Form <b>990</b>
Department of the Treasury

Internal Revenue Service

# **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.



AF	or th	e 2018 calendar year, or tax year beginning	and	ending		
B C	heck if oplicab	e: C Name of organization			D Employer identified	cation number
	Addre	COLUMBIA FOUNDATION				
	Name				54-1	031403
	Initial	Number and street (or P.O. box if mail is not delivered to street ad	ldress)	Room/suite	E Telephone number	
	Final				703-	623-5274
	terminated	City or town, state or province, country, and ZIP or foreign po	ostal code		G Gross receipts \$	11,146.
	Amen	FALLS CHURCH, VA ZZU46			H(a) Is this a group re	
	Applie tion pendi	F Name and address of principal officer: <b>KICHARD</b> STE	PHENSON		for subordinates <b>H(b)</b> Are all subordinates in	
I T	27-07	empt status: $X$ 501(c)(3) $\Box$ 501(c) ( ) $\triangleleft$ (insert no.)	4947(a)(1)	or 527		list. (see instructions)
		te: $\mathbf{N}/\mathbf{A}$	4547(a)(1)		H(c) Group exemption	,
			Other ►	I Year (		State of legal domicile: VA
		Summary				
e	1	Briefly describe the organization's mission or most significant activity	ities: <u>TO</u> P	ROVIDE	ASSISTANCE	TO THOSE
and	-	IN SOCIAL NEED.				
ern	2	Check this box	1		1 1	
20C	3	Number of voting members of the governing body (Part VI, line 1a)				<u> </u>
8	4	Number of independent voting members of the governing body (Pa				
ies	5	Total number of individuals employed in calendar year 2018 (Part V				0
tivit	6	Total number of volunteers (estimate if necessary)				0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12				0.
-	D	Net unrelated business taxable income from Form 990-T, line 38			Prior Year	
	0	Contributions and grants (Dart )/III line 1b)			20,967.	Current Year 9,355.
ne		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)			0.	0.
ven		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)			962.	1,791.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11			0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column			21,929.	11,146.
$\neg$	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			54,264.	42,152.
	14				0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), inter-4)			0.	0.
ses		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
nen				0.		
EX	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			6,349.	4,049.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), lin			60,613.	46,201.
	19	Revenue less expenses. Subtract line 18 from line 12			-38,684.	-35,055.
JC SS				and the second se	jinning of Current Year	End of Year
ets c	20	Total assets (Part X, line 16)			1,554,186.	1,444,592.
t Assets or Expenses I Expenses Revenue Activities & Governance Laster I and the second management of the second manageme	21	Total liabilities (Part X, line 26)			0.	0.
Net ,	22	Net assets or fund balances. Subtract line 21 from line 20			1,554,186.	1,444,592.
	the first				the state of the s	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer  LAWRENCE PEACOCK, TREASURER  Type or print name and title	Date
Paid Preparer	Print/Type preparer's name <b>ROBERT EBY, CPA</b> Firm's name <b>ARONSON LLC</b>	Date         Check         PTIN           3/6/19         if         self-employed         P01682202           Firm's EIN         37-1611326
Use Only	Firm's address 805 KING FARM BLVD, 3RD FLOOR ROCKVILLE, MD 20850	Phone no. 301-231-6200
	RS discuss this return with the preparer shown above? (see instructions)	X Yes No Form <b>990</b> (2018)

LHA For Paperwork Reduction Act Notice, see the separate instructions. 832001 12-31-18

Yes X No Yes X No ured by expenses. total expenses, and
Yes X No Yes X No ured by expenses. total expenses, and
Yes X No ured by expenses. total expenses, and
Yes X No ured by expenses. total expenses, and
Yes X No ured by expenses. total expenses, and
Yes X No ured by expenses. total expenses, and
If "Yes," describe these new services on Schedule O.
Yes X No ured by expenses. total expenses, and
ured by expenses. total expenses, and
Statement of Program Service Accomplishments Check if Schwide O contrais a reposence or note to any line in this Pat II  (c) Check if Schwide O contrais a reposence or note to any line in this Pat II  (c) Check if Schwide O contrais a reposence or note to any line in this Pat II  (c) PROVIDE ASSISTANCE TO THOSE IN SOCIAL NEED.  (c) PROVIDE ASSISTANCE TO THOSE IN SOCIAL NEED.  (c) PROVIDE ASSISTANCE TO THOSE IN SOCIAL NEED.  (c) PROVIDE ASSISTANCE OT THOSE Social Provides and Schwide O.  (c) Provide a constraint of the program services and measured by expenses.  (c) Provide organizations are required to report the anount of grants and allocations to others, the total expenses, and  (c) Provide organizations accomplishments for each of its three largest program services, as measured by expenses.  (c) Provide Difference of the program service accomplishments for each of its three largest program services, as measured by expenses.  (c) Provide Difference of the program service accomplishments for each of its three largest program services, as measured by expenses.  (c) Provide Difference of the program service accomplishments for each of its three largest program services, as measured by expenses.  (c) Provide Difference of Difference of the program services are provided.  (c) Provide Difference of the program service accomplishments for each of its three largest program services are provided.  (c) Provide Difference of the program service accomplishments for each of the program services accomplishment for each of the provide of the program services accomplishment for the provide of the provi
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 Form 990 (2018)
 COLUMBIA
 FOUNDATION

 Part IV
 Checklist of Required Schedules

			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	Х	
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			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
F	during 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	5		x
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
U	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,	<b>L</b>		_ <u></u>
•	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	<u> </u>		
-	Schedule D. Part III	8		x
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			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X 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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
<b>L</b>	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	<u>12a</u>		
D		10h		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Is the organization a school described in section 170(b)(1)(A)(II)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		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		Х
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b> </b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X QQA	(2018)
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 COLUMBIA
 FOUNDATION
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 Part IV
 Checklist of Required Schedules (continued)
 (continued

