#### PUBLIC INSPECTION COPY

Form **990** 

# 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.

Department of the Treasury Internal Revenue Service  Go to www.irs.gov/Form990 for instructions and the latest in					-		Open to Public Inspection						
			ar year, or tax y			200 101 11134		ending	momation		opecus		
_	heck if		organization		<u> </u>				D Employ	er identific	cation number		
а	oplicable:		· ·										
	Address change	COLU	MBIA FOU	NDATION									
	Name change	Doing bu	ısiness as						54-	10314	03		
	Initial return		and street (or P.			o street addre	ss)	Room/suite		one number			
	Final return/	103	WEST COLU	<u>UMBIA S</u>	TREET				703	8-623-			
	termin- ated Amended		own, state or pro		•	foreign posta	al code		<b>G</b> Gross rec		14,150		
	return Applica-	ГАЦЬ	S CHURCH		2046	CMEDI	TENTOON		H(a) Is this a group return				
	tion pending	F Name and address of principal officer: ATCHARD STEFHENSON							for subordinates? Yes X No				
								1		cluded? Yes No			
		Ipt status: L	<b>A</b> 301(0)(3) [	501(c) (	) (111)	sert no.)	4947(a)(1)	or 527	1		list. See instructions number ▶		
		ganization:	X Corporation	Trust	Associatio	n Oth	ner ►	I Voor			A State of legal domicile: V		
		Summary	22 corporation	Truct	71000014110	,,, <u> </u>	101	<b>L</b> Toal (	or formation.	±370 10	or otate of legal dofficite. Va		
			e the organization	on's mission o	or most signific	cant activities	s: TO P	ROVIDE	ASSIS	TANCE	TO THOSE		
Governance			AL NEED.				<u> </u>						
nar			⟨ ▶ ☐ if the	e organization	n discontinued	its operation	ns or dispos	sed of more	than 25% o	f its net ass	sets.		
ver	<b>3</b> Nu	umber of vot	ing members of	the governing	g body (Part V	I, line 1a)	·			3	10		
Ğ	4 Nu	umber of ind	ependent voting	members of	the governing	body (Part \	VI, line 1b)			4	10		
8 8	4 Number of independent voting members of the governing body (Part VI, line 1b)  5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)  5								(				
vitie	<b>6</b> To	otal number	of volunteers (es	timate if nece	essary)					6	10		
Activities &	<b>7 a</b> To	otal unrelated	d business reven	nue from Part	VIII, column (0	C), line 12				7a	0,		
~	<b>b</b> Ne	et unrelated	business taxable	e income from	Form 990-T.	Dort I line 11	1			7b	0.		
-						raiti, iiie i							
						raiti, iiile i			Prior Y	ear	Current Year		
er	<b>8</b> Co	ontributions	and grants (Part	: VIII, line 1h)					Prior Y	ear ,011.	11,385		
/enne	8 Cc 9 Pr	ontributions rogram servi	and grants (Part ce revenue (Part	: VIII, line 1h) : VIII, line 2g)					Prior Yo	ear 5,011.	11,385		
Revenue	8 Cc 9 Pro 10 Inv	ontributions rogram servions	and grants (Part ce revenue (Part come (Part VIII, c	: VIII, line 1h) : VIII, line 2g) column (A), line	es 3, 4, and 70	d)			Prior Yo	ear 0.011.	11,385. 0. 2,765.		
Revenue	8 Co 9 Pro 10 Inv 11 Ot	ontributions rogram servion vestment ince ther revenue	and grants (Part ce revenue (Part come (Part VIII, c (Part VIII, colum	: VIII, line 1h) : VIII, line 2g) column (A), line nn (A), lines 5,	es 3, 4, and 70 6d, 8c, 9c, 10	d) 0c, and 11e)			Prior Yo	ear 5,011. 0. 2,561.	11,385 0, 2,765		
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Date Print/Type preparer's name Preparer's signature self-employed P01682202 4/12/21 ROBERT EBY, CPA Paid Firm's name ARONSON LLC Firm's EIN > 37-1611326Preparer Firm's address 111 ROCKVILLE PIKE, SUITE 600 Use Only Phone no. 301-231-6200 ROCKVILLE, MD 20850 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  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 prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$16,850.     including grants of \$16,850.     16,850.     ) (Revenue \$
4b	(Code:) (Expenses \$
	CIFA: ASSISTANCE WITH COLLEGE EXPENSES - TUITION, BOOKS AND HOUSING EXPENSES FOR STUDENTS APPROVED BY THE BOARD OF DIRECTORS.
4c	(Code:) (Expenses \$34,724. including grants of \$34,724. ) (Revenue \$
4d	Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )

