EXTENDED TO MAY 15, 2020 **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019 ► Go to www irs.gov/Form990T for instructions and the latest information Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if Name of organization (Check box if name changed and see instructions.) address changed COLUMBIA INDUSTRIES B Exempt under section Print X 501(c)(3 ()) Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 220(e) 900 S. DAYTON STREET] 408A ______530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) KENNEWICK, WA 99336 C Book value of all assets at end of year 9,701 F Group exemption number (See instructions.) 701,790. G Check organization type ► X 501(c) corporation 501(c) trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here **SEE STATEMENT 1** . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ MICHAEL DUNLOP Telephone number \triangleright 509-582-4142 Part I Unrelated Trade or Business Income (A) Income 1a Gross receipts or sales b Less returns and allowances c Balance 10 2 Cost of goods sold (Schedule A, line 7) 2 Z Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4h Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 145,285. Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 12 Total. Combine lines 3 through 12 145, 285. Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages RECEIVED \$-08C 16 Repairs and maintenance 17 Bad debts MAR 0 9 2020 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses Charitable contributions (See instructions for limitation fulles) OGDEN. UT 20 21 Depreciation (attach Form 4562) 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 23 Depletion 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26

27 Excess readership costs (Schedule J) 27 28 Other deductions (attach schedule) 29 29 Total deductions. Add lines 14 through 28 Ο. 86.997 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 30 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 86,997 Unrelated business taxable income. Subtract line 31 from line 30 Form **990-T** (2018) 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

Form 990-	T (2018) COLUMBIA INDUSTRIES	91-077	<u>6525 </u>	Pag
Part I	II Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions	s)	33	86,997
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	_	36	86,997
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	75	37	1,000
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,	2		
	enter the smaller of zero or line 36	<u> </u>	38	85,997
Part I	V Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	140 >	39	18,059
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 fro	m:		·
	Tax rate schedule or Schedule D (Form 1041)	•	40	
41	Proxy tax See instructions	•	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	45	44	18,059
Part \	V Tax and Payments		\neg	
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		ľ	
b	Table 1 and			
C	General business credit. Attach Form 3800 45c			
d	0.114			
e	The state of the s		45e	
46	Subtract line 45e from line 44	,	46	18,059
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other	ICF (attach schedule),	47	****
48	Total tax Add lines 46 and 47 (see instructions)	49	48	18,059
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	A	49	0
50 a	Payments: A 2017 overpayment credited to 2018	<u> </u>		
	2018 estimated tax payments 50b			
	Tax deposited with Form 8868	19,500.		
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	•		
	Backup withholding (see instructions) 50e			
	Credit for small employer health insurance premiums (attach Form 8941) 50f			
	Other credits, adjustments, and payments: Form 2439			
·	☐ Form 4136 ☐ Other Total ▶ 50g			
51	Total payments. Add lines 50a through 50g		51	19,500
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	95 ▶	54	1,441
<u> </u>	Enter the amount of line 54 you want: Credited to 2019 estimated tax 1,441.	Refunded	55	0
Part \	Statements Regarding Certain Activities and Other Information (see ins	tructions)	\neg	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other auth	ority		Yes N
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to	file		[]
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign coun	try		
	here >			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.	-		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to	the best of my knowled	ige and beli	ef, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	_	w the IPS d	iscuss this return with
Here	1 N NOT 1 1 November 13/5/20 ▶ CHAIR		-	hown below (see
	Signature of officer Date Title	ins	tructions)?	X Yes N
	Print/Type preparer's name / Preparer's signature Date	Checki	PTIN	
Paid	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	self- employed		
Prepa	ALISON C. GEBERS	<u></u>	P0	0423745
Use (I NICHMININGM CHA CHOITH DIIC	Firm's EIN ▶	56	-2382653
JJ6 (1333 COLUMBIA PARK TRAIL, STE 210			
	Firm's address ► RICHLAND, WA 99352	Phone no. (509)	735-1300

