

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.



B Check production CName of organization D Employer identification number Production COLUMBIA FOUNDATION 54-1031403 Doing business as 54-1031403 Doing business as 54-1031403 Diverse in the province country, and ZP or foreign postal code 6 coss receips 8 8, 572. Prained FALLS CHURCH, VA 22046 G coss receips 8 8, 572. Prained FALLS CHURCH, VA 22046 H(a) Is this a group return for subordinates? Yee X No Prained Form and address of principal officer. RICHARD STEPHENSON stream at the province country, and ZP or foreign postal code G coss receips 8 8, 572. Method Status: N/A K Form or organizator. X Soft(s) (3) 501(c) (((Insert no.) 4947(a)(1) or 527 If the device the organizator's mission or most significant activities: TO PROVIDE ASSISTANCE TO THOSE 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE ASSISTANCE TO THOSE 1 Soft describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part V, line 1a) 4 11 1 Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 0 3	AF	or the	2019 calendar year, or tax year beginning and	ending		
COLUMBIA FOUNDATION 54-1031403 Durbage 54-1031403 Number and street (uP.0. but it mail is not delivered to street address) Room/suite Team To STEET Other and street (uP.0. but it mail is not delivered to street address) Room/suite Team To a Casa - 5274 City or town, state or province, country, and 2IP or foreign postal code G Oras receipts 3 8, 572. FALLS CHURCH, VA 22046 H(a) Is this a group return for subordinates? Ves X No SAME AS C ABOVE H(b) Are all subordinates? Ves X No No I Taxeewempt status: X [501(c)(3) 501(c)() < (insert no.)	B c	heck if pplicable	C Name of organization		D Employer identified	cation number
Doing business as 54-1031403 Within Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 103 WEST COLUMBIA STREET Room/suite E Telephone number Amended FALLS CHURCH, VA 22046 G @xes necepts 8 8,572. Finance FALLS CHURCH, VA 22046 G @xes necepts 8 8,572. I Tax exempt status: IS 01(c)(3) 501(c)() (insert no) 4947(a)(1) or 527 J Website: N/A Sol1(c)(3) 501(c)() (insert no) 4947(a)(1) or 527 J Briefly describe the organization's mission or most significant activities: TO PROVIDE ASSISTANCE TO THOSE Nomber IP A K room of organization: If the organization discontinued its operations or disposed of more than 25% of its net assets. 1 1 Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 1 2 Check this box ▶ If the organization (D, line 12) 1 4 4 Number of volting members of the governing body (Part V, line 1a) 1 1 1 4 Number of nuburdes reserevue (Part VII, line 1a) 1			COLUMBIA FOUNDATION			
Image: Problem Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Instruction 10.3 WEST COLUMBIA STREET TO 3-623-5274 Instruction Fixed or province, country, and 2IP or foreign postal code Gross recents & 8,572. Fixed or province, country, and 2IP or foreign postal code Fixed or province, country, and 2IP or foreign postal code Fixed or province, country, and 2IP or foreign postal code Fixed or province, country, and 2IP or foreign postal code Fixed or province, country, and 2IP or foreign postal code Fixed or province, country, and 2IP or foreign postal code Fixed or province, country, and 2IP or foreign postal code Fixed or province, country, and 2IP or foreign postal code Fixed or province, country, and 2IP or foreign postal code Fixed or province, country, and 2IP or foreign postal code Fixed or province, country, and 2IP or foreign postal code Fixed or province, country, and 2IP or foreign postal code J Briefy describe the organization: [X Corporation in Trust Association Other L year of former than 25% of fix net assets. No A Number of individuals employed in calendar year 2019 (Part VI, line 1a) Image: solution or form Post VII, column (A), line 1a A Number of individuals employed in calendar year 2019 (Part VI, line 1a) Image: solution or form Post VIII, column (A), line 32 A turnela		Name			54-10314	03
Image: Second Secon		Initial	<u> </u>	Room/suite		
Bit Process City or town, state or province, country, and ZIP or foreign postal code G. crossreepois \$ 8, 572. FALLS CHURCH, VA 22046 FalLS CHURCH, VA 22046 Hai is this a group return SAME AS C ABOVE Hai is this a group return for subordinates 0. 1 Tax-exempt status: X otic)(3) 501(c)() < (insertino.)						