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
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	Х	
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			77
~ ~	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	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
-	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		
	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		X
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		X
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,"			v
07	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
с	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		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?			x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II	52		
00	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	Х	
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?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> " <i>Yes</i> ," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	0000	
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Part V         Statements Regarding Other IRS Flings and Tax Compliance continued         Yes         No           2a         Enter the number of employees reported on From W3, Transmittal of Wage and Tax Statements, 2a         0         0           5         If the term the number of employees reported on From W3, Transmittal of Wage and Tax Statements, 2a         0         0           6         If the calandar yare andique with or within the vaga nocwards by this return         2b         0           3a         Did the organization have unrelated business gross income of \$1,000 or more during the yar?         3a         3a           3b         Did the organization have unrelated business gross income of \$1,000 or more during the yar?         3a         3a           3a         Did the organization have unrelated business gross income of \$1,000 or more during the yar?         3a         3a           3a         Did the organization have unrelated business gross income of \$1,000 or more during the yar?         4a         X           bid Troe, "noter the name of the fordign country.]                 Se instatutions for fling requirements for FInCEN Form 114, Paport of Foreign Bank and Financial Accounts (FBAR).         5a         X           5b         Did any busiles party holy the organization frame BBAP?         5a         X           5c         Did the organization nucle with a more morally greater than \$100,000, and did the organization for the yare orbital	Form	990 (2018) COLUMBIA FOUNDATION 54-1031	403	P	<sub>age</sub> 5
ga         Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements.         ga         0           b         If at least one is reported on line 2a, did the organization file all explored federal employment tax returns?         2b           Note. If the sum of line 2a, did the organization file all explored federal employment tax returns?         2a         X           b         The "S", 'has if field a form 980-176 this year, did the organization have an interest, or a signification or schedulg to year?         3b         X           b         If "S", 'has if field a form 980-176 this year, did the organization have an interest, or a signification carbon or the organization and the organization have interest, or a signification carbon or the organization and the organization field the organization have interest, or a signification and the organization field to reganization field the organization fi	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Interformed provide on within the year covered by this return     Image: I				Yes	No
b       If a least one is monitored on line 2a, did the organization file all required to <i>a</i> - <i>did</i> (we instructions)       3a         3a       Dot the organization have unrelated business gross income of \$1,000 or more during the year/off.       3a       X         3b       Thes, 'that it filed a form 900-Tror this year? If No' to line 3b, provide an explanation on Schedule O       3a       X         3b       If 'Yes,' that it filed a form 900-Tror this year? If No' to line 3b, provide an explanation or other studently over, a financial accountly executions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accountls (FBAP), 5a       X         5b       Was the organization have annual gross incapies that are normally graster than \$100,000, and did the organization file forem 8886.7*.       5a       X         5b       Did any taxable party notify the organization file form 8806.7*.       5a       X         6b       Did any taxable party notify the organization file form 8806.7*.       5a       X         6c       Did the organization include with every solicitation are spress statement that such contributions or gifts were not tax cideucible       5a       X         7b       I'Yes,' tidd the organization include with every solicitation are spress statement that such contributions or gifts were not tax cideucible       7a       X         7b       I'Yes,' tidd the organization include with every solicitation are spress statement that such conthrubut the part of the vavale of the goal services pr	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-tile</i> (see instructions)         Image: second s		filed for the calendar year ending with or within the year covered by this return 2a 0			
a Did the organization have unrelated business gross income of \$1,000 or more during the yea?       3a       X         b If Yes, "Institution for the isyse?" (Yes 16 tinks 30, provide an explanation in Schedule 0       3a       X         d A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is count is sourced to the organization in Schedule 0       3a       X         b If Yes, "inter the name of the foreign country; source and the tary time during the tax yea?       5a       X         b U any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         d If Yes," ind the organization include with every solicitation an express statement that such contributions or gifts were not tax discutibles calentable contributions?       5a       X         d If Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax discutibles calentable contributions?       6a       X         d If Yes," idd the organization include with every solicitation an express tatement that such contributions or gifts were not tax discutibles calentable contributions?       6a       X         d If Yes," idd the organization notift the down of the value of the good or services provided?       7a       X         d If Yes," idd the organization include with every solicitation and parity for goods and services provided to the parity of the organization necevere a canthatel contributions?       7a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b       If Yes, * has it field a Form 990-T for his year? // *No' to line 3b, provide an explanation in Schedule 0       3b         4       At any time during the calendar year, did the organization have an inferest in, or a signature or other authority over, a financial accounts / the organization here organization here organization here organization here organization networks appeares statement that such continuutons or gits were not tax deductible on the value of the goods or services provided / the the goods / the financial accounts / the financi a account a set accounts / the financial accounts / the		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
4a At any time during the calendar year, idd the organization have an interest in, or a signature or other authority over, a financial accountly such as a bank account, securities account, or other funncial accountly.       4a       X         bit 1*ves; "enter the name of the foreign country; <b>&gt;</b> •       •       •       •       •       •       •       •       •       •       ×	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
financial account in a foreign country (such as a bank account, securities account, or other financial account)?       4a       X         bit 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).       See       X         5a Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year?       See       X         5a Usa that acable part notify the organization file Form 8886 17?       See       X         6a Does the organization neural gross receipts that are normally greater than \$100,000, and did the organization solid: any contributions that were not tax deductible as charitable contributions?       See       X         bit 'Yes,'' did the organization neural gross receipts that are normally greater than \$100,000, and did the organization solid: agreent tax deductible?       See       X         7 Organization scela graphent in excess of 55 made party as a contribution and party for goods and services provided to the pare?       7a       X         7 U'Yes,'' did the organization colid graphent in excess of 55 made party as contribution of parts and party for goods and services provided?       7a       X         7 U'Yes,'' indicate the number of Forms 8282 filed during the year       7d       7a       X         7 Ub the organization receive any funds, directly or indirectly, on a personal benefit contract?       7a       X         9 Dot the organization receive any funds, directl	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Зb		
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).         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         See Was the organization approximation that it was or is a party to a prohibited tax shelter transaction?       56       X         Did any taxable party notify the organization file Form 8867?       56       X         Ge Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as charatiable contributions.       56       X         D       Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatiable contributions and party for goods and services provided to the paralization totily the doorn of the value of the goods or services provided?       76       X         D       If "Yes," idicate the number of Forms 8282 filed during the year       Zd       76       X         D       D dthe organization neceive a structure or the value of the organization function?       77       X         D       D dth enganization fully the doorn actives dispose provided?       77       X       X         d       If "Yes," indicate the number of Forms 8282 filed during the year?       76       X       X	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for illing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         c If 'Yes' to line 6a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction?       5a       X         6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solet any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible?       5a       X         7 Organization shart may receive deductible contributions under socies provided to the payo?       7a       X         7 If 'Yes, ' did the organization recive apprent in excess of 375 made party as a contribution and party for goods and services provided to the payo?       7a       X         7 Organization setue apprent in excess of 375 made party as a contribution and party for goods and services provided to the payo?       7a       X         7 U'Yes, ' did the organization celve any funds, directly or indirectly, to a personal benefit contract?       7a       X         7 Ub the organization neceve any funds, directly or indirectly, on a personal benefit contract?       7a       X         7 Ub the organization neceve any funds, directly or indirectly, on a personal benefit contract?       7a       X         9 Did the organization neceve any funds, directly or indirectly,		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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     X       6a     Does the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that ware not tax deductible as chartable contributions?     6a     X       b     If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     7a     X       7     Organizations that may receive deductible contributions and party for pools and services provided to the pary?     7a     X       1     If 'Yes,' did the organization notify the doors of the value of the goods or services provided to the pary?     7a     X       0     Did the organization notify the doors of the value of the goods or services provided?     7a     X       1     If 'Yes,' didicte the number of forms 8282 filed during the year     7d     7a     X       1     Did the organization received a contribution of qualified intellectual property. Gid the organization file Form 8989 are equired?     7d     X       1     Did the organization maintaining door advised funds. Di a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a     9a       2     Sponsoring organization maintain	b	If "Yes," enter the name of the foreign country:			
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     X       6a     Does the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that ware not tax deductible as chartable contributions?     6a     X       b     If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     7a     X       7     Organizations that may receive deductible contributions and party for pools and services provided to the pary?     7a     X       1     If 'Yes,' did the organization notify the donor of the value of the goods or services provided to the pary?     7a     X       0     Did the organization notify the donor of the value of the goods or services provided?     7a     X       1     If 'Yes,' didicte the number of forms 8282 filed during the year     7d     X       1     Did the organization received a contribution of qualified intellectual property. Gid the organization?     7d     X       2     Did the organization maintaining door advised funds. Di a door advised fund maintained by the sponsoring organization maintaining door advised funds. Di a door advised fund maintained by the sponsoring organization make any taxable distributions under secures against     11a       3		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c     If "Yes" to line 5a or 5b, did the organization file Form 8886 T?     5c       Ga     Dese the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6a     X       7     Organizations that may receive deductible contributions under section 170(c).     7a     X       11     If "Yes," did the organization notify the doors of the value of the goods or services provided?     7b     X       11     If "Yes," did the organization notify the doors or services provided?     7c     X       11     If "Yes," did the organization notify the doors or services provided?     7c     X       11     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7d     X       12     If the organization, during the year, approximum, directly on apersonal benefit contract?     7f     X       12     If the organization meteries a solutions on advised funds. Did a doorn advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a     9a     9b     9a     9b	5a		5a		х
c     If 'Yes' to line 5a or 5b, did the organization file Form 8886-T?     5c       6a     Does the organization have annual gross racipits that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?     5c       b     If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6c       7     Organizations that may receive adjust the every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).     7a     X       7     Did the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7a     X       d     If 'Yes,'' indicate the number of Forms 8282 filed during the year     7d     7c     X       d     If 'Yes,'' indicate the number of Forms 8282 filed during the year     7d     X       g     If the organization neceive a contribution of qualified intellectual property, did the organization file Form 19882     7a     X       g     If the organization neceive a contribution of cars, boats, aniphanes, or other vehicles, did the organization file Form 19882     7a     X       g     Sponsoring organization make any taxable distributions under section 4966?     9a     9b       D did the sponsoring organization ma	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
Ga       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       Ga       X         b If "Xes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?       Ga       X         a Did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible contributions under section 170(c).       Ga       X         b If "Yes," did the organization explores of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7e       X         d If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7e       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8099 as required?       7h       H         h If the organization neceives any three during the year?       9a       9			5c		
any contributions that were not tax deductible a charitable contributions?     6a     X       b If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     7a     X       b If the organization notify the donor of the value of the goods or services provided to the payrof.     7a     X       c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     7a     X       d If 'Yes,'' indicate the number of Forms 8282 filed during the year     7d     7e     X       d If 'Yes,'' indicate the number of Forms 8282 filed during the year     7d     7e     X       g If the organization receive any tunds, directly or indirectly, or a personal benefit contract?     7f     X       g If the organization organization, ding the year, apy remiums, directly or indirectly, on a personal benefit contract?     7f     X       g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098C?     7h     7       S Sponsoring organization make any taxable distributions under section 4966?     8     9       9 Sponsoring organization make any taxable distributions under section 4966?     9a     9b       10 the sponsoring organization. Enter:     10a     10a     11a       a Initiation fees a					
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Bb         7       Organizations that may receive deductible contributions under section 170(c).       Bid the organization receive a payment in excess of S/S made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c       Did the organization notify the donor of the value of the goods or services provided?       7c       X         c       Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7d       7d       X         g       If derivanization meterive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h       X         sponsoring organization meterive any taxable distributions under section 4966?       9a       9a       9a       9a       9a       9a       9b       9a       9a       9b       9a       9a <td< th=""><td></td><td></td><td>6a</td><td></td><td>х</td></td<>			6a		х
were not tax deductible?     60       7     Organizations that may receive deductible contributions under section 170(c).     10       b     Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?     7a     X       b     T'Yes," did the organization notify the donor of the value of the goods or services provided?     7c     X       c     Did the organization networks dispose of tangible personal property for which it was required to file Form 8282?     7c     X       d     I'Yes," indicate the number of Forms 8282? filed during the year     7d     X       f     Did the organization network and forms 8282? filed during the year interve vinces, different 8289 as required?     7r     X       g     If the organization network a contribution of qualified intellectual property, did the organization forms 8282?     7g     7d     X       g     Sponsoring organization make a distribution of acra, boats, angrinanes, or other vehicles, differe form 8899 as required?     7n     X       h     If the organization network a contribution of acra, boats, angrinanes, or other vehicles, differe form 8899 as required?     7n     X       g     Sponsoring organization make a distribution under section 4966?     9a     9a       g     Sponsoring organization make a distribution to a donor, donor advisor, or related person?     9b     9b       g     Gross income fr	b	•			
7       Organizations that may receive deductible contributions under section 170(c).       a       Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?       7a       X         b If 'Nes,' tid the organization notity the donor of the value of the goods or services provided?       7c       X         c Did the organization seli, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       7d       X         d If 'Nes,' indicate the number of Forms 8282 filed during the year       7d       7d       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f If the organization received a contribution of qualified intellectual property, did the organization file Form 8089 as required?       7f       X         g If the organization maximalning donor advised funds.       01 a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       <			6b		
a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided 7       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided 7       7b       7c       X         c Did the organization notify the donor of the value of the goods or services provided 7       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year	7				
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098C?       7h       X         f       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098C?       7h       X         g       Sponsoring organizations maintaining door advised funds.       9a       Section 501(c)? organization make any taxable distributions under section 4966?       9a       Section 501(c)? Organization. Enter:       8       Section 501(c)? Organizations. Enter:       10b       Section 501(c)? Organizations. Enter:       10b       11a       10b       12a       1	а		7a		Х
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098C?       7h       X         f       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098C?       7h       X         g       Sponsoring organizations maintaining door advised funds.       9a       Section 501(c)? organization make any taxable distributions under section 4966?       9a       Section 501(c)? Organization. Enter:       8       Section 501(c)? Organizations. Enter:       10b       Section 501(c)? Organizations. Enter:       10b       11a       10b       12a       1	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         d If "Yes," indicate the number of Forms 8282 filed during the year pay premiums on a personal benefit contract?       7e       X         f Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8099 as required?       7n       X         8       7g       7d       X       X         9       Sponsoring organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       9b					
d If "Yes," indicate the number of Forms 8282 filed during the year       Id       Id <th></th> <th></th> <th>7c</th> <th></th> <th>х</th>			7c		х
e       Did the organization receive any funds, directly or indirectly, to pay permiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay permiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         f       Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7g       X         f       Sponsoring organizations maintaining door advised funds.       Did a donor advised funds.       8       8         g       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9a       9b       9c       9b       9c       9b       9b       9c	d				
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       2         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised funds. Did a donor advised funds.       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9         b       Did the sponsoring organizations. Enter:       10a       10a       9b         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       11a       10b       12a         a       Gross income from members or shareholders       11a       10b       12a       12a         12       Section 501(c)(12) organization. Enter:       11b       12a			7e		Х
g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7h       7h         8       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       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a       10b         11       Section 501(c)(72) organizations. Enter:       10a       10b       11a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11b       12a         12       Section 501(c)(12) organizations. Enter:       11a       11b       12a       12b       12a         13       Section 501(c)(22) qualified nonprofit heath insurance issuers.       11a       12a       12b       12a       12a       12a       12a       13a	-		7f		Х
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organizations. Enter:       10a         10       Initiation fees and capital contributions included on Part VIII, line 12.       10a         11       Section 501(c)(12) organizations. Enter:       10a         13       Gross income from members or shareholders       11a         14       12a       12b         15       Gross income from members or shareholders       11a         14       12a       12b         15       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13a       Note. See the instructions for additional information the organization must report on Schedule O.       13a         14a       X       13a       13a         15       Is the organization is licensed to issue qualiffed health plans in more than one state? <td< th=""><td>g</td><td></td><td>7g</td><td></td><td></td></td<>	g		7g		
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         0       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       10a         11       Section 501(c)(12) organizations. Enter:       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         12       Section 501(c)(12) organizations. Enter:       10a       11b         13       Gross income from members or shareholders       11a       11b         14       Types," enter the amount of ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         13       Is the organization is licensed to issue qualified health plans in more than one state?       13a       13a         14       Types," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       It erganization subject	•				
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       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:       10a       10b         a       Gross receipts, included on Form 990, Part VIII, line 12.       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from them sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       13a         13       Section for ceserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?       13a       13a         14a       X       If "Yes," has it fied a Form 720 to report these payments? If "No," provide an explanation in Schedule O.       14b       14b       14b	-				
9       Sponsoring organizations maintaining donor advised funds.       9a         a       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:       10a       9b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       9b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b         12       Section 501(c)(12) organizations. Enter:       11a       10b       10b         13       Section 501(c)(12) organizations. Enter:       11a       12a       12a         a       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         14       b       17 **es,* enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14       Note. See the instructions for additional information the organization must report on Schedule O.       13a       13a         14       Did the organization subject to the section 4960 t			8		
a 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: <ul> <li>a Initiation fees and capital contributions included on Part VIII, line 12</li> <li>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</li> <li>10a</li> <li>10b</li> </ul> 10a           11 Section 501(c)(12) organizations. Enter: <ul> <li>a Gross income from tother sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</li> <li>11b</li> <li>11b</li> <li>11b</li> <li>11c</li> <li>11b</li> <li>12a</li> <li>Section 501(c)(29) qualified nonprofit health insurance issuers.</li> <li>a Is the organization licensed to issue qualified health plans in more than one state?</li> <li>13a</li> <li>Note. See the instructions for additional information the organization must report on Schedule O.</li> <li>b Enter the amount of reserves on hand</li> <li>13a</li> <li>Is the organization receive any payments for indoor tanning services during the tax year?</li> <li>If a X</li> <li>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</li> <li>14a</li> <li>X</li> <li>b It organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?</li> <li>If "Yes," see instructions and file Form 4720, Schedu</li></ul>	9				
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         13 b       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b <td< th=""><td>а</td><td></td><td>9a</td><td></td><td></td></td<>	а		9a		
10       Section 501(c)(7) organizations. Enter:         a       Initiation fees and capital contributions included on Part VIII, line 12         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities         11       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)         12a       Initiation licensed to issue qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?         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 organization receive any payments for indoor tanning services during the tax year?         14a       X         b       If "Yes," see instructions or additional information the organizent on in Schedule O.         c       Enter the amount of reserves on hand         13a       Image: Imag					
a Initiation fees and capital contributions included on Part VIII, line 12       10a         b 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         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         13 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       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 organization is licensed to issue qualified health plans       13b       14a       X         14a Did the organization subject to these payments? If "No," provide an explanation in Schedule O       14b       14b       14a       X         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excees parachute payment(s) during the year?       15       X					
b       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         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       a       13a       13a         14       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14       Note. See the instructions for additional information the organization must report on Schedule O.       13a       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         14a       Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         15       Is the orga					
11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       15       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X       15       X         If "Yes," see instructional individe numeration on excess tax on net in			1		
a Gross income from members or shareholders       11a       11b         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13c         c Enter the amount of reserves on hand       13b       13c       14a         14 Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       15         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       X			1		
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X					
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13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         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.       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X					
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.       Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       Image: Comparization issue qualified health plans       Image: Comparised to issue qualified health plans       Ima					
Note. See the instructions for additional information the organization must report on Schedule O.       Image: Construction of the instruction o	а		13a		
organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X		-			
organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	b	Enter the amount of reserves the organization is required to maintain by the states in which the			
c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X					
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	с		1		
b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or       15         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16			14a		Х
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X					
excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X					
If "Yes," see instructions and file Form 4720, Schedule N.         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		х
16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X					
	16	Is the experimentary of a structure line that the the section 1000 evolution to use the transformer of	16		Х
		•			