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory va	aluation N/A				**	
1 Inventory at beginning of year 1			$\overline{}$	Inventory at end of year		6			
2 Purchases	2	7 Cost of goods sold Subtr				line 6			
3 Cost of labor	3	from line 5. Enter here and in Part I,]	
4a Additional section 263A costs			line 2 8 Do the rules of section 263A (with respect to					<u></u>	
(attach schedule)	4a							Yes	No
	b Other costs (attach schedule) 4b					for resale) apply to			<u> </u>
5 Total. Add lines 1 through 4b	5			the organization?		11474 D. 11		l	
Schedule C - Rent Income (see instructions)	(From Real	Property and	a Pers	sonal Property L	ease	d With Heal Prop	erty))	
		<u>.</u>							
1 Description of property						<u>-</u>			
(1)									
(2)									
(3)				 -					
(4)	2. Rent receiv	ed or accrued							
(a) From personal property (if the per			and perso	onal property (if the percentage	10	3(a) Deductions directly	connec	ted with the income in	,
rent for personal property is more 10% but not more than 50%)	e than	of rent for	r personal:	property exceeds 50% or if ad on profit or income)	,-	columns 2(a) a	1d 2(b) (a	attach schedule)	
(1)									
(2)									
(3)									
_(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns		ter			_	(b) Total deductions Enter here and on page 1,			_
here and on page 1, Part I, line 6, column		Income (0.	Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Del	ot-rinanceu	income (se	e instrud	ctions)		0 0-4			
			2	. Gross income from		 Deductions directly con to debt-finance 			
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
						(attacit schedule)	1	(attach schedule)	
(1)			+				+		
(2)			1				+	-	
(3)				-			\dashv		
(4)		ş = 11 ,s	Ì	·		······································	1		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	,	8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)	<u> </u>		+	%			+		 -
(2)	<u> </u>			%			1	• • • • • • • • • • • • • • • • • • • •	
(3)				%			1		
(4)				%			1		
			•			inter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Tatala						0		, , column	, ^
Totals Total dividends-received deductions u	noludad in column	n 8		▶ Į		<u> </u>	+		-0.

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Schedule F - Interest,	Annuities, Roya	lties, and	d Rents	From Co	ntrolle	d Organiza	tions	see ins	struction	s)		
				Controlled O				(
1 Name of controlled organizat	1 Name of controlled organization 2. Employer identification number		3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		rolling	ng connected with income		
(1) CI SUPPORT LL	C 27-28	20682	<u> </u>									
(2)												
(3)								~-				
(4)												
Nonexempt Controlled Organi	zations				<u> </u>							
7 Taxable Income			9. Total of specified payments made			10 Part of column 9 that is included in the controlling organization's gross income				11 Deductions directly connected with income in column 10		
	-								ST	ATEMENT 2		
(1) -161,786.	-161	,786.		145,	285.		145	,285.	-	58,288.		
(2)												
(3)			<u> </u>						_			
(4)	L											
						Add colum Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)		
Totals							145	,285.		58,288.		
Schedule G - Investme	nt Income of a	Section	501(c)(7), (9), or (17) Org			7 = 0 0 0				
(see inst				,, (-), (,	,						
1. Desc	ription of income	·		2. Amount of	ıncome	3. Deduction directly connec (attach sched	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)		
(1)		-										
(2)												
(3)												
(4)												
				Enter here and Part I, line 9, co				•		Enter here and on page 1, Part I, line 9, column (B)		
Totals			>		0.					0.		
Schedule I - Exploited	Exempt Activity	Income	, Other	Than Adv	ertisin/	g Income						
(see instru	uctions)											
1. Description of exploited activity			onnected oduction elated	4. Net incomfrom unrelated business (cominus colum gain, compute through	trade or lumn 2 from activity 1 is not unrelated business incompact.		hat ed	nat attributable		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)						• •						
(2)												
(3)												
(4)												
Totals -	Enter here and on page 1, Part I, line 10, col (A)		e and on , Part I, col (B)			-				Enter here and on page 1, Part II, line 26		
Schedule J - Advertision		instruction						 		1 0•		
	Periodicals Rep		,	solidated	Basis							
1. Name of periodical	2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co col 3) If a go cols 5 th	ol 2 minus ain, compute	5. Circulati		6. Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)												
(2)												
(3)												
(4)												
Totale (carry to Part II, line (5))										٥		

%

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Part II income From Perio			a Separ	ate Basis (For ea	ch perio	dical liste	d ın Pa	rt II, fill in		
columns 2 through 7 on a	a line-by-line basis)) 								
1. Name of periodical	2. Gross advertising income		Direct sing costs	() (5 Circulation income		Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				-						
(2)										
(3)										
(4)										
Totals from Part I	0.		0.			•	•		0.	
	Enter here and on page 1, Part I, line 11, col (A)	page	ere and on 1, Part I, , col (B)						Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	0.		0.						0.	
Schedule K - Compensation	n of Officers, D	Directo	ors, and	Trustees (see in	structio	ns)	_			
1. Name				2 Title					ensation attributable related business	
(1)		-					%			

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0.

(2) (3) (4)

Total. Enter here and on page 1, Part II, line 14

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

CONTROLLED CORPORATION RENT AND INTEREST RECEIVED

TO FORM 990-T, PAGE 1

FORM 990-T SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS STATEMENT 2
DIRECTLY CONNECTED WITH COLUMN 10 INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSES - SUBTOTAL	- 1	58,288.	58,288.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN	11		58,288.