Image: Contributions and grants (Part VIII, Source for Part VIII, Source for P		termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,572.
Provide AS C ABOVE H(b) Are all subordinates included? Yes No I markeempt status: X 501(c)(3 501(c) ((insert no.) 4947(a)(1) or 527 MIC and a list. (see instructions) Motion and constructions) X Form of organization; X Corporation Trust Association Other L Year of formation: 1976 M State of legal domicile; VA Part I Summary I Briefly describe the organization's mission or most significant activities: TO PROVIDE ASSISTANCE TO THOSE IN SOCIAL NEED. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part V, line 1a) 3 11 4 Number of independent voting members of the governing body (Part V, line 2a) 5 00 6 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 00 6 Total number of outil cessary 7b 0. Prior Year 8 Contributions and grants (Part VIII, column Form 990-T, line 39 9 Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 1.3) 14, 791. 14 Benefits paid to or for members (Part IX, column (A), li			FALLS CHURCH, VA 22040		H(a) Is this a group re	eturn
SAME AS C ABOVE I Taxexempt status: \$\overline{A}\$ (b)(3) \$\overline{D}\$ (c) \$\coverline{A}\$ (insert no.) \$\overline{A}\$ 4947(a)(1) or \$\overline{D}\$ ZZT I Website> N/A If No, "attach a list. (see instructions) I Website> N/A If Organization: X Form of organization: \$\overline{A}\$ (c) (c)		ltion			for subordinates	? Yes 🔀 No
J Website: ▶ N/A H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other ▶ L year of formation: 1976 M State of legal domicile: VA Part II Summary L year of formation: 1976 M State of legal domicile: VA I Briefly describe the organization's mission or most significant activities: TO PROVIDE ASSISTANCE TO THOSE I Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 11 3 Number of voting members of the governing body (Part VI, line 1a) 4 11 14 4 Number of individuals employed in calendar year 2019 (Part VI, line 2a) 5 0 0 11 5 Total number of volunteers (estimate if necessary) 6 11 7a 17a 17a 17a 10, line 39 7b 0. 0 0 0 0 1 1791. 2, 561. 11 1791. 2, 561. 11 1791. 2, 561. 11 1791. 2, 561. 11 110 10 10 10. 0		·	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 1976 M State of legal domicile: VA Part I Summary In Briefly describe the organization's mission or most significant activities: TO PROVIDE ASSISTANCE TO THOSE IN SOCIAL NEED. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 11 4 Number of undependent voting members of the governing body (Part VI, line 1a) 3 11 5 Total number of individuals employed in calendar year 2019 (Part VI, line 2a) 6 111 5 Total number of volunteers (estimate if necessary) 6 111 7a Total number of volunteers (estimate if necessary) 6 111 7a Total number of volunteers (estimate if necessary) 6 0 0 9 Porgram service revenue (Part VIII, line 1h) 9, 355. 6, 011. 0 0 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 1, 791. 2, 561. 1 11 Other revenue (Part VIII, column (A), lines 1.3) 42, 152. 43, 138. 42, 152. 43, 138.	11	ax-exe	empt status: 🚺 501(c)(3) 🔄 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. (see instructions)
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19 Revenue less expenses. Subtract line 18 from line 12 -35,055. -38,433. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,444,592. 1,569,906. 21 Total liabilities (Part X, line 26) 0. 0. 22 Net assets or fund balances. Subtract line 21 from line 20 1,444,592. 1,569,906.	ш					
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,444,592. 1,569,906. 21 Total liabilities (Part X, line 26) 0. 0. 22 Net assets or fund balances. Subtract line 21 from line 20 1,444,592. 1,569,906.						1
20 Total assets (Part X, line 16) 1,444,592. 1,569,906. 21 Total liabilities (Part X, line 26) 0. 0. 22 Net assets or fund balances. Subtract line 21 from line 20 1,444,592. 1,569,906.			Revenue less expenses. Subtract line 18 from line 12			
22 Net assets or fund balances. Subtract line 21 from line 20	S OF					
22 Net assets or fund balances. Subtract line 21 from line 20	Sset	20				•
	et A				* *	•••
		1 22 art II	Net assets or fund balances. Subtract line 21 from line 20		1,444,394.	T,203,300.

