | | - 1 | | | | | + |
| 4) | Enter here and on page 1, Part I, line 10, col (A) | page line 10 | ere and on 1, Part I, 1 col (B) | | | | L | | | Enter here and on page 1, Part II, line 26 |
| tale 🕨 | | | | L | | | | | | (|
| tals chedule J - Advertisiu | | instruction | , | 1: | Basis | | - | | - | |
| chedule J - Advertisii | ng Income (see | | n a Cons | solidated | | | | | | |
| chedule J - Advertisii | ng Income (see Periodicals Rep | | n a Cons | | | | | | . 1 | 7 5 |
| chedule J - Advertisii | ng Income (see | oorted o | 3. Direct | 4. Advert or (loss) (cc col 3) If a ga cols 5 th | sing gain ol 2 minus in, compute | 5. Circulati | on | 6. Reader | | 7. Excess readershi costs (column 6 minu column 5, but not mo than column 4) |
| chedule J - Advertisin art I Income From I 1. Name of periodical | ng Income (see Periodicals Rep 2. Gross advertising | oorted o | 3. Direct | 4. Advert or (loss) (co | sing gain ol 2 minus in, compute | | on | | | costs (column 6 mint column 5, but not mo |
| chedule J - Advertisii Part I Income From I 1. Name of periodical | ng Income (see Periodicals Rep 2. Gross advertising | oorted o | 3. Direct | 4. Advert or (loss) (co | sing gain ol 2 minus in, compute | | on | | | costs (column 6 mint column 5, but not mo |
| Chedule J - Advertising Part I Income From Income I | ng Income (see Periodicals Rep 2. Gross advertising | oorted o | 3. Direct | 4. Advert or (loss) (co | sing gain ol 2 minus in, compute | | on | | | costs (column 6 mini column 5, but not mo |
| chedule J - Advertisii Part I Income From I 1. Name of periodical | ng Income (see Periodicals Rep 2. Gross advertising | oorted o | 3. Direct | 4. Advert or (loss) (co | sing gain ol 2 minus in, compute | | on | | | costs (column 6 mint column 5, but not mo |
| chedule J - Advertisii art I Income From I 1. Name of periodical))) | ng Income (see Periodicals Rep 2. Gross advertising | oorted o | 3. Direct | 4. Advert or (loss) (co | sing gain ol 2 minus in, compute | | on | | | costs (column 6 mini column 5, but not mo |

Form 990-T (2018) GREATER COLUMBUS ARTS COUNCIL 31-08333 [Partill 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. | | | | 0. |
| | Enter here and on page 1, Part I, Ime 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) | 0. | 0. | | | | 0. |
| Schedule K - Compensation | n of Officers, D | Directors, and | Trustees (see in | structions) | | |

| 1. Name | 2. Title | 3. Percent of time devoted to business | 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)

| FORM 990-T OTHER CREDITS AND PA | YMENTS STATEMENT 1 |
|---|--------------------|
| DESCRIPTION | AMOUNT |
| PAID WITH ORIGINAL RETURN | 3,368. |
| TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, | LINE 50G 3,368. |

Attachment - 990-T Greater Columbus Arts Council

PART III LINE 34, 35,38 CHANGED FROM \$17040 TO -0- The original was based on taxable fringe benefits of parking lots used by employees. This has been appealed and no tax is due.

PART IV LINE 39, 44 AND PART V 46,48 CHANGED FROM \$3368 TO -0- No taxable income per amended, no tax.

PART V LINE 54 WAS -0- NOW \$3368. PLEASE REFUND.