Form **990** (2018)

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Form 990	(2018)
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# COLUMBIA FOUNDATION

54-1031403 Page **6** 

Form 990 (		54-1051405	Page <b>O</b>
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through the second	ugh 7b below, and for a "No" res	ponse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se		
	Check if Schedule O contains a response or note to any line in this Part VI		X

Check if Schedule O contains a response or note to any line in this Part VI	
Section 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	11		
	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	Enter the number of voting members included in line 1a, above, who are independent 1b	11		
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		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?			x
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
1a		70		x
Ŀ.	more members of the governing body?	<u>7a</u>		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77	
а	The governing body?	<u>8a</u>	X	
-	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	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
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	? <b>11a</b>	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
Ŭ	in Schedule O how this was done	12c	х	
3	Did the organization have a written whistleblower policy?		X	
4	Did the organization have a written document retention and destruction policy?		X	
5				
5	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?	45-		v
	The organization's CEO, Executive Director, or top management official			XX
b	Other officers or key employees of the organization	<u>15b</u>		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	<b>16a</b>		X
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			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright VA$			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(	c)(3)s only)	availat	ole
	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)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and finand	ial	
	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			
	LAWRENCE PEACOCK - 703-623-5274			
	5900 6TH ST, FALLS CHURCH, VA 22041			
	ere en an andre en a			
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Form 990	(2018)
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(A)

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(E)

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	, Highest Compensa	ated
	Employees, and Independe	ent Contractors			

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

(**D**)

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.

 $(\mathbf{n})$ 

**(D)** 

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. 

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do		Pos		l than c	ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an I	ndad I	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir				ted		organization	(W-2/1099-MISC)	from the
	related	stee c	ruste			ensa		(W-2/1099-MISC)		organization
	organizations	altrus	nal ti		loyee	e com				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Ind	lnst	Offi	Key	Em	For			
(1) RICHARD STEPHENSON	2.00									
PRESIDENT		Х		X				0.	0.	0.
(2) SCOTT FLANDERS	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) LAWRENCE PEACOCK	3.00									
TREASURER		Х		Х				0.	0.	0.
(4) CLARENCE DUKES	1.00									
DIRECTOR		Х						0.	0.	0.
(5) PEGGY CARLSON	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JAMES DUNLOP	1.00									
DIRECTOR		Х						0.	0.	0.
(7) ARDELL FLEESON	1.00									
DIRECTOR		Х						0.	0.	0.
(8) ANNE TOMAS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(9) TERRY WINGFIELD	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JEAN EUBANKS	1.00									
DIRECTOR		Х						0.	0.	0.
(11) SAMMIE BARR	1.00									
DIRECTOR		Х						0.	0.	0.
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	990 (2018) COLUMBIA	FOUNDAT	ΊC	N						54-10	0314	03	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than c s both r/trust	tee)	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organization (W-2/1099-MIS	in I S	arr comj	(F) timate nount o other pensat	of tion	
		related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	anizati 1 relate nizatio	ed
1b	Sub-total								0.		0.			0.
	Total from continuation sheets to Part VII								0.		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no							o re	-	000 of reportable				••
	compensation from the organization												V	0
3	Did the organization list any former officer,	director, or tru	stee	e, ke	y en	nplo	yee,	or I	highest compensated er	nployee on	ſ		Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su											3	_	Х
•	and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		[	4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>											5		х
Sec	tion B. Independent Contractors			51 00	UII Ņ	/0/0	-							
1	Complete this table for your five highest cor the organization. Report compensation for t	•	•							•	pensati	on fro	m	
	(A)								(B)			(C		
	Name and business	address	NC	ONE	5				Description of s	ervices	Co	omper	nsatior	1
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to t	thos (		ted	above) who received mo	ore than				
	· · · · · · · · · · · · · · · · · · ·										F	orm 9	<b>990</b> (2	2018)