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	Signature of officer		Date								
Here	LAWRENCE PEACOCK, TRE	ASURER									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date Check PTIN								
Paid	ROBERT EBY, CPA	obert 1. Cons	4/7/20 self-employed P01682202	2							
Preparer	Firm's name 🕒 ARONSON LLC		Firm's EIN ▶ 37-1611326								
Use Only	Firm's address 🕨 111 ROCKVILLE P	IKE, SUITE 600									
	ROCKVILLE, MD 2	0850	Phone no. 301-231-6200								
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)										
932001 01-2	932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)										

	1 990 (2019) COLUMBIA FOUNDATION	54-1031403	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	[]
•	TO PROVIDE ASSISTANCE TO THOSE IN SOCIAL NEED.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		hd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$10,250. including grants of \$10,250.) (Reven)
	STUDENT AND MISSION SUPPORT: THE FOUNDATION SUPPORTS CEN		
	THEOLOGICAL STUDIES AND THEIR MISSIONS FROM TIME TO TIME	•	
	2, 105		
4b	(Code:) (Expenses \$3,195. including grants of \$3,195.) (Rever	iue\$)
	ASSISTANCE WITH COLLEGE EXPENSES - TUITION, BOOKS AND HO	USING EXPENS	ES
	FOR STUDENTS APPROVED BY THE BOARD OF DIRECTORS.		
4c	(Code:) (Expenses \$ 29,693. including grants of \$ 29,693.) (Reven)
	FOOD, HOUSING AND OTHER ASSISTANCE:	ue)
	MISCELLANEOUS GRANTS TO BENEFIT AN AREA FOOD BANK AND IN	DIVIDUALS.	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 43,138.	^	00
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 Form 990 (2019)
 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	4	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	- °		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in 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, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
~	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
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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 COLUMBIA
 FOUNDATION

 Part 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	22	х	
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	21	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>л</u>
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	0		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35a	Part V, line 1	35a		x
	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?			
	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	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. u	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	4				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		L			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l			
	any contributions that were not tax deductible as 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).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l			
	to file Form 8282?	7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		x			
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
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					
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 have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
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:						
	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 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
10-	amounts due or received from them.)	40-					
-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-					
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>					
_ h	Note: See the instructions for additional information the organization must report on Schedule O.						
a	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						
	Enter the amount of reserves on hand	14-		X			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x			
	excess parachute payment(s) during the year?	15					
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		x			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16					
	If "Yes," complete Form 4720, Schedule O.						

Form **990** (2019)

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COLUMBIA FOUNDATION

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 1:			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other			
	officer, director, trustee, or key employee?		2		х
3	Did the organization delegate control over management duties customarily performed by or under the				
			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form S		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint one or			
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or			
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
_	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, affiliates,			
			10b	77	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		10-	х	
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	~	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>	,	12c	x	
13	in Schedule O how this was done		13	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?		13	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by independent	14		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
я	The organization's CEO, Executive Director, or top management official		15a		х
	Other officers or key employees of the organization		15b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a			
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright VA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section 501(c)(3)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
		n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, ar	d financ	cial	
	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 boot I AND FINCE DEACOCK = 703-623-5274	oks and records			
	LAWRENCE PEACOCK - 703-623-5274 5900 6TH ST, FALLS CHURCH, VA 22041				
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2019.03031 COLUMBIA FOUNDATION

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(2)	SCOTT FLANDERS	1.00			r - 1			
VICE	PRESIDENT		Х	K	X		0.	0.
(3)	LAWRENCE PEACOCK	3.00						

		-	1 -=	0	\simeq	T e	<u> </u>			
(1) RICHARD STEPHENSON	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) SCOTT FLANDERS	1.00			r						
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.
		<u> </u>								
		1								
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				7	/					

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.

(C)

Position

(do not check more than one

box, unless person is both an

officer and a director/trustee)

ghest compensated

ley employee

(D)

Reportable

compensation

from

the

organization

(W-2/1099-MISC)

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.

See instructions for the order in which to list the persons above.

(A)

Name and title

Employees, and Independent Contractors

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

director

dividual trustee or stitutional trustee

(B)

Average

hours per

week

(list any

hours for

related

organizations

below

line)

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.

Form 990 (2019) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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

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(E)

Reportable

compensation

from related

organizations

(W-2/1099-MISC)

(F)