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### Form 990 (2020) COLUMBIA FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		<del></del>
0	, ,	8		x
0	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?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	·	19		x
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	TOWN THE PLANT OF	20b		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<b>4</b> I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic government on Fartiz, condimition, line 1: IT Yes, complete Schedule I, Parts I and II	41		_ 22

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Form 990 (2020) COLUMBIA FOUNDATION
Part IV Checklist of Required Schedules (continued)

	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
<b>2</b> 40	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		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	244		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
	, ,	25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
26	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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28		21		25
20	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	200		х
<b>L</b>	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		х
00	"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		Α.
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<b>.</b>
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
05 -	Part V, line 1	34	X	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥-:		
200	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?			v
~~	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	0.7		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	y	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	l
. u				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b		-		
С		_		
	(gambling) winnings to prize winners?	1c	990	(0000)
U3300	1 12 23 20	⊢∩rm	ココリ	こっこうこうしい

## Form 990 (2020) COLUMBIA FOUNDATION Part V 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 2a0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
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		
	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		<u> </u>
b	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	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	۱		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
С	to file Form 8282?	7c		х
А	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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?	88		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
а	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:			
	Gross income from members or shareholders 11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	122		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.	iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	_	990	(0000

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	1 1a 1	.0		
	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	1 1b 1	.0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		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 9				Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass				Х
6	Did the organization have members or stockholders?				Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				
	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	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)			
				Yes	No
10a	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	apters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	. 12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe			
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		. 14	X	
15	Did the process for determining compensation of the following persons include a review and approva	I by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	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 arrangen	nent with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
80-	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed VA	1000 T (0	(0)		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	na 990-1 (Section 501(c)	ತ)s only)	availa	elai
	for public inspection. Indicate how you made these available. Check all that apply.				
40		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ntilict of interest policy, a	ınd tınan	cıal	
00	statements available to the public during the tax year.	lan amal na conste			
20	State the name, address, and telephone number of the person who possesses the organization's bool LAWRENCE PEACOCK $-703-623-5274$	oks and records			
	5900 6TH ST, FALLS CHURCH, VA 22041				
	SSOU SILL DI, LANDO CHONCH, VA AAVIL				

