Exempt Organization Business Income Tax February   100 pm stade	Form <b>990-T</b>		Exempt Orga	nization Bu	sine	ss Inco	me 1	Tax Re	3 9 3 turn	15	OMB No	1745
Do not enter SN number to this form as in may be made positife your organization in a 591(c)(s).   State			(a	nd proxy tax un	der se	ection 6033	3(e))	181	7		21	040
Description of the process Services   Description of the process	0	Force					_	1.0	1	-	21	JIB
Recompt under section   Principle of the principle	Department of the Treasury Internal Revenue Service	┷							(c)(3).	Or 50	pen to Pul 1(c)(3) Or	blic Inspection for ganizations Only
Solic     3		1	Name of organization (	Check box if name	change	d and see instru	ictions.)		D	(Employ	yees' trust	cation number i, see
498(e)   220(e)   2		Print	CLIMB COMMU	NITY DEVELO	PME	NT CORP	ORAT	ION				
SOURCE		Type	( ' '		ox, see I	nstructions.						
Search		7   "										
H Enter the number of the organization supealed Vales or businesses. ▶ 1 Describe the only of risty unrelated trade or businesses. ▶ 1 Describe the only of risty unrelated trade or businesses. ▶ 1 Describe the only of risty unrelated trade or businesses. ▶ 1 Describe the only of risty unrelated trade or businesses. ▶ 1 Describe the only of risty unrelated trade or businesses. ▶ 1 Describe the only of risty unrelated trade or businesses. ▶ 1 Describe the only of risty unrelated trade or businesses. ▶ 1 Describe the only of risty unrelated trade or businesses. ▶ 1 Describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business. Here have and identifying number of the perent corporation. ▶ 1 Describe the rame and identifying number of the perent corporation. ▶ 1 The bonks are in care of ▶ KIMBERLY SMITH Telephone number ▶ 228 854 657. ■ The bonks are in care of ▶ KIMBERLY SMITH Telephone number ▶ 228 854 657. ■ The bonks are in care of ▶ KIMBERLY SMITH Telephone number ▶ 228 854 657. ■ The bonks are in care of ▶ KIMBERLY SMITH Telephone number ▶ 228 854 657. ■ The bonks are in care of ▶ KIMBERLY SMITH Telephone number ▶ 228 854 657. ■ The bonks are in care of ▶ 1 Describe the number of the perent corporation. ▶ 1 Describe the number of the perent corporation. ▶ 1 Describe the number of the perent corporation. ▶ 1 Describe the number of the perent corporation. ↑ Describe the number of the perent perent of the perent corporation. ↑ Describe the number of the perent perent of the perent perent perent of the number of	529(a)	)			or forei	on postal code			5	311	20_	,
H Enter the number of the organization's surrisated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ RENTAL REAL ESTATE  If only one, complete Parts III-V more than one, describe the first in the blank spec at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.  During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  If Yes, enter the name and identifying number of the parent corporation. ▶  I'ves, where the name and identifying number of the parent corporation. ▶  I'ves, where the name and identifying number of the parent corporation. ▶  I'ves, where the name and identifying number of the parent corporation. ▶  I'ves, where the name and identifying number of the parent corporation. ▶  I'ves, where the name and identifying number of the parent corporation. ▶  I'ves, where the name and identifying number of the parent corporation. ▶  I'ves, where the name and identifying number of the parent corporation. ▶  I'ves III number of the organization is a part of the name of the National States III number of the parent corporation. ▶  I'ves III number of the parent corporation is a part of the name of the	at end of year			<del></del>	<u> </u>	<del></del>						
trade or business here					rporatio	n 50°						Other trust
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.    During the tax year, was the corporation a subsidiary in an affiriated group or a parent-subsidiary controlled group?		-		· · · · · · · · · · · · · · · · · · ·							nan ana	
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The books are in care of   ► KIMBERLY SMITH   Telephone purples:   ► 228 = 864 - 66.77     Park     Unrelated Trade or Business Income   (A) Income   (B) Expenses   (C) Not				affiliated group or a par-	ent-subs	idiary controlle	d group?		▶ □	Yes	X	No
Unrelated Trade or Business Income   (A) Income   (B) Expenses   (C) Net	• • •	•		• • •		<u> </u>						
Ta Gross recepts or sales b Less returns and allowances c Cost of goods said (Schedule A, Iner 7) Gross profit. Subtract line 2 from line to 4a Capital gain net income (attach Schedule D) Net gain (toss) from 479, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts for Income (loss) from 479, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts for Income (loss) from 479, Part II, line 17) (attach form 4797) c Capital loss deduction for trusts for Income (loss) from 479, Part II, line 17) (attach form 4797) c Capital loss deduction for trusts for Income (loss) from 479, Part II, line 17) (attach form 4797) c Capital loss deduction for trusts for Income (loss) from 479, Part II, line 17) (attach form 4797) c Increased debt-Innanced income (Schedule E) for Increase and rests from a controlled organization (Schedule F) for Increase and section 50 (fc)(7), (9), or (17) organization (Schedule F) for Increase (See instructions; attach schedule) for Income (See instructions for Inmitations on deductions) for Inmitations on deductions) for Inmitations on deductions) for Inmitations on deductions for Inmitations on ded								7		8-8		
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Exart III   Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)    14	•		•		<u> </u>	131	149	SMELG CULDS. FO LOTS WO	21.45.104478047.00%	rton atm		9 149
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32 Unrelated business taxable income Subtract line 31 from line 30 32 -22, 169.			-								<u>-2</u>	
		-		=	ary 1, 20	18 (see instruct	tions)			_		
ACCION DA CO AC A MAIL MANAGEMENT MANAGEMENT DE DES INSTRUCTIONS						<del>_</del>			<u> </u>			