Estimated

amount of

other

compensation

from the

organization

and related

organizations

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Part VIII Section A. Officers, Directors, Truetees, Key Employees, and Highest Compensated Employees : continued. Name and titis Average wave, intervention of the section of the se		990 (2019) COLUMBIA	FOUNDAT	'IO	N						54-10	314	103	Pa	age 8
Name and tile Average hverk (list and burne for mature burne for mature burne for mature burne for mature burne b	Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	ploye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
In the organization list any former officer, director, trustee, key employee, or highest compensation from the organization Inter 1 are 1 ar			Average hours per week (list any hours for	box, offic	not c unle: cer ar	Pos heck i ss per	ition more rson is irecto	than c s both r/trust	an	Reportable compensation from the organization	Reportable compensatior from related organizations	;	an com fr	timate nount o other pensa om the	of tion e
c Total from continuation sheets to Part VII, Section A ▶ 0.<			below	Individual trus	Institutional tri	Officer	Key employee	Highest compe employee	Former						
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		Subtotal			Ľ					0		0			0
compensation from the organization 0 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X 5 Section B. Independent Contractors 6 (C) 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (A) (B) (C) Compensation Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	с	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such individual 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. C (A) NONE Description of services Complete Schedule J for such adves C 1 Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limit	2		ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			Voc	-
 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>	3											[3	163	
rendered to the organization? /f "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) Name and business address NONE Description of services Compensation Image: Complete the calendar year ending with or within the organization's tax year. Image: Compensation Image: Compensation Image: Compensation for the calendar year ending with or within the organization of services Image: Compensation Image: Compensation Image: Compensation for the calendar year ending with or within the organization of services Image: Compensation Image: Compensation Image: Compensation for the calendar year ending with or within the organization of services Image: Compensation Image: Compensation Image: Compensation for the calendar year ending with or within the organization of services Image: Compensation Image: Compensation Image: Compensation for the calendar year ending with or within the organization Image: Compensation Image: Compensation Image: Compensation from the organization Image: Compensation from the organization Image: Compensation Image: Compensation		For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl),000? <i>If</i> "Yes,	e co " co	mpe mple	ensa ete S	tion Sche	and edule	oth J f	er compensation from the form the form the form the formation of the forma	ne organization		4		X
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Compensation of services Image: Compensation of services Compensation Image: Compensation of services Image: Compensation of services Compensation Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation from the organization image: Compensation of services Image: Compensation of services Image: Compensation of services		rendered to the organization? If "Yes," com					-			-			5		X
(A) Name and business address NONE (B) Description of services (C) Compensation Image: Comparison of the service of the	1											ensati	on fro	m	
\$100,000 of compensation from the organization 0	_	(A)								(B)		Сс			า
\$100,000 of compensation from the organization 0	_														
\$100,000 of compensation from the organization 0	+														
\$100,000 of compensation from the organization 0	_														
\$100,000 of compensation from the organization 0															
	2		•	ot lin	niteo	d to t			ted	above) who received mo	ore than		=orm ⁰	9 90 //	2010)

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Fa	rt VII	Check if Schedule O contains a response or no	ote to any line ir	this Part VIII			
				(A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ifts, Grants r Amounts	1a b c d	Membership dues 1b Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	e f g	Government grants (contributions) 1e All other contributions, gifts, grants, and	6,011.			0	
Col	h	Total. Add lines 1a-1f		6,011.			
		Bus	siness Code				
Program Service Revenue	2a b						
m S ven	c d						
gra Re	u e						
Pro	f	All other program service revenue					
	a .	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest, an other similar amounts)	and	2,561.			2,561.
	4	Income from investment of tax-exempt bond proce	eds 🕨 📘				
	5	Royalties	····· •				
		(i) Real (ii)	i) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a		(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
eve		Gain or (loss)					
r Re		Net gain or (loss)	····· •				
Other	8 a	Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See					
	h	Part IV, line 18 8a Less: direct expenses 8b					
		Gross income from gaming activities. See	····· >				
	54	Part IV, line 19					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns	F				
		and allowances					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			siness Code				
snc	11 a						
ine(b						
scellaneo Revenue	с						
Miscellaneous Revenue	d	All other revenue					
2		Total. Add lines 11a-11d	►				
	12	Total revenue. See instructions		8,572.	0.	0.	2,561.
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38331__1

COLUMBIA FOUNDATION

Form 990 (2019)

Form	990	2019)

Form 990 (2019) 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 response or note to any line in this Part IX							
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses				
1 Grants and other assistance to domestic organizations							

	Check if Schedule O contains a respons		his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	37,888.	37,888.		
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				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
	Legal	25.		25.	
	Accounting	2,935.		2,935.	
	Lobbying			-	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	574.		574.	
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 on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	333.		333.	
b					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	47,005.	43,138.	3,867.	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 Fifthere if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2010)

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COLUMBIA FOUNDATION

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here 🕨 🔀

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

of Schedule D

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 54,940. 85,523. 1 Cash - non-interest-bearing 370,559. 362,709. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 1,082,257. 918,510. 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 70,000. 70,000. Investments - program-related. See Part IV, line 11 13 Intangible assets 14 15 Other assets. See Part IV, line 11 1,444,592. 1,569,906. **Total assets.** Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 18 Grants payable 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24

1,569,906. Form 990 (2019)

1,569,906.