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

X Check this box if neither the organia	(B)	(C)						(D)	(E)	(F)	
Name and title	Average		Position					Reportable	Reportable	Estimated	
name and title	hours per		not c	heck i	more	than o		compensation	compensation	amount of	
	week	offi	cer ar	id a d	irecto	r/trus	tee)	from	from related	other	
	(list any	tor						the	organizations	compensation	
	hours for	- direc				- - - - -		organization	(W-2/1099-MISC)	from the	
	related	tee o	ıstee			ensat		(W-2/1099-MISC)		organization	
	organizations	trus	nal tri		oyee	omo.				and related	
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner			organizations	
	line)	Indi	Inst	Officer	Key	High	Former				
(1) RICHARD STEPHENSON	2.00										
PRESIDENT		Х		Х				0.	0.	0.	
(2) SCOTT FLANDERS	1.00										
VICE PRESIDENT		Х		Х				0.	0.	0.	
(3) LAWRENCE PEACOCK	3.00										
TREASURER		Х		Х				0.	0.	0.	
(4) CLARENCE DUKES	1.00										
DIRECTOR		Х						0.	0.	0.	
(5) PEGGY CARLSON	1.00										
DIRECTOR		Х						0.	0.	0.	
(6) ANNE TOMAS	1.00										
SECRETARY		Х		Х				0.	0.	0.	
(7) JEAN EUBANKS	1.00										
DIRECTOR		Х						0.	0.	0.	
(8) SAMMIE BARR	1.00										
DIRECTOR		Х						0.	0.	0.	
(9) JOEL HUTTAR	1.00										
DIRECTOR		Х						0.	0.	0.	
(10) JOHN GUIDI	1.00										
DIRECTOR		Х						0.	0.	0.	
		1									
		$\vdash$	$\vdash$				<del>                                     </del>				
		1									
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	990 (2020) COLUMBIA	FOUNDAT	'IC	N						54-10	314	.03	Pa	age <b>8</b>
Pai	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below	box	, unle	Pos heck ss per	more rson i	Highest compensated than of the particular th	tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organizations (W-2/1099-MIS	l s	Est am comp fro orga and	(F) imate ount o other oensa om the inizati relate	of tion e ion ed
		line)	pul	lns	0#!	Key	Hig	For			$\dashv$			
											_			
											_			
											$\dashv$			
											$\dashv$			
1b	Subtotal								0.		0.			0.
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	A							0.		0.			0.
2	Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable	,			
	compensation from the organization												Yes	0 <b>N</b> o
3	Did the organization list any <b>former</b> officer,	director, truste	ee, k	кеу е	empl	loye	e, or	hig	hest compensated empl	loyee on			100	140
	line 1a? If "Yes," complete Schedule J for so											3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a	ccrue compen	sati	on f	rom	any	unre	elate	ed organization or individ	dual for services				77
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	J fo	or si	ıch <u>ı</u>	oers	on .					5		X
1	Complete this table for your five highest cor										ensati	on fro	m	
	the organization. Report compensation for t (A)	the calendar ye	ear e	endir	ng w	ith c	or wi	thin 	the organization's tax y	ear.		(C)	١	
	Name and business	address	N	ONI	3				Description of s	ervices	Co	mpen		1
_	Table and a second seco				1.4	41.			- I\ I	#				
2	Total number of independent contractors (in \$100,000 of compensation from the organization from the organization)	•	ot lin	nited	o to	thos (	_	ted	above) who received mo	ore than				
	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,									F	orm 9	90 (2	2020)

Form 990 (2020) COLUMBIA FOUNDATION
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
ωs	1:	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
င်္ခ ဗြ		Fundraising events 1c					
ffs,		d Related organizations 1d					
<u> </u>		e Government grants (contributions)					
Sir							
e Hi	'	All other contributions, gifts, grants, and	11 205				
들됨		similar amounts not included above 1f	11,385.				
a d		Noncash contributions included in lines 1a-1f		11 205			
<u>0</u> <u>8</u>		Total. Add lines 1a-1f	<b>.</b>	11,385.			
		•	Business Code				
Se	2 8	·					
ē <u>Š</u>	ŀ	·					
Sen	(	:					
eve	(	d					
Program Service Revenue	•						
ᇫ	1	All other program service revenue					
	9	Total. Add lines 2a-2f	<b>&gt;</b>				
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		2,765.			2,765.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	<b></b>				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	( )				
		Less: cost or other basis					
a	•						
ther Revenue		and sales expenses 7b					
eke		Gain or (loss) 7c					
۳.		Net gain or (loss)	·····				
‡	8 8	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses8b					
		Net income or (loss) from fundraising events	<b>)</b>				
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	<b>)</b>				
	10 a	Gross sales of inventory, less returns					
		and allowances10a					
	ŀ	Less: cost of goods sold 10b					
	(	Net income or (loss) from sales of inventory					
,			Business Code				
ous •	11 a	1					
ane Dug	ŀ						
Miscellaneous Revenue	(						
<u>is</u>	(	All other revenue					
2		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		14,150.	0.	0.	2,765.