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generation     Total revenue     Relief or selection of newnue     Description       generation     1 a     Federated campaigns     1 a       b     Membership dues     1 d       c     1 d     1 d       d     Related or ganizations     1 d       e     Overment grants (continutions, gris, ganis, and gris     1 d       f     Al office contributions, gris, ganis, and gris     1 d       generation     1 d     9 , 355.     9 , 355.       generation     1 d     9 , 355.     9 , 355.       generation     1 d     1 d     1 d       generatin     1 d     1 d     1 d	Part VI	II Statement of Revenue						
Total revenue     Related or ownerthunced revenue     Productor ownerthunced revenue     Productor ownerthunced revenue     Productor ownerthunced revenue     Productor ownerthunced revenue     Productor ownerthunced revenue     Productor ownerthunced revenue     Productor ownerthunced revenue     Productor ownerthunced revenue     Productor ownerthunced revenue     Productor revenue     Productor r		Check if Schedule O contains a r	esponse	or note to any line			(0)	
grad       1       Federated campaigns       10         10       Federated campaigns       10       10         10       Federated campaigns       10       10         11       10       10       10       10         11       10       10       10       10         11       10       10       10       10         12       11       9,355       9,355       9,355         12       11       9,355       9,355       9,355         13       Investment control (including dividends, interest, and other similar amounts)       11       9,355         13       Investment income (including dividends, interest, and other similar amounts)       1,791       1,         14       Income fron investment of tax everyb bond proceeds       1       1,791       1,         14       Income of (including dividends, interest, and other similar amounts)       1       1,791       1,         15       Revalue       1       1,791       1,       1,         15       Revalue       1       1,00       1       1,00       1,791       1,         16       Gross rents       1       1,00       1,791       1,00       1,00       1,00						Related or exempt function	Unrelated business	(D) Revenue excluded from tax under sections 512 - 514
Bot Membership dues       10         c       Fundationg events         d       Related organizations         d       Related organizations         d       Related organizations         g       Breact combinations given thes 1n file         g       All other program service revenue         g       All other program service revenue         g       Tall other program service revenue         g </td <td>ន្ត 1 a</td> <td>Federated campaigns</td> <td>1a</td> <td></td> <td></td> <td></td> <td></td> <td></td>	ន្ត 1 a	Federated campaigns	1a					
Business Code     Image: Code     Im	un b							
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99       90 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
So gradue       b	<u>ფ</u> 2 a	a						
g Total. Add lines 2a 21   3 trvestment income (including dividends, interest, and other similar amounts)   4 Income from investment of tax-exempt bond proceeds   5 Royaties   6 a Gross rents   b Less: rental expenses   c entral income or (loss)   d Net rental income or (loss)   d Net gain or (loss) from fundraising events (not including §   including § of   c orthoutors reported on line 1c). See   Part V, line 18 a   b Less: direct expenses   b Less: direct expenses   b Less: direct expenses   b Less: direct expenses   b Less: cost of goods sold   b Less:	ž b							
g Total. Add lines 2a 21   3 trvestment income (including dividends, interest, and other similar amounts)   4 Income from investment of tax-exempt bond proceeds   5 Royaties   6 a Gross rents   b Less: rental expenses   c entral income or (loss)   d Net rental income or (loss)   d Net gain or (loss) from fundraising events (not including §   including § of   c orthoutors reported on line 1c). See   Part V, line 18 a   b Less: direct expenses   b Less: direct expenses   b Less: direct expenses   b Less: direct expenses   b Less: cost of goods sold   b Less:	s ne							
g Total. Add lines 2a 21   3 trvestment income (including dividends, interest, and other similar amounts)   4 Income from investment of tax-exempt bond proceeds   5 Royaties   6 a Gross rents   b Less: rental expenses   c entral income or (loss)   d Net rental income or (loss)   d Net gain or (loss) from fundraising events (not including §   including § of   c orthoutors reported on line 1c). See   Part V, line 18 a   b Less: direct expenses   b Less: direct expenses   b Less: direct expenses   b Less: direct expenses   b Less: cost of goods sold   b Less:								
g Total. Add lines 2a 21   3 trvestment income (including dividends, interest, and other similar amounts)   4 Income from investment of tax-exempt bond proceeds   5 Royaties   6 a Gross rents   b Less: rental expenses   c entral income or (loss)   d Net rental income or (loss)   d Net gain or (loss) from fundraising events (not including §   including § of   c orthoutors reported on line 1c). See   Part V, line 18 a   b Less: direct expenses   b Less: direct expenses   b Less: direct expenses   b Less: direct expenses   b Less: cost of goods sold   b Less:	й В е							
g Total. Add lines 2a:2f       ><	Ě f	All other program service revenue						
3       Investment income (including dividends, interest, and other similar amounts)       1,791.       1,         4       Income from investment of tax-exempt bond proceeds        1,791.       1,         5       Royatties       (i) Real       (ii) Personal           6 a Gross rents       (iii) Chean       (iiii) Personal            6 a Gross rents       (iiii) Real       (iii) Personal             7 a Gross amount from sales of asses cost or other basis       (iii) Other              8 a Gross income from fundraising events (not including S       of contributions reported on line 1c). See              9 a Gross income from gaming activities. See                 9 a Gross income from gaming activities. See								
4       Income from investment of tax-exempt bond proceeds         5       Royalties         6 a       Gross rents         b       Less: rental expenses         c       Rental income or (loss)         d       Net gain or (loss) from fundraising events         a       d         b       Less: direct expenses         c       Net income or (loss) from gaming activities. See         Part IV, line 19       a         b       Less: cost of goods sold         c       Net income or (loss) from galing activities. See         d <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	3							
4       Income from investment of tax-exempt bond proceeds         5       Royaties         6 a       Gross rents         b       Less: rental expenses         c       Rental income or (loss)         d       Net rental income or (loss)         b       Less: cost or other basis         and sales expenses       (i) Other         e       Gain or (loss)         d       Net gain or (loss)         d       Net gain or (loss)         a Gross income from fundraising events (not including \$		other similar amounts)		▶	1,791.			1,791
6 a Gross rents       (i) Real       (ii) Personal         b Less: rental expenses       (iii) Other         c Rental income or (loss)       (ii) Securities       (ii) Other         d Net rental income or (loss)       (iii) Other       (iii) Other         a Gross amount from sales of assets other than inventory       (ii) Securities       (ii) Other         b Less: cost or other basis and sales expenses       (ii) Securities       (ii) Other         c Gain or (loss)       (iii) Cost       (iii) Cost         d Net gain or (loss)       (iii) Cost       (iii) Cost         8 a Gross income from fundraising events (not including \$ or       of         c Net income or (loss) from fundraising events       (iii)         9 Less: direct expenses       (iiii)         c Net income or (loss) from gaming activities. See       (iiii)         Part IV, line 19       (iiii)         a dlowances       (iiii)         a dlowances       (iiii)         b Less: cost of goods sold       (iiii)         b Less: cost of goods sold       (iiii)         b Less: cost of goods sold       (iiii)         (iii) Adliowances       (iiii)         (iii) Adliowances       (iiii)         (iiii) Adl lines 11a-11d       (iiiiii)	4							
6 a Gross rents       (i) Real       (ii) Personal         b Less: rental expenses       (iii) Other         c Rental income or (loss)       (ii) Securities       (ii) Other         d Net rental income or (loss)       (iii) Other       (iii) Other         a Gross amount from sales of assets other than inventory       (ii) Securities       (ii) Other         b Less: cost or other basis and sales expenses       (ii) Securities       (ii) Other         c Gain or (loss)       (iii) Cost       (iii) Cost         d Net gain or (loss)       (iii) Cost       (iii) Cost         8 a Gross income from fundraising events (not including \$ or       of         c Net income or (loss) from fundraising events       (iii)         9 Less: direct expenses       (iiii)         c Net income or (loss) from gaming activities. See       (iiii)         Part IV, line 19       (iiii)         a dlowances       (iiii)         a dlowances       (iiii)         b Less: cost of goods sold       (iiii)         b Less: cost of goods sold       (iiii)         b Less: cost of goods sold       (iiii)         (iii) Adliowances       (iiii)         (iii) Adliowances       (iiii)         (iiii) Adl lines 11a-11d       (iiiiii)	5	Royalties		🕨 🗍				
6 a Gross rents   b Less: rental expenses   c Rental income or (loss)   d Net rental income or (loss)   7 a Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses   c Gain or (loss)   d Net gain or (loss)   d Net gain or (loss)   d Net gain or (loss)   a Gross income from fundraising events (not including \$ or contributions reported on line 1c). See   Part IV, line 18   b Less: direct expenses   c Net income or (loss) from fundraising events   a Less: direct expenses   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   a Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   main ad allowances   a Less: cost of goods sold   b Less: cost of displaneous Revenue   Business Code   Miscellaneous Revenue   Business Code								
b       Less: rental expenses	6 a	a Gross rents						
c       Rental income or (loss)       ▲         d       Net rental income or (loss)       ▲         7       a Gross amount from sales of assets other than inventory       ▲         b       Less: cost or other basis and sales expenses       (i) Other         add sales expenses       Image: Cost or other basis and sales expenses       Image: Cost or other basis and sales expenses         c       Gain or (loss)       Image: Cost or other basis and sales expenses       Image: Cost or other basis and sales expenses         d       Net gain or (loss)       Image: Cost or other basis and sales expenses       Image: Cost or other basis and sales expenses         d       Net gain or (loss)       Image: Cost or other basis and sales expenses       Image: Cost or contributions reported on line 1c). See         Part IV, line 18       a       Image: Cost or other basis and sales expenses       Image: Cost or other basis and sales expenses         9       a Gross income from gaming activities. See       Image: Cost or other basis and allowances       Image: Cost or other basis and allowances       Image: Cost or other basis and allowances         10       a Gross finome or (loss) from sales of inventory       Image: Cost or other basis of inventory       Image: Cost or other basis of inventory         Image: Cost or other or loss from sales of inventory       Image: Cost or other basis or other lose       Image: Cost or other loss from sal	b							
d Net rental income or (loss) <ul> <li></li></ul>								
7 a Gross amount from sales of assets other than inventory       (i) Other         b Less: cost or other basis and sales expenses       (ii) Other         c Gain or (loss)       (iii) Other         d Net gain or (loss)       (iii) Other         g Gross income from fundraising events (not including \$\subscript{sequence}), of contributions reported on line 1c). See       (iii) Other         Part IV, line 18       a         b Less: direct expenses       b         g Gross income from gaming activities. See       (iii) Other         Part IV, line 19       a         b Less: clirect expenses       b         in d Gross sales of inventory, less returns and allowances       (ii) Other         a dlowances       a         b Less: cost of goods sold       (ii) Other         Miscellaneous Revenue       Business Code         11 a       (ii) Other         C       (ii) Other         G All other revenue       (iii) Other         I All other revenue       (iii) Other         I All other revenue       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii								
assets other than inventory								
b       Less: cost or other basis and sales expenses		assets other than inventory						
c Gain or (loss)   d Net gain or (loss)   a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See   Part IV, line 18 a   b Less: direct expenses   c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   a b   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a	b	Less: cost or other basis						
c Gain or (loss)   d Net gain or (loss)   d Net gain or (loss)   a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See   Part IV, line 18 a   b Less: direct expenses   c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 a   b Less: direct expenses   b Less: direct expenses   c Net income or (loss) from gaming activities.   10 a Gross sales of inventory, less returns and allowances   a b   Less: cost of goods sold b   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a   b   c   d   All other revenue   e   Total. Add lines 11a-11d		and sales expenses						
d Net gain or (loss)   8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See   Part IV, line 18 a   b Less: direct expenses   b b   c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 a   b Less: direct expenses   b Less: cost of goods sold   c Miscellaneous Revenue   Miscellaneous Revenue Business Code   11 a	6							
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a       a         b Less: direct expenses       b         c Net income or (loss) from fundraising events       b         9 a Gross income from gaming activities. See Part IV, line 19 a       b         b Less: direct expenses       b         c Net income or (loss) from gaming activities. See Part IV, line 19 a       b         b Less: direct expenses       b         c Net income or (loss) from gaming activities       b         lo a Gross sales of inventory, less returns and allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       b         Miscellaneous Revenue       Business Code         11 a								
including \$of   contributions reported on line 1c). See   Part IV, line 18a   b Less: direct expensesb   c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19a   b Less: direct expensesb   c Net income or (loss) from gaming activitiesb   10 a Gross sales of inventory, less returns and allowancesa   a b Less: cost of goods soldb   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a	8 9							
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See Part IV, line 19   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a	anu							
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See Part IV, line 19   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a	i Ael							
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See Part IV, line 19   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a	Å,							
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See Part IV, line 19   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a	her b							
9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances   a Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a   b   c   d All other revenue   e Total. Add lines 11a-11d	ō							
Part IV, line 19 a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b b   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a								
b Less: direct expenses b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b   b   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a   b								
c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a	b							
10 a Gross sales of inventory, less returns   and allowances   a Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a   b   c   c   d All other revenue   e Total. Add lines 11a-11d								
and allowances a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a   b   c   d   All other revenue   e   Total. Add lines 11a-11d								
b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a   b   c   c   d   All other revenue   e   Total. Add lines 11a-11d								
c       Net income or (loss) from sales of inventory       ▶       ▲         Miscellaneous Revenue       Business Code       ■         11 a       ■       ■       ■         b       ■       ■       ■         c       ■       ■       ■         d All other revenue       ■       ■       ■         e       Total. Add lines 11a-11d       ▶       ■       ■	b							
Miscellaneous Revenue     Business Code       11 a								
11 a								
b bb b	11 a							
c	b							
d All other revenue	c							
e Total. Add lines 11a-11d	c							
	e							
	12	Total revenue. See instructions			11,146.	0.	0.	1,791