801,701.

768,205.

0.

25

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0.

677,352.

767,240.

1,444,592.

1,444,592.

Form 990 (2019) Part X Balance Sheet

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Liabilities

Net Assets or Fund Balances

Assets

Form	990 (2019) COLUMBIA FOUNDATION	54-	1031403	Page 12
	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	,572.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,005.
3	Revenue less expenses. Subtract line 2 from line 1	3		,433.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,592.
5	Net unrealized gains (losses) on investments	5	163	,747.
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 on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
_	column (B))	10	1,569	<u>,906.</u>
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
			``	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	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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,		
	review, or compilation of its financial statements and selection of an independent accountant?			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-		
	Act and OMB Circular A-133?			X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits)90 (2019)
			Eorm	

⊦orm (2019)

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SCHED	ULI	ΕA
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(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.

OMB No. 1545-0047
2019
Open to Public

		of the Treasury nue Service	►		Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Public Inspection
Nam	e of t	the organizati	on						Employer	identification number
				MBIA FOUND						4-1031403
Pa	rt I	Reason	for Public C	Charity Status (All organizations must co	mplete th	is part.) Se	e instructions	S.	
The	organ	ization is not a	private found	ation because it is: (For lines 1 through 12, cl	neck only	one box.)			
1		A church, cor	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	l)(A)(i).	4	
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3					anization described in se					
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
		section 170(I	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 agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10		-		•	than 33 1/3% of its supp				-	
					ct to certain exceptions,					
					(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	Ifter June 30, 1975.
				mplete Part III.)						
11		-	-		ively to test for public sat	•				
12					ively for the benefit of, to					
					ed in section 509(a)(1) o					Check the box in
		-			f supporting organization					
а					upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		-		complete Part IV, Se						
b					l or controlled in connect					
			-		anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	onted
-		¬ ~		t complete Part IV,			tion with a	and functional	l, intograto	
С			-		g organization operated				iy integrate	a with,
لم			-). You must complete I				tad argani-	ration(a)
d					porting organization oper				Ũ	
					zation generally must sat nplete Part IV, Sections				i all allenin	/eness
•		_			written determination from					
е					nally integrated supportin			турет, туре	п, туре п	
f	Ente	er the number of								
				about the supporte	ad organization(s)					
	_	(i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount of	f monetary	(vi) Amount of other
		organization	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instruction
-										
			-							
_										
Tota										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 COLUMBIA FOUNDATION Part II

54-1031403 Page 2

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	17,514.	7,225.	20,766.	9,355.	6,011.	60,871.
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						
4	Total. Add lines 1 through 3	17,514.	7,225.	20,766.	9,355.	6,011.	60,871.
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.						60,871.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	17,514.	7,225.	20,766.	9,355.	6,011.	60,871.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	20,135.	1,248.	962.	1,791.	2,561.	26,697.
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						87,568.
12		etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
	organization, check this box and stop	here		· · · · · · · · · · · · · · · · · · ·	•		
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ine 6, column (f) div	vided by line 11, c	olumn (f))		14	69.51 %
15	Public support percentage from 2018	Schedule A, Part I	II, line 14			15	71.55 %
	a 33 1/3% support test - 2019. If the c					ore, check this box	and
	stop here. The organization qualifies						N V
t	33 1/3% support test - 2018. If the c	organization did no	t check a box on li				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
k	10% -facts-and-circumstances test						
-	more, and if the organization meets th	•					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio		•	-			
				, , ,		edule A (Form 990	or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	in and supplemention 510						
	Tax revenues levied for the organ-						
4	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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2019 (line 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inves	stment Income	Percentage			· · · ·	
17	Investment income percentage for 20	0 19 (line 10c, colur	nn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	tion	▶□
k	33 1/3% support tests - 2018. If the	organization did n	ot check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions	
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Schedule A (Form 990 or 990 EZ) 2019 COLUMBIA FOUNDATION

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3a

Yes No

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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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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3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2019

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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		
	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	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
•				
	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. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	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.	<i>acaons</i>)	Yes	No
_ a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
Ľ	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			
		2b		
2	activities but for the organization's involvement.	ZIJ		
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	0-		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	0 =	0040
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Part V	Type III Non-Function	onally Integrate	ed 509(a)(3) Supporti	ing Organizations
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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.