Part I	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (si	ee instructions)		33	-22,169.
34	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr	ructions) ST	MT 2	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s				
00	lines 33 and 34			36	-22,169.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		3	37 37 37 37 37 37 37 37 37 37 37 37 37 3	1,000.
		. 26	)		1/000
38	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line enter the smaller of zero or line 36	; 30,	20	7 3 I	-22,169.
Part I		<del></del>		1 35	22,105
					0.
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	l 00 f		39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38 from:	_	-1.	
	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			48	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Part \	Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a		-1 ;	
b	Other credits (see instructions)	45b		4 1	
C	General business credit. Attach Form 3800	45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		<u> </u>	
е	Total credits Add lines 45a through 45d	(		45e	
46	Subtract line 45e from line 44			46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	366 🔲 Other (a	ttach 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	_		49	0.
	Payments. A 2017 overpayment credited to 2018	50a			
	2018 estimated tax payments	50b		7 .	
	Tax deposited with Form 8868	50c		7 - 1	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	-	7 - 1	
	Backup withholding (see instructions)	50e			
	Credit for small employer health insurance premiums (attach Form 8941)	50f		<b>∃</b> .l	
	Other credits, adjustments, and payments: Form 2439	1		┨ `	
y	Form 4136 Other Total	50g		* -1	
E 4	Total payments. Add lines 50a through 50g	1		51/	
		V		52	<del></del>
	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52 58	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed				
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1		5,4	<del>.</del>
Part V	Enter the amount of line 54 you want: Credited to 2019 estimated tax    Statements Regarding Certain Activities and Other Information		inded	55	
	<u> </u>		ions)	''	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	-			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	•			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	toreign country			
	here <b>&gt;</b>				_ X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansferor to, a fore	ign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exampt interest received or accrued during the tax year >\$			des end belief a	
Sign (	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta correct, and confidete. Declaration of prefarer (other than taxpayer) is based on all information of which preparer	has any knowledge	est of my knowle	eage and belief, i	is true,
Here		XECUTIVE	N	lay the IRS discu	ss this return with
11010	Signature of officer Date OFFICER			ne preparer show	
				nstructions)?	Yes No
	Drint/Type preparer's name Pyepager's soprature Da	1		if PTIN	
Paid	CHARLES R LINDSAY		elf- employed		0.464.0
Prepa	rer CFA	/02/20	<del></del>		94610
Use O	nly Firm's name ► MATTHEWS CUTRER & LINDSAY, PA		Firm's EIN 🕨	64-0	897081
	599 C STEED ROAD				
	Firm's address ► RIDGELAND, MS 39157	] :	Phone no. 🛭 🧜	501-898	-8875

Schedule A - Cost of Good	s Sold. Enter	method of inve	entory valuation N/A	<del>1</del>		···-	
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar	6		
2 Purchases	2		7 Cost of goods sold S	Subtract line 6			
3 Cost of labor	3		from line 5. Enter here	e and in Part I,	Ĺ		
4 a Additional section 263A costs			line 2		7		
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes	No
<b>b</b> Other costs (attach schedule)	4b		property produced or	acquired for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property I	_eased With Real P	ropert	y)	
1 Description of property							
(1) CAFE RENTAL							
(2) EVENT SPACE RENT.	AL					<del>-</del>	
(3)						·	
(4)							
···	2 Rent receiv	ed or accrued			_		
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	centage of than	or rent for	and personal property (if the percenta personal property exceeds 50% or if ent is based on profit or income)	ige , columns :	rectly conn 2(a) and 2(b ATEM	ected with the income in the second of the s	n
(1)			62,5			54,0	00.
(2)	·	<del></del>	68,6			18,0	
(3)		-	<u> </u>				
(4)							
Total	0.	Total	131,1	49.			
c) Total income Add totals of columns here and on page 1, Part I, line 6, column	(A)		131,1	(b) Total deduction Enter here and on page Part I, line 6, column (E	1,	72,0	00.
Schedule E - Unrelated Deb	t-Financed	Income (see	e instructions)	<del></del>			
			2 Gross income from	3 Deductions directly to debt-	connecter		
1. Description of debt-fin	anced property		or allocable to debt- financed property	(a) Straight line depreciatio (attach schedule)	n	(b) Other deduction (attach schedule)	ns
(1)							
(2)							
(3)							
(4)				· · · · · · · · · · · · · · · · · · ·		· · · · _	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis llocable to iced property schedule)	6 Column 4 divided by column 5	7, Gross income reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)	<del></del>		%			<del></del>	
(2)			%				
(3)			%				
(4)			%				
		<del></del>		Enter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals			•		0.		0.
Total dividends-received deductions in	cluded in column	8	•	<del></del>			0.