COLUMBIA FOUNDATION

Form 990 (2018)

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Form	990	(2018)

Form 990 (2018) COLUMBIA FOUNDATION
Part IX Statement of Functional Expenses

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 respons	e or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,250.	5,250.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	36,902.	36,902.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits				
10	Payroll taxes Fees for services (non-employees):				
11	Management				
a h		25.		25.	
b	Legal Accounting	2,875.		2,875.	
d	Lobbying	270731			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	774.		774.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	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 0.)				
а	MISCELLANEOUS	375.		375.	
b					
С					
d					
е	All other expenses	4.6 0.04	40.450		^
25	Total functional expenses. Add lines 1 through 24e	46,201.	42,152.	4,049.	0
26	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)				Form <b>990</b> (201)

# Form 990 (2018) COLUMBIA FOUNDATION Part X Balance Sheet FOUNDATION

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

Beginning of year         End of year           1         Cash - non-interest bearing         115 , 8011.         1         85, 523.           2         Savings and temporary cash investments         375, 335.         2         370, 559.           3         Piedges and grants receivable, net         4         4           4         Accounts receivable, net         4         4           5         Laars and other receivables from current and former officers, directors, trustees, key employees, ach highest compensated employees. Complete Part II of Schedule L         5         6           6         Laars and other receivables from other disqualified persons (as defined under secton 4986(t)(t)), persons described in socton 4986(t)(5)(t), and contributing employers and sponsoring organizations of section 501(c)(0) voluntary         6           9         repeald expenses and deferred charges         9         9         0           10         Land, buildings, and equipment: cost or other basis. Complete Part IV of Schodule D         106         106         106           11         Investments - policity fraded securities         993, 0.50.         11         918, 51.0           12         Investments - volicity fraded securities         11, 554, 1.86.         16         1, 444, 592           11         Investments - volicity fraded securities         22         22			Check il Schedule O contains a response of not		(A)		(B)
2       Savings and temporary cash investments       375,335.2       370,559         3       Pledges and grants receivable, net       3         4       Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       4         6       Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employees is beneficiary organizations of section 501(c)(9) voluntary employees is and sponsoring organizations of section 501(c)(9) voluntary employees and sponsoring organizations (see linstr). Complete Part II of Sch L       7         7       Nextenset - Section 4958(f)(1), persons described thered charges       9         9       Prepaid expenses and deprecent cost or other basis. Complete Part II of Schedule D       10a         10       Lobs: accumulated depreciation       10a         11       Investments - publicly traded securities. See Part IV, line 11       70,000.13         13       Investments - publicly traded securities. See Part IV, line 11       16         16       Total assets. Add lines 1 through 15 (must equal line 34)       1,554,186.16       1,444,592         17       Accounts payable and accrued expenses       17       18       14         10       Defined revolue       19       12       12       12					Beginning of year		
2       Savings and temporary cash investments       375,335. 2       370,559         3       Pledges and grants receivable, net       3         4       Accounts receivable, net       4         5       Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete       5         6       Loans and other receivable from other disqualified persons (as defined under section 4958(f(1))), persons described in section 4958(f(1)), persons described in section 501(c), portion 4958(f(1)), persons described in section 501(c)), persons described in section 501(c), persons 4958(f(1)), persons 4958(f(1)		1	Cash - non-interest-bearing		115,801.	1	85,523.
3       Pledges and grants receivable, net       3         4       Accounts receivable, net       4         5       Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(r)(3)(b), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see inst). Complete Part II of Sch L       6         7       Notes and loans receivable, net       7         8       montories for sale or use       8         9       Prepaid expenses and defered charges       9         10a       Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D       10a         12       Investments - publicly traded securities       993, 050.       11       918, 510         11       Investments - publicly traded securities       933, 050.       11       918, 510         13       Investments - publicly traded securities       933, 050.       11       918, 510         14       Transplate and true officers, directors, trustees, key employees, highest compensated employees, and idqualified persons.       20       22         14       Trat assets. See Part IV, line 11       16       11, 554, 186.		2			375,335.	2	370,559.
4       Accounts receivable, net       4         5       Loans and other receivables from current and former officers, directors, trustes, key employees, and highest compensated employees. Complete Part II of Schedule L       5         6       Loans and other receivables from other disqualified persons (as defined under section 4956(k)(3)(6), and contributing employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (se inst). Complete Part II of Sch L       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       9         10a       10a       10a         11       Investments - ubicly traded securities       993, 0550.         11       Investments - other securities. See Part IV, line 11       10a         13       Investments - organ=related. See Part IV, line 11       70, 000.         14       Investments - program-related. See Part IV, line 11       104         15       Other assets. See Part IV, line 11       10         16       Total assets. Add lines 1 through 15 (must equal line 34)       1, 554, 186.         17       Accounts payable and accrued expenses       17         18       Grants payable and accrued expenses       18         19       Deferred revenue <th></th> <th>3</th> <th></th> <th></th> <th></th> <th>3</th> <th></th>		3				3	
5       Lans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       5         6       Lans and other receivables from other disqualified persons (as defined under section 4958(n)(3), persons described in section 4958(n)(3)(8), and contributing employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations of section 501(c)(9) voluntary       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       9         10a       Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D       10a         11       Investments - program-related. See Part IV, line 11       10a       10c         12       Investments - program-related. See Part IV, line 11       11       70,000.       13       70,000.         13       Investments - program-related. See Part IV, line 11       14       15       14       15         14       Total assets. Add lines 1 through 15 (must equal line 34)       1,554,186.       16       1,444,592         17       Accounts payable and accrued expenses       19       20       21       22         2       Lans and other payables to current and former officers, directors, trustees, key employees, highest c		4				4	
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6       Loans and other receivables from other disqualified persons (as defined under section 4958(h(1)), persons described in section 4958(h(3)(B), and contributing employees beneficiary organizations of section 501(c)(B) voluntary         8       Prepaid expenses and deferred charges       6         9       Prepaid expenses and deferred charges       9         10a       10a       8         9       Prepaid expenses and deferred charges       9         10a       10a       10a         10a       10b       10c         11       Investments - publicly traded securities       993,050.11       918,510         12       Investments - other securities. See Part IV, line 11       70,000.13       70,000.13         13       Investments - program-related. See Part IV, line 11       11       70,000.13       70,000.13         13       Investments - program-related. See Part IV, line 11       15       16       14.444,592         16       Total assets. Add lines 1 through 15 (must equal line 34)       1,554,186.16       1,444,592         14       20       21       22       22       22         18       Grants payable       18       20       21       22         21       Escrow or custodial account liabilities       20       22       23       24<			trustees, key employees, and highest compensa	ted employees. Complete			
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b       Less: accumulated depreciation       10b       10c         11       Investments - publicly traded securities       993,050.11       918,510         12       Investments - other securities. See Part IV, line 11       12       12         13       Investments - program-related. See Part IV, line 11       70,000.13       70,000       14         14       15       14       15       14         16       Total assets. Add lines 1 through 15 (must equal line 34)       1,554,186.16       1,444,592         17       Accounts payable and accrued expenses       17       18         19       Deferred revenue       19       20         20       Tax-exempt bond liabilities       20       21         21       Leans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Secured nortgages and notes payable to unrelated third parties       24       24         24       Unsecured notes and loans payable to unrelated third parties       24       25         26       Total liabilities not included on lines 17.24). Complete Part X of Schedule D       25       26         25       Total liabilities not included on lines 17.24). Complete Part X of Schedule D		10a	Land, buildings, and equipment: cost or other				
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Organizations that follow SFAS 117 (ASC 958), check here ► X and		26		E E E E E E E E E E E E E E E E E E E	0.		0.
somelate lines 07 through 00, and lines 00 and 04							
27       Unrestricted net assets       800,243.27       677,352         28       Temporarily restricted net assets       509,138.28       529,674         29       Permanently restricted net assets       244,805.29       237,566         0rganizations that do not follow SFAS 117 (ASC 958), check here ▶□       30       30	6						
28       Temporarily restricted net assets       509,138.28       529,674         29       Permanently restricted net assets       244,805.29       237,566         Organizations that do not follow SFAS 117 (ASC 958), check here       □       30         and complete lines 30 through 34.       30       30	ice	27			800,243.	27	677,352.
29       Permanently restricted net assets       244,805.29       237,566         Organizations that do not follow SFAS 117 (ASC 958), check here ▶□       and complete lines 30 through 34.       30         30       Capital stock or trust principal, or current funds       30	alan						529,674.
Organizations that do not follow SFAS 117 (ASC 958), check here ▶□         and complete lines 30 through 34.         30       Capital stock or trust principal, or current funds	β	29			244,805.	29	237,566.
and complete lines 30 through 34.       30       Capital stock or trust principal, or current funds       30	nnc						
9   30   Capital stock or trust principal, or current funds   30	or F		and complete lines 30 through 34.				
	jts (	30	Capital stock or trust principal, or current funds		30		
31   Paid-in or capital surplus, or land, building, or equipment fund   31	SSE	31				31	
32   Retained earnings, endowment, accumulated income, or other funds   32	et A	32	Retained earnings, endowment, accumulated inc	come, or other funds			
	ž	33	Total net assets or fund balances				1,444,592.
34 Total liabilities and net assets/fund balances 1,554,186. 34 1,444,592		34			1,554,186.	34	1,444,592. Form <b>990</b> (2018)