Sect	ion 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		
6	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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	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		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
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		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 COLUMBIA FOUNDATION

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions		· · · · ·	Current Year
1	Amour	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amour	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organiz	zations, in excess of income from activity			
3	Admini	istrative expenses paid to accomplish exempt purpose	s of supported organizations	8	
4	Amour	nts paid to acquire exempt-use assets			
5	Qualifie	ed set-aside amounts (prior IRS approval required)			
6	Other of	distributions (describe in Part VI). See instructions.			
7	Total a	annual distributions. Add lines 1 through 6.			
8	Distrib	utions to attentive supported organizations to which th	e organization is responsive		
	(provid	le details in Part VI). See instructions.			
9	Distrib	utable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Section	on E - I	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	utable amount for 2019 from Section C, line 6			
		distributions, if any, for years prior to 2019 (reason-			
		ause required- explain in Part VI). See instructions.			
3		s distributions carryover, if any, to 2019			
	From 2				
	From 2				
	From 2				
	From 2				
	From 2				
		of lines 3a through e			
		d to underdistributions of prior years			
		d to 2019 distributable amount			
		ver from 2014 not applied (see instructions)			
j		nder. Subtract lines 3g, 3h, and 3i from 3f.			
4		utions for 2019 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applied	d to 2019 distributable amount			
с	Remair	nder. Subtract lines 4a and 4b from 4.			
5	Remair	ning underdistributions for years prior to 2019, if			
	any. Si	ubtract lines 3g and 4a from line 2. For result greater			
		ero, explain in Part VI. See instructions.			
6	Remair	ning underdistributions for 2019. Subtract lines 3h			
	and 4b	from line 1. For result greater than zero, explain in			
	Part V	I. See instructions.			
7	Exces	s distributions carryover to 2020. Add lines 3j			
	and 4c				
8	Breakc	down of line 7:			
_		s from 2015			
b	Excess	s from 2016			
		s from 2017			
_		s from 2018			
е	Excess	s from 2019			
				Schedule A	(Form 990 or 990-EZ) 20

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Schedule A (Form 990 or 990-EZ) 2019 COLUMBIA FOUNDATION

(See instructions.)	
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SCHEDULE D)
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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.



Department of the Treasury Internal Revenue Service

Nome	of the	organization
Name	or the	organization

Employer identification number 54 - 1031403

	COLUMBIA FOUNDATION	1		54-1031403
Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(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 v	vriting that the assets held in donor adv	ised fund	s
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can b	e used or	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	e conferri	ng
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education)	of a histo	rically important land area
	Protection of natural habitat	Preservation	of a certif	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form	n of a cor	servation 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				2b
С	Number of conservation easements on a certified historic stru	icture included in (a)		2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	ne organiz	zation during the tax
	year			
4	Number of states where property subject to conservation eas		_	
5	Does the organization have a written policy regarding the peri		f	
-	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation	h easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing concern	intian and	emente duving the year
7	Amount of expenses incurred in monitoring, inspecting, nand	ling of violations, and enforcing conserv	ation eas	ements during the year
0	Does each conservation easement reported on line 2(d) above	a action the requirements of acation 17	0/h\///D\/	a
8	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
5	balance sheet, and include, if applicable, the text of the footn			
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or (Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 956	3, not to report in its revenue statement	and bala	nce sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in	furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these ite	ems.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	d balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	therance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
				▶ \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financ	ial gain, p	rovide
	the following amounts required to be reported under FASB As	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
b	Assets included in Form 990, Part X			▶ \$