Schedule F - Interest,	Annuities, Roya					ation	S (see in	struction	ns)
		<del></del>	t Controlled C	rganizat	ions	<u>.                                    </u>			
Name of controlled organiza	ident		unrelated income see instructions)		ital of specified ments made	Inclu	art of column 4 ded in the cont zation's gross	rolling	6 Deductions directly connected with income in column 5
(1)				<del>                                     </del>		<u> </u>		+	· · · · · · · · · · · · · · · · · · ·
(2)				†		<del>                                     </del>			
				<u> </u>	*	$\vdash$			
(3)				<del> </del>	<del> </del>	_		<del></del>	
(4) Nonexempt Controlled Organi				J	<del></del>	<del></del>			
		<del></del>			F			T	
7 Taxable Income	8 Net unrelated inco		al of specified pay made	ments	10 Part of coluing in the controlling gross		nization's		eductions directly connected h income in column 10
(1)	-					_			
(2)	<u> </u>					_			
(3)					· · · · · · · · · · · · · · · · · · ·				
	· · ·		<del> </del>						
(4)	<u> </u>	<del></del>			<u> </u>				
,					Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals	-			•			0.	•	0.
Schedule G - Investme	nt Income of a	Section 501(c)	(7) (9) or (	17) Ord	anization				
(see insti		00011011100110)	(.), (0), 0. (	,	,				•
		<del></del>	T	1	3 Deduction				5 Total deductions
1 Desc	ription of income		2 Amount of	income	directly conne- (attach sched	cted	4. Set-		and set-asides (col 3 plus col 4)
(1)	<del></del>	<del></del>	+		,		<del></del>		(coi 3 pius cui 4)
(1)	• •	<del></del>					<del> </del>		
(2)			<del>-</del>				<del> </del>		+
(3)									<del>                                      </del>
(4)			5.4		573kmari al Wessi d'Alia	amig^172ma	homen of the single 948 car	الانتاء دادگار مدارکان	in Facilities and a second
	,		Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals			<u> </u>	0.	MING IN ACC				<u>0.</u>
Schedule I - Exploited (see instru	•	Income, Othe	r Than Adv	ertisin	g Income				,
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4 Net incom from unrelated business (co minus columi gain, compute through	I trade or dumn 2 n 3) If a e cols 5	5 Gross inco- from activity the is not unrelated business incor-	hat ed	6 Exp attributa colun	able to	7 Excess exempt expenses (column 6 minus column 5, ' but not more than column 4)
(1)	- ·					_			
(2)									
(3)			1						
(4)									<del></del>
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, Ine 10, col (B)							Enter here and on page 1, Part II, line 26
Totals	0.	0.							0.
Schedule J - Advertisir			CONTROL STREET, LOSS OF	NAMES AND PROPERTY.	200 KARAL AND	RP-GLP-RP-XHWS:	- A KAN ANDER YO NEEDS MA	-VEARLERS XXXXX	
Part I Income From F			solidated	Basis	<del>"</del>				
<u>  37 / C. 1. / C. 1</u>									
					T	_			7 - '
1. Name of periodical	2 Gross advertising income	3 Direct advertising costs	cols 5 th	ol 2 minus iin, compute rough 7		on	6 Reade costs	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					<u> </u>				
(2)	<del></del>								
(3)	<del></del>	<del>-  </del>			<u> </u>				
(4)					£	$\dashv$			
,			Karen Hanger and Residen	haid stimmental (Ring	***				ouseastrophica is orded. "Connection 460455]
Totals (carry to Part II, line (5))	<b>•</b>	0	).					,	0.
					-				Form 990-T (2018)

Part II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

1 Name of periodical	2. Gross advertising income	3 Orrect 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)		1				
(4)						<del></del>
Totals from Part I	▶ 0.	0.			de a silvebbredi	0
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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		<b></b>	0.

Form 990-T (2018)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
ADVERTISING CATERING FEES CONTRACT SERVICES OTHER INSURANCE MARKETING SUPPLIES UTILITIES		2,200. 1,364. 5,310. 23,135. 11,530. 114. 13,461.
TOTAL TO FORM 990-T, PAGE 1	, LINE 28	57,114.

FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/16 12/31/17	129,402.	0.	129,402. 33,067.	129,402. 33,067.
NOL CARRYO	VER AVAILABLE THIS	YEAR	162,469.	162,469.

FORM 990-T	DEDUCTIONS	CONNECTED	WITH RENTAL	INCOME	STATEMENT 3
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL PAID FOR		BUILDING - SUBTOTAL	- 1	54,000.	54,000.
RENTAL PAID FOR	EVENT SPACE	- SUBTOTAL	- 2	18,000.	18,000.
TOTAL TO FORM 9	90-T, SCHEDUL	E C, COLUM	N 3		72,000.