032009 12-23-20

### Form 990 (2020) COLUMBIA FOUNDATION Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons			nplete column (A).	
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	( <b>D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	lotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·	-	·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	54,532.	54,532.		
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):				
a	Management	50.		50.	
b	Legal	3,085.		3,085.	
C	Accounting	3,003.		3,003.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	785.		785.	
14	Information technology	7 0 0 0		, , , ,	
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	228.		228.	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	58,680.	54,532.	4,148.	0.
26	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

Part X | Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		54,940.	1	110,351.
	2	Savings and temporary cash investments		362,709.	2	262,708.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	oed in section 4958(c)(3)(B)		6	
Š	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other	r			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation		10c		
	11	Investments - publicly traded securities		1,082,257.	11	1,127,222.
	12	Investments - other securities. See Part IV, lin		12		
	13	Investments - program-related. See Part IV, lir	70,000.	13	70,000.	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must e		1,569,906.	16	1,570,281.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
es	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, sul				
ja;		controlled entity or family member of any of the			22	
_	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,	• •			
		parties, and other liabilities not included on lin			۰.	
	06			0.	25 26	0.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c	hook hore	0.	20	0.
S		and complete lines 27, 28, 32, and 33.	Heck Here  21			
SE SE	27			801,701.	27	811,816.
sala	28			768,205.	28	758,465.
ē	20	Organizations that do not follow FASB ASC		, 00, 2001		75072001
Ξ		and complete lines 29 through 33.	500, Check here			
5	29	Capital stock or trust principal, or current fund	de		29	
ets	30	Paid-in or capital surplus, or land, building, or			30	
Ass	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32			1,569,906.	32	1,570,281.
z	33	Total liabilities and net assets/fund balances		1,569,906.	33	1,570,281.
	1 00	Total habilities and net assets/fully balances				Form <b>990</b> (2020)

OIII	1000 (2020)	<u> </u>	<del></del>	ıας	<u> </u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	58	3,68	<u> </u>
3	Revenue less expenses. Subtract line 2 from line 1	3	<u> </u>	<b>4,5</b> 3	<u>30.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,569	9,90	<u> </u>
5	Net unrealized gains (losses) on investments	5	4.4	4,90	<u> </u>
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	1,570	0,28	81.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (	2020)

032012 12-23-20

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

Name of the organization

COLUMBIA FOUNDATION 54-1031403 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,225.	20,766.	9,355.	6,011.	11,385.	54,742.
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	7,225.	20,766.	9,355.	6,011.	11,385.	54,742.
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.						54,742.
	ction B. Total Support			<u>'</u>			•
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	7,225.	20,766.	9,355.	6,011.	11,385.	54,742.
	Gross income from interest,		·		•	•	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,248.	962.	1,791.	2,561.	2,765.	9,327.
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							64,069.
12	Gross receipts from related activities,	etc. (see instruction	ns)	'		12	· ·
13	First 5 years. If the Form 990 is for the	•	,			01(c)(3)	
	organization, check this box and stor	•				. , . ,	
Sec	ction C. Computation of Publi						<u> </u>
14	Public support percentage for 2020 (I	ine 6, column (f), di	ivided by line 11, co	olumn (f))		14	85.44 %
15	Public support percentage from 2019	Schedule A, Part I	II, line 14			15	69.51 %
16a	33 1/3% support test - 2020. If the o					ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>▶</b> X
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on li				
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			<b>&gt;</b>
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this I	box and stop her	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances te			=			
b	10% -facts-and-circumstances test	•	•	• • • • • • • • • • • • • • • • • • • •			
	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		<b>&gt;</b>
18	<b>5</b>						<b>▶</b> □
			, :	. , , ,		dule A (Form 990	

#### 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) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1	Γ	T	T	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	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						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01( )(0) : ::	
14	First 5 years. If the Form 990 is for the	•		•			
Se	check this box and stop here ction C. Computation of Publi	c Support Per	centage				P
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	<del></del>
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
18				(1)		18	<del></del>
	a 33 1/3% support tests - 2020. If the						
.00	more than 33 1/3%, check this box ar						<b>▶</b> □
ŀ	33 1/3% support tests - 2019. If the						and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						<b>&gt;</b>

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Van Na

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 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.)