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Schedule D (Form 990) 2019

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Par	t III Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, or Othe	er Simila	r Assets	contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that make	significant	use of its	•	,	
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange program					
b	Scholarly research	е		Other					4	
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explair	n how th	ey further th	e organization's exe	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or other simila	r assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	e organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or		
1 a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for o	contribution	s or other assets not	included				
	on Form 990, Part X?		-					Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amount	t	
с	Beginning balance					1c				
d	Additions during the year									
е	Distributions during the year									
f	Ending balance					1f		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or cl	istodial account liab	ility?		Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	rm 990, Part IV, line					
		(a) Current year	(b) P	rior year	(c) Two years back		years back	(e) Four		
1a	Beginning of year balance	244,805.		244,805.	244,805.		244,805.		244,	805.
b	Contributions		<u>^</u>							
С	Net investment earnings, gains, and losses	28,424.		8,352.	953.		293.			342.
d	Grants or scholarships	25,212.		8,352.	953.		293.			342.
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	· ·								
g	End of year balance	248,017.		244,805.	,		244,805.		244,	805.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► _100.00	%								
С		%								
	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posses	ssion of the organiza	ition tha	t are held ar	nd administered for t	he organiz	ation	r	,	
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
-	If "Yes" on line 3a(ii), are the related organiza							3b		
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment f	unds.						
Fai										
	Complete if the organization answered						.			
	Description of property	(a) Cost or o basis (investn				Accumulat epreciatior		(d) Bool	< value	е
1a	Land									
b	Buildings									
	Leasehold improvements				1					
	Equipment									
	Other									
-	Add lines 1a through 1e. (Column (d) must e		X colum	nn (B) line 1	0c)					0.
		<u>,</u>	2/9//		,		Schedule	D (Form	1 990)	2019

Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year ma	rket value
1) Financial derivatives	.,		
2) Closely held equity interests			4
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			_
(G)			
(G) (H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" ((a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year ma	rkot valuo
	(W) DOOR VAIUE	(c) we not or valuation. Cost of chu-or-year fila	net value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9)			
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of the organization answere of the organization and the organization and the organization and the organization and the organization answere organization answere organization and the organization and t			
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, lin Description		ook value
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1)			ook value
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)			ook value
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)			ook value
(8) (9) Datal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)			ook value
(8) (9) Dtal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)			ook value
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(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)			ook value
(8) (9) Dtal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)			ook value
(8) (9) Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)			pok value
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(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	(b) Bo	

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

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 COLUMBIA FOUNDATION		54-1031403 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	le per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	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 Sta		ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		
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:		
а	Donated services and use of facilities	<u>2</u> a	
b	Prior year adjustments	<u>2</u> b	
С	Other losses		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
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 X, 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 TO BE USED FOR THE STUDENT LOAN FUND.

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Schedule D (Form 990) 2019

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SCHEDULE (Form 990)	1	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Department of the Internal Revenue			► Go to www.ir	Attach to For s.gov/Form990 for		nation.		Open to Public Inspection	
Name of the	0							Employer identification number 54-1031403	
Part I (General Information on Grants a	FOUNDATIO	N					54-1051405	
1 Does ti criteria 2 Descrit	he organization maintain records used to award the grants or assist the in Part IV the organization's pro-	stance?	oring the use of grant	funds in the United	l States.			X Yes No	
· · · ·	Grants and Other Assistance to recipient that received more than \$	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
	ne and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
BRIGADE IN	IOSPITAL CENTER MEDICAL IC - 115 GRESHAM PLACE - ACH, VA 22046	37-1659721	F01 (G) (2)	5,250.	0.			MISSION TRIP SUPPORT	
3 Enter te	otal number of section 501(c)(3) a otal number of other organization	s listed in the line 1	l table	e line 1 table				1.	

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

Schedule I (Form 990) (2019)

COLUMBIA FOUNDATION

54-1031403

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	(c) 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	9,602.	0.		
SOCIAL NEEDS GRANTS	2	4,984.	0.		
MISSION TRIP GRANTS	1	5,000.	0.		
SENIOR GRANTS	3	4,184.	0.		
COLUMBIA RESIDENCY GRANTS	0	14,118.	0.		
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ad	dditional information.	
PART I, LINE 2:					
GRANTS TO INDIVIDUALS ARE MADE TO	LOCAL ORG	ANIZATIONS	ON BEHALF	OF SPECIFIC	
INDIVIDUALS. SOCIAL NEEDS GRANTS	ARE MADE T	O INDIVIDU	JALS WHO SH	OW A BASIC	
NEED AND LIVE IN THE LOCAL AREA.	THE FUNDS	ARE THEREF	ORE USED I	N 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 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.



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 POSITIONS OR CIRCUMSTANCES TO WHICH ANNUALLY DISCLOSES ANY RELATIONSHIPS, 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.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

28

SCHEDULE R
(Earm 990)

(Form 990)

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.