Form **990** (2018)

Form	990 (2018) COLUMBIA FOUNDATION	54-10	31403	Pad	<sub>ge</sub> 12	
Pa	rt 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	11	.,14	46.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	46	5,20	01.	
3	Revenue less expenses. Subtract line 2 from line 1	3	-35	5,0	55.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,554	.,18	86.	
5	Net unrealized gains (losses) on investments	5	-74	.,5	39.	
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	1,444	.,5	92.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				x	
b	b Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			1	
	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 Sche	dule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1	
	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	red audit			1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
			- (	000		

Form **990** (2018)

SCHED	ULI	ΕA
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the	e organization
-------------	----------------

Nam	lame of the organization Employer identification number								
					4-1031403				
Pa	rt I	Reason for Public (	Charity Status (/	All organizations must co	omplete thi	is part.) Se	e instructions	3.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
		university:							
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from c	ontributio	ns, membersł	nip fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	et to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	-	-	-			•	
		more publicly supported or	-						Check the box in
	_	lines 12a through 12d that	• •		-			-	
а		<b>Type I.</b> A supporting orga		-	• • • •	-			
		the supported organization			majority o	f the direc	tors or trustee	es of the su	ipporting
	_	organization. You must o	-						
b		<b>Type II.</b> A supporting org	-				-		•
		control or management o			ame persoi	ns that co	ntrol or manag	ge the supp	ported
_		organization(s). You mus							al ithe
С		J Type III functionally inte						ly integrate	a with,
d		its supported organization <b>Type III non-functionally</b>	.,.,	•		-		tod organi-	ration(a)
u		that is not functionally int						-	
		requirement (see instructi	с с	<b>e</b> ,			•	anallenin	101055
е		Check this box if the orga						II Type III	
v	L	functionally integrated, or					турст, турст	n, rype n	
f	Ente	er the number of supported of	<i>y</i> 1		ig organizi				
		vide the following information	•	d organization(s).					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tota									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

## Schedule A (Form 990 or 990-EZ) 2018 COLUMBIA FOUNDATION

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	36,259.	17,514.	7,225.	20,766.	9,355.	91,119.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	36,259.	17,514.	7,225.	20,766.	9,355.	91,119.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						91,119.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	36,259.	17,514.	7,225.	20,766.	9,355.	91,119.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	12,098.	20,135.	1,248.	962.	1,791.	36,234.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						127,353.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	501(c)(3)	
0	organization, check this box and stor	here					<b>&gt;</b>
	ction C. Computation of Publi						
14	Public support percentage for 2018 (I		•		r	14	71.55 %
15	Public support percentage from 2017					15	83.21 %
16a	33 1/3% support test - 2018. If the c	0		,		,	
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						. —
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a b	box on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	s ▶∟
					Sche	dule A (Form 990	or 990-EZ) 2018

# Schedule A (Form 990 or 990-EZ) 2018 COLUMBIA FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	(a) 2014	(0) 2013	(0) 2010	(u) 2017	(e) 2018	
<ul> <li>Amounts from line 6</li> <li>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> </ul>						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first. second. thi	rd. fourth. or fifth t	ax vear as a sectio	n 501(c)(3) ora	anization.
check this box and <b>stop here</b>	•					·
Section C. Computation of Publi						
15 Public support percentage for 2018 (I	ne 8, column (f), d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2017					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	18 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
<b>18</b> Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2018. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and li	ne 17 is not
more than 33 1/3%, check this box ar	id stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	▶□
b 33 1/3% support tests - 2017. If the	organization did n	ot check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	3%, and
line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly supp	orted organizat	tion ►
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
832023 10-11-18				Sch	nedule A (Forn	n 990 or 990-EZ) 2018
		15	5			

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# Schedule A (Form 990 or 990 EZ) 2018 COLUMBIA FOUNDATION

# 54-1031403 Page 4

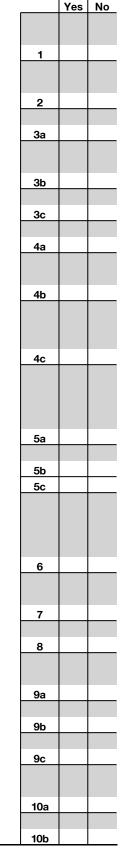
## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 9	90 or 99	0-EZ)	2018

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# Schedule A (Form 990 or 990-EZ) 2018 COLUMBIA FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sectio	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1.	Aggregate fair market value of all non-exempt-use assets (see			
i	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
ď	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by .035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrated	Type III supporting orga	nization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

## Schedule A (Form 990 or 990-EZ) 2018 COLUMBIA FOUNDATION

_	t V Type III Non-Functionally Integrated 509(	alls) Supporting Orga	(continued)	<b>a</b>
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

# Schedule A (Form 990 or 990 EZ) 2018 COLUMBIA FOUNDATION

line 1; Part IV, Section D, lines 2 and 3; Part I Section D, lines 5, 6, and 8; and Part V, Secti (See instructions.)	<ul> <li>So, So, So, So, So, So, So, So, So, So,</li></ul>
	Schedule A (Form 990 or 990-EZ) 201
332028 10-11-18	Schedule A (Form 990 or 990-EZ) 201

SCHEDULE D	)
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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.



		-
mployer	identification	number

Nam	of the organization	NT	Employer identification number
Der	COLUMBIA FOUNDATIO		54-1031403
Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(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	-	
	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	advisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	conferring
D.			
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education)	prically important land area
	Protection of natural habitat	Preservation of a certi	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	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
с	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax
	year 🕨		
4	Number of states where property subject to conservation east	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in	t holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	ion easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🗌 No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	he organization's accounting for
_	conservation easements.		
Par			ner Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furtheran	ice 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 pub	lic 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	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• • •
b	Assets included in Form 990, Part X		