		162	140
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	c		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
_		_	

Pai	rt IV   Supporting Organizations (continued)			
			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	, , , , , , , , , , , , , , , , , , ,			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			<u> </u>
	<u></u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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			
		1		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-		
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 line 2, above, 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	3		
Sec	supported organizations played in this regard. 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)	i <b>-</b>		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi:	zations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instruction					
	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 0.015 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 0.035.	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 0.85 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-function	ally integrated	Type III supporting orga	anization (see		
	instructions)			•		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line 12:
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section B, line 1e; Part V, Section B, line 1e;
	line 1: Part IV Section D. lines 2 and 3: Part IV Section F. lines 1c: 2a. 2b. 3a. and 3b: Part V. line 1: Part V. Section B. line 1e: Part V.
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	Too managina.
_	

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

COLUMBIA FOUNDATION

**Employer identification number** 54-1031403

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds				
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	writing that the assets held in donor advise	ed funds			
	are the organization's property, subject to the organization's $% \left( 1\right) =\left( 1\right) \left( 1$	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be ι	used only			
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conferring			
_						
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area			
	Protection of natural habitat	Preservation of	a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of				
	day of the tax year.		Held at the End of the Tax Year			
	Total number of conservation easements		1 1			
	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired a					
_	listed in the National Register					
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax			
4	year	nament is leasted				
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per					
3	violations, and enforcement of the conservation easements it		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
Ū	Land volunteer modes devoted to morntoning, inspecting,	rialiting of violations, and officially cons	orvation casemonts daring the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year			
•	<b>▶</b> \$		ion cacomonic daming and year			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(r	n)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	·				
	organization's accounting for conservation easements.	•				
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Otl	ner Similar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balance sheet works			
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	therance of public			
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	S.			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sheet works of			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$			
	(ii) Assets included in Form 990, Part X		• \$			
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financial	gain, provide			
	the following amounts required to be reported under FASB A	_				
а	Revenue included on Form 990, Part VIII, line 1		*			
-	Assets included in Form 990, Part X		<b>&gt;</b> \$			
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020			

Pai	rt III Organizations Maintaining Co	llections of Art,	, Historical Tre	asures, or Othe	r Similar <i>i</i>	Assets	(continu	ued)	
3	Using the organization's acquisition, accession	n, and other records	, check any of the fo	ollowing that make s	ignificant us	e of its	•		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exch	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain	how they further th	e organization's exe	mpt purpose	in Part XI	II.		
5	During the year, did the organization solicit or	receive donations of	art, historical treas	ures, or other simila	rassets				
	to be sold to raise funds rather than to be main	ntained as part of the	e organization's col	lection?			Yes		No
Pai	rt IV Escrow and Custodial Arrang	ements. Complet	te if the organization	n answered "Yes" or	Form 990,	Part IV, lin	e 9, or		
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodial	n or other intermedia	ary for contributions	or other assets not	included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII ar								
						P	Amount		
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 For	m 990. Part X. line 2	21. for escrow or cu	stodial account liabi			Yes		No
	If "Yes," explain the arrangement in Part XIII. C								j
_	rt V Endowment Funds. Complete if								
	·	(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea	ars back (	<b>e)</b> Four	vears	hack
1a	Beginning of year balance	248,017.	244,805.	244,805.		4,805.		244,8	
b	Contributions	,	,	,					
c	Net investment earnings, gains, and losses	8,047.	28,424.	8,352.		953.			293.
d	Grants or scholarships	6,862.	25,212.	8,352.		953.			293.
	Other expenditures for facilities	,,,,,,		-,					
е									
£	- · · ·								
-	Administrative expenses	249,202.	248,017.	244,805.	24	4,805.		244,8	805
g	End of year balance		, ,		24	4,005.		244,0	303.
2	Provide the estimated percentage of the curre	98.00		neid as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 2.00	%							
С	·								
	The percentages on lines 2a, 2b, and 2c shoul	•							
3a	Are there endowment funds not in the possess	sion of the organizat	ion that are held an	d administered for the	ne organizati	on		—	
	by:							Yes	No
	(i) Unrelated organizations						3a(i)	$\rightarrow$	<u>X</u>
	(ii) Related organizations						3a(ii)	$\longrightarrow$	X
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as require	d on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the c		ment funds.						
Pai	rt VI Land, Buildings, and Equipme	ent.							
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. Se	ee Form 990, Part X,	line 10.				
	Description of property	(a) Cost or other contract (a) Cost or other contract (a) Cost or other costs		' '	Accumulated preciation	· (	<b>d)</b> Book	value	÷
1a	Land								
b	Buildings	<b>I</b>							
c	Leasehold improvements								
d	Equipment	<b>I</b>							
	Other								
	I. Add lines 1a through 1e. (Column (d) must eq		Column (R) line 10	)c )		<b>&gt;</b>			0.
	2 Sg St toolullil tul must eu	www.rommooo.rail/		· · · · · · · · · · · · · · · · · · ·					