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

Department of the Treasury Internal Revenue Service Name of the organization

COLUMBIA FOUNDATION

Employer identification number 54-1031403

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

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

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
COLUMBIA BAPTIST CHURCH - 54-0544701							
103 WEST COLUMBIA STREET							
FALLS CHURCH, VA 22046	CHURCH	VIRGINIA	501(C)(3)	LINE 1	N/A		Х

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

Schedule R (Form 990) 2019

OMB No. 1545-0047

2019 Open to Public Inspection

Schedule R (Form 990) 2019 COLUMBIA FOUNDATION

54-1031403 Page 2

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

										(1)	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Genera	or Percentage ownership
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	ations?	20 of Schedule	partne	? ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No		Yes	0
											+

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) Primary activity		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No

COLUMBIA FOUNDATION Schedule R (Form 990) 2019

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No			
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х			
	b Gift, grant, or capital contribution to related organization(s)						
	Gift, grant, or capital contribution from related organization(s)	1c		Х			
	Loans or loan guarantees to or for related organization(s)	1d		Х			
	Loans or loan guarantees by related organization(s)	1e		X			
f	Dividends from related organization(s)	1f		X			
	Sale of assets to related organization(s)	1g		Х			
	Purchase of assets from related organization(s)	1h		X			
i	Exchange of assets with related organization(s)	1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х			
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х			
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х			
o	Sharing of paid employees with related organization(s)	10		X			
р	Reimbursement paid to related organization(s) for expenses	1p		Х			
q	Reimbursement paid by related organization(s) for expenses	1q		X			
	Other transfer of cash or property to related organization(s)	1r		X X			
<u> </u>	s Other transfer of cash or property from related organization(s)						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.						
	(a) (b) (c) (d)						

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NO TRANSACTION REQUIRED TO BE DISCLOSED		0.	
(2)			
(3)			
(4)			
(5)			
(6)			
932163 09-10-19			Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 COLUMBIA FOUNDATION

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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under	(e Are partner 501(d org: Yes	rs sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor tionate allocations Yes No	(j) General managi partner Yes N	(k) or Percentage ownership

Schedule R (Form 990) 2019

COLUMBIA FOUNDATION

Part VII Supplemental Information

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

932165 09-10-19	Schedule R (Form	n 990) 2019

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization	ŀ	OMB No. 1545-1878				
Department of the Treasury	Do not send to the IRS. Keep for your records.	, 20	2019				
Internal Revenue Service Name of exempt organization	Go to www.irs.gov/Form8879EO for the latest information.						
in and of onempt of gamzadon		Employer id	entification number				
COLUMBIA FOUNI	DATION	54-10	31403				
Name and title of officer							
LAWRENCE PEACO TREASURER	OCK						
	Return and Return Information (Whole Dollars Only)						
on line 1a, 2a, 3a, 4a, or 5a	n for which you are using this Form 8879-EO and enter the applicable amount, if any, fm a, below, and the amount on that line for the return being filed with this form was blank, ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicabl	then leave lin	e 1h 2h 3h 4h or 5h				
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	8,572.				
2a Form 990-EZ check he		2b					
3a Form 1120-POL check		3b					
4a Form 990-PF check her	P b rax bacod on investment income (i oni sou-PF, Part Vi, ine 5)	4b					
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)	5b	and the second				
Part II Declarati	on and Signature Authorization of Officer						
the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this refurn, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.							
Officer's PIN: check one b	ox only						
X I authorize ARC	DNSON LLC	to enter my f	PIN 38331				
	ERO firm name	, ,	Enter five numbers, bu do not enter all zeros				
is being filed with	n the organization's tax year 2019 electronically filed return. If I have indicated within th a state agency(ies) regulating charities as part of the IRS Fed/State program, I also auti he return's disclosure consent screen.	is return that horize the afo	a copy of the return				
indicated within t	e organization, I will enter my PIN as my signature on the organization's tax year 2019 entities return that a copy of the return is being filed with a state agency(ies) regulating charing the my PIN on the return's disclosure consent screen.	electronically f ties as part of	iled return. If I have the IRS Fed/State				
Officer's signature ► Date ► Date ► Date ►							
Part III Certificat	ion and Authentication						
ERO's EFIN/PIN. Enter you	r six-digit electronic filing identification						
	our five-digit self-selected PIN. 52981020850 Do not enter all zeros						
I certify that the above nume confirm that I am submitting	eric entry is my PIN, which is my signature on the 2019 electronically filed return for the this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF	organization i	ndicated above. I for Authorized IBS				

e-me riordels for business neturns.	
ERO's signature > Nobert 1. Elas	Date ►4/7/20
ERO Must Retain This Form - Se	ee Instructions
Do Not Submit This Form to the IRS Unles	
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2019
923051 10-03-19	

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