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Partial       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued.         a Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms. <ul> <li>a Pable orbition</li> <li>b Sinbidity research</li> <li>c and the organization's acquisition's collections and explain how they further the organization's exempt purpose in Part XIII.</li> </ul> 7 Provide a decription of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. <ul> <li>Diring the year, dot the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> </ul> 8 Treprise a decorption of the organization's collections and explain how they further the organization and CustoOdial Arrangements. Complete the torjanization answered "Yet" on Form 980, Part IV. <ul> <li>Yes_c more than anount on from 900, Part X, Ine 21.</li> <li>Test from post part X</li> <li>b If "Yes_c replain the arrangement in Part XIII and complete the following table:</li> <li>decimpting balance</li> <li>decimpting balance</li> <li>a State organization answered "Yes" on Form 900, Part X, Ine 21.</li> </ul> <li>Test control the yeas</li> <li>decimpting the yeas</li> <li>decimpting organization include an amount on Form 900, Part X, Ine 21. for earrow orac custofial account liabity?</li> <ul> <li>Yes_c work the organization include an amount on Form 900, Part X, Ine 21.</li> <li>decimptin the arangement IN PARI (UL Roche there tith</li></ul>	Sche		A FOUNDATIC				54-10			<sub>age</sub> 2
clineck at Inst apply: <ul> <li>□ Color or exchange programs</li> <li>□ Control that or generations</li> <li>□ Other</li></ul>	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	Assets	contin	ued)	
a Public exhibition d l	3	Using the organization's acquisition, accession	on, and other records	, check any of the f	following that are a s	ignificant u	se of its c	ollection	items	
b       Scholarly research       e       Other         c       Presentation for future generations       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       Uning the year. did the organization solicit or receive domations of art, historical treasures, or other similar assets       to be solid to raise funds rainfands as part of the organization solection?       Yes       No         Part II       Escrow and Custodial Arrangements. Complete if the organization solection?       Yes       No         Ia Is the organization and point of the median of the organization answered 'Yes' on Form 990, Part X, line 21.       Ta Is the organization and point of the organization and point of the organization answered 'Yes' on Form 990, Part X, line 21.       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       Ia       Ia       Amount       Ia       Ia       Ia       Amount       Ia       Ia       Ia       Ia       Complete It the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No       Ia       Ia       Beginning of year balance       Ia       Ia       Ia       Contributions       Ia       Ia <td></td> <td>(check all that apply):</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		(check all that apply):								
c       Previde a description of future generations         4       Provide a description of the organization's collections and explain how they further the organization's evennpt purpose in Part XIII.         5       During the year, did the organization's collections and explain how they further the organization's evennpt Purpose in Part XIII.         6       Provide a description of the organization's collection?       Yes       No         Part IV       Excrement AC UseDoilal Arrangements.       Comparization answered "Yes" on Form 990, Part X, line 21.         1a       Is the organization on form 990, Part X, line 21.       Is a set organization an agent, trustee, custodian or ofher intermediary for contributions or other assets not included on form 990, Part X, line 21.       Is a set organization and part X is a set of the organization's event assets not included on form 990, Part X, line 21.       Is a set organization and part X is a set of the organization's event assets not included on form 990, Part X, line 21.       In administration the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow and Custom table.       In the part of the organization answered "Yes" on Form 990, Part X, line 21.         3a       Begin ning of year balance       [al Curre	а	Public exhibition	d	Loan or exc	hange programs					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization's collection?     Part W Escrew 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 an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X2     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X2     Is the organization include an amount on Form 990, Part X, line 21, for escrew 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     Beginning of year balance     (0) Foro year     (0) Prior year back     (0) Foro year     (0) Prior year back     (0) Foro year     (0) Prior year back     (0) Foro year     (0) Prior year     (0) Prior year     back     (0) Foro year     (0) Prior year     back     (0) Foro year     back     (0) Foro year     back     (0) Foro year     back     (0) Foro year     (0) Prior year     back     (0) Foro year     back     (0) Foro year     back     (0) Foro year     back     (0) Foro year     (0) Prior year	b	Scholarly research	е	Other						
5       During the year, did the organization activity of receive donations of art, historical ressures, or other similar assets.       No.         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21.       Tele Sthe organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Amount         6       Beginning balance       Intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability?       No         9       If 'Yes', 'explain the arrangement in Part XIII and complete the following table:       Intermediary       Intermediary       Intermediary       No         9       If 'Yes', 'explain the arrangement in Part XIII and complete the following table:       Intermediary       Intermediary       No         9       If 'Yes', 'explain the arrangement in Part XIII and complete the following table:       Intermediary       Intermediary       Intermediary       No         9       If 'Yes', 'explain the arrangement in Part XIII and complete the following table:       Intermediary       Intermediary       Intermediary       Intermediary       Intermediary       Intermediary       Intermediary       Intermediary       Intermediary       Intermediary <td< td=""><td>с</td><td>Preservation for future generations</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	с	Preservation for future generations								
to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No.         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 an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21.       Amount       Is a list organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Is a list organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Is a list organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Is a list organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Is a list organization include an amount on Form 990, Part X, line 24. list or escrow or custodial account liability?       Is a list organization include an amount on Form 990, Part X, line 24. list organization answered 'Yes' on Form 990, Part X, line 24. list organization answered 'Yes' on Form 990, Part X, line 24. list organization answered 'Yes' on Form 990, Part X, line 10.         Part V       Endowrnent Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 24. list organization and programs       Is 352. 953. 244. 805. 244. 805. 244. 805. 244. 805. 244. 805. 244. 805. 244. 805. 244. 805. 244. 805. 244. 805.	4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's exe	mpt purpos	se in Part	XIII.		
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.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Intermediary for contributions or other assets not included on Form 990, Part X // Intermediary for contributions or other assets not included on Form 990, Part X // Intermediary for contributions or other assets not included on Form 990, Part X // Intermediary for contributions or other assets not included 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.       Additions during the year       Intermediation answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Intervest (0) Prior year (C) Two years back (d) Three years back (e) Four years back.       (e) Four years back (e) Fou	5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simila	r assets				
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 arrangement in Part XIII and complete the following table:         c       Beginning balance         d Additions during the year       10         a 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       11       11         Part V       Endowment Funds. Completer if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b Contributions       244, 805, 2										No
1a       is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X	Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes" or	n Form 990	, Part IV,	line 9, or		
on Form \$90, Part X7		reported an amount on Form 990, Pa	rt X, line 21.							
b       If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>t</li> <li>d</li> </ul> 0         bittributions during the year         1d         1d         1d           1         d         d         d         d         d           1         f         Ending balance         1f         1d         1d         1d           2         Distributions during the year         1d         1d         1d         1d         1d           2         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liabity?         INo         D         D           D         If "Yes" explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII         Provide the explainted arrangement in Part XIII Check here if the explanation has been provided on Part XIII         D         D         C         244, 805.         244, 805.         244, 805.         244, 805.         244, 805.         244, 805.         244, 805.         244, 805.         244, 805.         244, 805.         244, 805.         244, 805.         244, 805.	1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other assets not	included		_		_
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation naws been provided on Part XIII.       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Administrative expenditures for facilities       (a) 444, 805.       244, 805.       244, 805.       244, 805.       244, 805.       244, 805.       244, 805							L	Yes		No
c       Beginning balance       1c         d       Additions during the year       1c         f       Ending balance       1f         Distributions during the year       1c         f       Ending balance       1f         2a       Distributions during the year       1c         f       Ending balance       1f         2a       Distributions during the year       1c         e       Distributions during the year       1e         e       Distributions       1c       1c         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       1c         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       244, 805.	b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
d Additions during the year       Id         e Distributions during the year       Id         12 Ending balance       If         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back.       (d) Three years back.       (e) Four years back.         1a Octations       (a) Current year       (b) Prior year       (c) Two years back.       (d) Three years back.       (e) Four years back.         1a Grants or scholarships       (a) S22.       953.       244,805. <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Amount</td><td></td><td></td></t<>								Amount		
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: State										
Image: tending balance       If         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         Det I* Yes* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back.       (d) Four years back.       (e) Four years back.       (e) Two years back.       (e) Four years back.       (e) Four years back.       (e) Four years back.       (e) Two years back.       (e) Four years back.       (e										
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       244, 805.	е					1e				
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 900, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior years       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior years       (c) Two years back       (d) Three years back       (e) Four years back         1b       Contributions       244,805.       244,805.       244,805.       244,303.         1c       Net investment earnings, gains, and losses       8,352.       953.       293.       342.       7,213.         1a       Administrative expenditives for facilities       and programs       1       and programs       1       1         1       Administrative expenses       244,805.       244,805.       244,805.       244,805.       244,805.         2       Provide the estimated percentage of the current year enbalance (line 1g, column (a)) held as:       about the organization       %         5       The porearity restricted endowment ▶	f							_		
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back       (f) Three years back       (f) Four years back       (f) Fouryears back       (f) Four years b		-				• • • • • • • • • • • • • • • • • • • •	∟	Yes		No
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       244,805.		If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Part XIII					
1a       Beginning of year balance       244,805. <td>Par</td> <td><b>Endowment Funds.</b> Complete i</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Par	<b>Endowment Funds.</b> Complete i								
b       Contributions       0       0       0         c       Net investment earnings, gains, and losses       0,352.953.293.342.7,625.       342.7,625.         d       Grants or scholarships       8,352.953.293.342.7,213.       342.7,213.         e       Other expenditures for facilities       8,352.953.243.342.7,213.       342.7,213.         e       Administrative expenditures for facilities       342.7,213.       144.805.244.805.244.805.244.805.244.805.244.805.244.805.       244.805.244.805.244.805.244.805.244.805.244.805.244.805.244.805.         g       End of year balance								(e) Four		
c       Net investment earnings, gains, and losses       8,352.       953.       293.       342.       7,625.         d       Grants or scholarships       8,352.       953.       293.       342.       7,23.         e       Other expenditures for facilities and programs       1       Administrative expenses       1       1         f       Administrative expenses       244,805.       244,805.       244,805.       244,805.       244,805.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       a       a         a       Board designated or quasi-endowment ▶	1a		244,805.	244,805.	244,805.	2	44,805.		244,	393.
d Grants or scholarships       8,352.       953.       293.       342.       7,213.         e Other expenditures for facilities and programs       1<	b		0.350	052	202		240			605
Charles of solutions for facilities     and programs     f Administrative expenses     g End of year balance     244,805. 244,805. 244,805. 244,805. 244,805. 244,805. 244,805. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:     Board designated or quasi-endowment ▶%     Permanent endowment ▶%     The percentages on lines 2a, 2b, and 2c should equal 100%. 3 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 organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.      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     (b) Cost or other     (c) Accumulated     (d) Book value     depreciation     (d) Book value     depreciation     (c) Accumulated     depreciation     (c) Accumulated     depreciation     (d) Book value     depreciation     (c) Accumulated     depreciation     (c) Accumulated     depreciation     (c) Accumulated     depreciation     (d) Book value     depreciation     (c) Accumulated     (d) Book value     (d) Book value	С			-	-					
and programs		-	8,352.	953.	293.		342.		7,	213.
f       Administrative expenses       244,805.	е									
g End of year balance       244,805.<										
2       Provide the estimated percentage of the current year end balance (line 1g, column (ai)) 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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations listed as required on Schedule R?</li> <li>4</li> <li>Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <li>Part VI Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value depreciation</li> <li>(d) Book value depreciation</li> <li>(d) Book value depreciation</li> <li>(d) Book value depreciation</li>	f		044.005	0.4.4 0.05	044.005		44 005		0.4.4	0.0.5
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: <ul> <li>(i) unrelated organizations%</li> <li>(ii) related organizations%</li> <li>(ii) related organizations%</li> <li>b If "Yes" on line 3a(ii), are the related organization's endowment funds.</li> </ul> <ul> <li>Yes in Complete in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property (a) Cost or other basis (investment) basis (other) depreciation</li> <li>a Land</li></ul>	g		· · · · ·	,	,	2	44,805.		244,	805.
b       Permanent endowment ▶       100.00       %         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	2		rent year end balance		)) held as:					
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:	a	<b>e</b> 1 ,		_%						
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 b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)										
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) unrelated organizations       3a(i)       X         (ii) related organizations       3a(ii)       X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         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.       (d) Book value         1a Land       basis (investment)       basis (other)       (d) Book value         b Buildings       c Leasehold improvements	с									
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 XII 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. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. In Land b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0 Context Column (d) must equal Form 990, Part X, column (B), line 10c.) 0 Context Column (d) must equal Form 990, Part X, column (B), line 10c.)	_									
(i)       unrelated organizations       3a(i)       X         (ii)       related organizations       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3c         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3c       3c       3c         Part VI       Land, Buildings, and Equipment.       3c       3c       3c       3c         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value       4c         Description of property       (a) Cost or other basis (other)       (b) Cost or other depreciation       (c) Accumulated depreciation         1a       Land       1a       Land       1a       1a       Land       1a         b       Buildings       1a       Land       1a       1a       Land       1a       1a <t< td=""><td>За</td><td></td><td>ssion of the organizat</td><td>tion that are held ar</td><td>nd administered for t</td><td>he organiza</td><td>ation</td><td>Г</td><td></td><td></td></t<>	За		ssion of the organizat	tion that are held ar	nd administered for t	he organiza	ation	Г		
(ii) related organizations       3a(ii)       X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         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.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land		-							Yes	
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         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       1a       Land       1a		<b>/ · · · · · · · · · · · · · · · · · · ·</b>								
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       (d) Book value         c Leasehold improvements       (d) Equipment         e Other       (d) How the equal Form 990, Part X, column (B), line 10c.)		•								
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       (d) Book value         1a       Land	b							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)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	4 Par			vment funds.						
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land	1 41			Part IV line 11a S	ee Form 990 Part X	line 10				
Image: Second							d l		c volu	
1a Land		Description of property		• • •			,u	( <b>u</b> ) 500r	valu	e
b Buildings	1a	land	· · · · ·	,						
c       Leasehold improvements										
d Equipment										
e Other										
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)										
				( column (R) line 1	0c)					0.
			guari onn 000, i all 7		<u></u>		Schedule	D (Form	990)	-