Schedule D (Form 990) 2020

Schedule [	O (Form 990) 2020 COLUMBIA FO	UNDATION	5	4-1031403 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financ	ial derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.			
Faitix	J	F 000 D+ IV/ I' 4	Add One Ferry 200 Best V. Free 45	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, line 15.	(b) Book value
(4)	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	umn (b) must equal Form 990. Part X. col. (B) line	15)	1	<b>\</b>
Part X	Other Liabilities.	<del>:</del> 13.)		
	Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1e or 11f. See Form 990. Part X. line 2	25.
1.	(a) Description of liability			(b) Book value
	deral income taxes			, ,
(2)	aorai meeme taxee			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line	25)	<u> </u>	<b>&gt;</b>
	y for uncertain tax positions. In Part XIII, provide	•		s that reports the

032053 12-01-20

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) 2020

	1 0			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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	2a			
b	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				
Pai	t XIII Supplemental Information				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### 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.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020	COLUMBIA FOUNDATION	54-1031403 Page 5
Schedule D (Form 990) 2020 Part XIII   Supplemental Info	rmation (continued)	
	,	
-		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

## **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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of	the organization							Employer identification number
		FOUNDATIO	N					54-1031403
Part I	General Information on Grants a	nd Assistance						
<b>1</b> Doe	es the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	
crit	eria used to award the grants or assis	stance?						No
	scribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II	Grants and Other Assistance to	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "\	es" on Form 990, Part	IV, line 21, for any
	recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.		_	
1 (a)	Name and address of organization or government	<b>(b)</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
<b>2</b> Ent	er total number of section 501(c)(3) a	nd government ord	anizations listed in the	e line 1 table		ı		<b>•</b>
	er total number of other organization	-	•					<b>&gt;</b>
	or Paperwork Reduction Act Notice							Schedule I (Form 990) 2020

Schedule I (Form 990) 2020 COLUMBIA FOUNDA	ATTON				34-1031403	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(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 a	assistance
TUITION GRANTS	12	17,057.	0.			
SOCIAL NEEDS GRANTS	8	7,584.	0.			
MISSION TRIP GRANTS	3	2,750.	0.			
SENIOR GRANTS	5	6,218.	0.			
COLUMBIA RESIDENCY GRANTS	3	20,923.	0.			
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	ne 2; Part III, column	(b); and any other ac	dditional information.		

#### PART I, LINE 2:

GRANTS TO INDIVIDUALS ARE MADE TO LOCAL ORGANIZATIONS ON BEHALF OF SPECIFIC INDIVIDUALS. SOCIAL NEEDS GRANTS ARE MADE TO INDIVIDUALS WHO SHOW A BASIC NEED AND LIVE IN THE LOCAL AREA. THE FUNDS ARE THEREFORE USED IN THE U.S. MISSION GRANTS ARE MADE TO LOCAL PARISHONERS FOR SHORT TRIPS, SOMETIMES ABROAD, TO HELP OTHERS WITH BASIC NECESSETIES SUCH AS BUILDING HOMES.

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### 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.

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COLUMBIA FOUNDATION

Employer identification number 54-1031403

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

REVIEW OF FORM 990

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

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

MONITORING CONFLICT OF INTEREST POLICY

EACH OFFICER AND DIRECTOR IS REQUIRED TO REVIEW A COPY OF THE CONFLICT OF

INTEREST POLICY AND TO ACKNOWLEDGE THAT HE OR SHE HAS DONE SO. EACH PERSON

ANNUALLY DISCLOSES ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES TO WHICH

HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT. FOLLOWING FULL

DISCLOSURE OF A POSSIBLE CONFLICT OF INTEREST, THE BOARD OF DIRECTORS

DETERMINES WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS AND, IF SO, VOTES

TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED

NECESSARY TO ADDRESS THE CONFLICT TO PROTECT THE FOUNDATION'S BEST

INTERESTS. THIS POLICY IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS. ANY

CHANGES TO THE POLICY ARE COMMUNICATED IMMEDIATELY TO ALL PERSONS SUBJECT

TO IT.

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

DOCUMENTS AVAILABLE TO THE PUBLIC

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE AVAILABLE TO THE GENERAL PUBLIC UPON REASONBABLE REQUEST.

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

Schedule O (Form 990 or 990-EZ) 2020

#### **SCHEDULE R** (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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

54-1031403

Part I Identification of Disregarded Entities. Comp	plete if the organization answered "Y	es" on Form 990, Part IV, line 3	3.							
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	ome End-of-yea		<b>(f)</b> Direct controlli entity		Direct controlling		)
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	on answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	or more re	elated tax-exer	mpt 			
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		ect controlling entity		g) 512(b)(13) rolled ity?		
COLUMBIA BAPTIST CHURCH - 54-0544701 103 WEST COLUMBIA STREET				331(3)(3))			Yes	No		
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.

COLUMBIA FOUNDATION

Schedule R (Form 990) 2020

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

Organization of dated as a partitioning and tax your.													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	controlling Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		ear allocations?		Code V-UBI amount in box 20 of Schedule	General of managin partner?	Percentage ownership
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes No			
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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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		country)		ŕ				Yes	No
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	1								

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Giπ, grant, or capital contribution to related organization(s)				מו	Λ				
c Gift, grant, or capital contribution from related organization(s)				1c		X			
				1d		X			
				1e		X			
f Dividends from related organization(s)				1f		_X_			
				<b>1</b> g		X			
h Purchase of assets from related organization(s)				1h		X			
i Exchange of assets with related organization(s)				1i		X			
h Purchase of assets from related organization(s)  i Exchange of assets with related organization(s)  j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  l Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  o Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  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.				1j		_X_			
k Lease of facilities, equipment, or other assets from related organization(s)				1k		_X_			
				11		X			
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organizati	on(s)			1n		_X_			
Sharing of paid employees with related organization(s)				10		X			
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		_X_			
q Reimbursement paid by related organization(s) for expenses				1q		_X_			
r Other transfer of cash or property to related organization(s)				1r		_X_			
				1s		_X_			
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered rela	ationships and transaction thresholds.						
(a)			(d)						
r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  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)  Name of related organization  (b)  Transaction type (a-s)  Amount involved  Method of determining amount involved  Method of determining amount involved		olved							
	type (a-s)								
(1) NO TRANSACTION REQUIRED TO BE DISCLOSED		0.							
(2)									
(3)									
(4)									
(5)									
(0)									
(6)	L		<u> </u>		. 000	0000			
032163 10-28-20			Schedule	K (Forr	n 990)	2020			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership
	-									