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(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, (c) Method of valuation	n: Cost or end-of-year market value
Financial derivatives	.,		,
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 000 Dart IV line	11a Saa Farm 000 Dart V	ing 12
(a) Description of investment	(b) Book value		n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	an Farma 000 Dart IV line	11d Cas Faire 000 Dart V	ine 15
Complete if the organization answered "Yes" of		TTU. See FUITT 990, Part X,	
[ (c)	Description		(h) Rook value
	Description		(b) Book value
(1)	Description		(b) Book value
(1) (2)	Description		(b) Book value
(1) (2) (3)	Description		(b) Book value
(1) (2) (3) (4)	Description		(b) Book value
(1) (2) (3) (4) (5)	Description		(b) Book value
(1) (2) (3) (4) (5) (6)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Description		(b) Book value
(1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)	Description		(b) Book value
(1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.			
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of		11e or 11f. See Form 990, F	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.			
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, F	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability		11e or 11f. See Form 990, F	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, F	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)		11e or 11f. See Form 990, F	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)		11e or 11f. See Form 990, F	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4)		11e or 11f. See Form 990, F	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, F	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, F	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, F	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [

Schedule D (Form 990) 2018

832053 10-29-18

Sche	dule D (Form 990) 2018 COLUMBIA FOUNDATION		54-1031403 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, 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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	)	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li		
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	
а	Donated services and use of facilities	<u>2</u> a	
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		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	<u>8.</u> )	
Pa	rt XIII Supplemental Information.		

Provide 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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

## SCHEDULE D, PART V, LINE 4

THERE ARE FOUR ENDOWMENT FUND PURPOSES AS FOLLOWS:

THE CAPITAL ACCOUNT FUND CONSISTS OF DONATIONS GIVEN TO BUILD A CAPITAL BASE FOR THE FOUNDATION. EARNINGS ARE FOR GENERAL OPERATING PURPOSES. THE

KING SCHOLARSHIP FUND WAS ESTABLISHED BY AN ANONYMOUS GIFT AND SUBSEQUENT

DONATIONS. THE EARNINGS ARE TO BE USED FOR THE COLUMBIA BAPTIST CHURCH'S

DAYCARE PROGRAM. THE UBIQUITOUS FUND WAS ESTABLISHED BY AN ANONYMOUS GIFT.

EARNINGS ARE FOR GENERAL OPERATING PURPOSES. THE EDUCATION FUND WAS

ESTABLISHED VIA GIFT OF A MARATHON OIL COMPANY BOND, WHICH MATURED IN 1994

AND ROLLED OVER INTO THE FOUNDATION'S INVESTMENTS. ALLOCABLE EARNINGS ARE

24

TO BE USED FOR THE STUDENT LOAN FUND.

832054 10-29-18

Part All Supplemental Information (continued)	
	Schedule D (Form 990) 2018

832055 10-29-18

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SCHEDULE I (Form 990)	Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Uni	ted States		OMB No. 1545-0047
Department of the Treasury			Attach to For				Open to Public
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization COLUMBIA	FOUNDATIO	N					Employer identification number $54 - 1031403$
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	l States.			
Part II Grants and Other Assistance to	-				anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
recipient that received more than					(f) Method of	T	1
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
VIRGINIA HOSPITAL CENTER MEDICAL BRIGADE INC - 115 GRESHAM PLACE - FALLS CHURCH, VA 22046	37-1659721	E01/(C)/(2)	5,250.	0.			MISSION TRIP SUPPORT
FALLS CHURCH, VA 22046	37-1059721	501(C)(3)	5,250.	0.			MISSION TRIP SUPPORT
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>			l e line 1 table				│ 

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

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUITION GRANTS	5	16,682.	0.		
SOCIAL NEEDS GRANTS	6	5,870.	0.		
MISSION TRIP GRANTS	4	14,350.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS TO INDIVIDUALS ARE MADE TO LOCAL ORGANIZATIONS ON BEHALF OF SPECIFIC

INDIVIDUALS. SOCIAL NEEDS GRANTS ARE MADE TO INDIVIDUALS WHO SHOW A BASIC

NEED AND LIVE IN THE LOCAL AREA. THE FUNDS ARE THEREFORE USED IN THE U.S.

MISSION GRANTS ARE MADE TO LOCAL PARISHONERS FOR SHORT TRIPS, SOMETIMES

ABROAD, TO HELP OTHERS WITH BASIC NECESSETIES SUCH AS BUILDING HOMES.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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.



Employer identification number 54 - 1031403

COLUMBIA FOUNDATION

FORM 990, PART VI, SECTION B, LINE 11B:

**REVIEW OF FORM 990** 

THE FORM 990 IS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTANT, AND REVIEWED BY THE FOUNDATION'S TREASURER. AFTER THIS REVIEW, THE FORM IS PROVIDED TO THE FULL BOARD PRIOR TO FILING WITH THE IRS. THESE VARIOUS LEVELS OF REVIEW ENSURE THE INFORMATION FILED IS COMPLETE, ACCURATE AND IN COMPLIANCE WITH REGULATIONS.

FORM 990, PART VI, SECTION B, LINE 12C:

MONITORING CONFLICT OF INTEREST POLICY

EACH OFFICER AND DIRECTOR IS REQUIRED TO REVIEW A COPY OF THE CONFLICT OF INTEREST POLICY AND TO ACKNOWLEDGE THAT HE OR SHE HAS DONE SO. EACH PERSON ANNUALLY DISCLOSES ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES TO WHICH HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT. FOLLOWING FULL DISCLOSURE OF A POSSIBLE CONFLICT OF INTEREST, THE BOARD OF DIRECTORS DETERMINES WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS AND, IF SO, VOTES TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT TO PROTECT THE FOUNDATION'S BEST INTERESTS. THIS POLICY IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS. ANY CHANGES TO THE POLICY ARE COMMUNICATED IMMEDIATELY TO ALL PERSONS SUBJECT TO IT.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS AVAILABLE TO THE PUBLIC

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE AVAILABLE TO THE GENERAL PUBLIC UPON REASONBABLE REQUEST.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2018)83221110-10-18

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(Form 990)

SCHEDULE R

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

#### Department of the Treasury Internal Revenue Service Name of the organization

#### COLUMBIA FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>3)</b> i12(b)(13) olled ity?
				501(c)(3))		Yes	No
COLUMBIA BAPTIST CHURCH - 54-0544701							
103 WEST COLUMBIA STREET							
FALLS CHURCH, VA 22046	сниксн	VIRGINIA	501(C)(3) LINE 1		N/A		Х
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

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Employer identification number 54 - 1031403

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Part III 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	)	(k)
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)	inant income Share of total d, unrelated, income from tax under	I Share of end-of-year assets	alloca	ortionate ations?	amount in box 20 of Schedule	Gene mana partr	ging her?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	-											
	1											
	1											

Part IV 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 treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	contr	<b>i)</b> b)(13) rolled tity?
		country)				400010		Yes	No

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

<pre>x year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity r capital contribution to related organization(s) r capital contribution from related organization(s) n guarantees to or for related organization(s) n guarantees by related organization(s) m related organization(s)</pre>	<u>1b</u> <u>1c</u> <u>1d</u>	X	X X
r capital contribution to related organization(s) r capital contribution from related organization(s) n guarantees to or for related organization(s) n guarantees by related organization(s)	<u>1b</u> <u>1c</u> <u>1d</u>	X	
r capital contribution to related organization(s) r capital contribution from related organization(s) n guarantees to or for related organization(s) n guarantees by related organization(s)	<u>1b</u> <u>1c</u> <u>1d</u>	X	v
r capital contribution from related organization(s) n guarantees to or for related organization(s) n guarantees by related organization(s)	1c 1d		v
n guarantees to or for related organization(s) n guarantees by related organization(s)	1d		Δ
n guarantees by related organization(s)			Х
m related organization(s)			Х
m related organization(s)			
	1f		Х
s to related organization(s)			Х
assets from related organization(s)			Х
assets with related organization(s)			Х
lities, equipment, or other assets to related organization(s)			Х
lities, equipment, or other assets from related organization(s)	1k		Х
of services or membership or fundraising solicitations for related organization(s)			Х
of services or membership or fundraising solicitations by related organization(s)			Х
cilities, equipment, mailing lists, or other assets with related organization(s)			Х
aid employees with related organization(s)			Х
ent paid to related organization(s) for expenses	1p		Х
ent paid by related organization(s) for expenses	1q		Х
r of cash or property to related organization(s)	1r		Х
a or outer or property to relation organization of	1s		Х
16	er of cash or property to related organization(s)	nent paid by related organization(s) for expenses       1q         er of cash or property to related organization(s)       1r	Iq         er of cash or property to related organization(s)

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) NO TRANSACTION REQUIRED TO BE DISCLOSED		0.	
(2)			
<u>(3)</u>			
(4)			
<u>(5)</u>			
<u>(6)</u>			

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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 revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(	e)	(f)	(g)	(۲	ı)	(i)	(j	)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gener	al or F	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501( org	c)(3) s.?	total	end-of-year	allocat	ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partn	er?	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
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Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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