Return of Organization Exempt From Income Tax

2018

Department of the Treasury

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.

Open to Public

OMB No 1545-0047

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 2018, and ending For the 2018 calendar year, or tax year beginning 20 18 01/01 D Employer identification number Check if applicable C Name of organization COLUMBIA REGIONAL ECONOMIC DEVELOPMENT TRUST Doing business as 91-1830466 Address change E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Name change 509-943-9185 Initial return PO Box 217 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Richland, WA, 99352 G Gross receipts \$ 13,789 Amended return F Name and address of principal officer H(a) Is this a group return for subordinates? Yes Vo Stephanie Seamans Application pending PO Box 217, Richland, WA 99352 H(b) Are all subordinates included? Tes No If "No," attach a list (see instructions) ◄ (insert no) ☐ 4947(a)(1) or Tax-exempt status **✓** 501(c)(3) Website: ▶ H(c) Group exemption number ▶ Form of organization Corporation Trust Association ☐ Other ► L Year of formation 1997 M State of legal domicile WA Part I Briefly describe the organization's mission or most significant activities: Job creation through loans to small businesses Governance utilizing the US Dept of Agriculture Intermediary relending program Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) Activities & Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 X Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 38 0 Current Year Contributions and grants (Part VIII, line 1h) 0 9 Program service revenue (Part VIII, line 2g) 21,763 13,153 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 636 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 0 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 22,121 13,789 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 65,902 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0 65,902 19 Revenue less expenses. Subtract line 18 from line 12 22,121 -52.113 RECEIVED **Beginning of Current Year** 20 Total assets (Part X, line 16) 477,875 394,801 21 NOV 2 1 2019 Total liabilities (Part X, line 26) . 407,870 376,909 ٥ 22 Net assets or fund balances Subtract line 2 70,005 17,892 Part II Signature Block Under penalties of perjury, I declare that I have examined this return including coompanying schedules and statements, and to the best of my knowledge and belief, it is of which preparer has any knowledge true, correct and complete Declaration of preparer (other than office reamous Sign Signature of offic Here Stephanie Seamans, Executive Director Type or print name and title Date Print/Type preparer's name Preparer's signature Check I if Paid Preparer Firm's EIN ▶ Firm's name Use Only Phone no Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

Par	Checklist of Required Schedules	/		Page .
			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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
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		1
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
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		√
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		<u>/</u>
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		<u>√</u>
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		√
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		✓
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		✓
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 (see instructions)	17		✓
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		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	$ \top$	<u>✓</u>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	\dashv	
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

Part	Checklist of Required Schedules (continued)			,
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ 	1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a	<u> </u>	✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
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 Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>/</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	
Part '				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		res	NO
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			- 1
	Did the organization comply with backup withholding rules for reportable payments to vendors and	ļ		- 1
	reportable gaming (gambling) winnings to prize winners?	1c	√	
			990	(2018)

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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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).	Part	Y Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, field for the calendar year ending with or within the year covered by this return	•			Yes	No
b // at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, you may be required to en-file (see micrucions) 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to fine 3b, provide an explanation in Schedule 0. 3b If "Yes," here the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account (FBAR). 3b Was the organization a party to a prohibeted tax shelter transaction at any time during the calendar year? 4c If "Yes" to line Sa or 5b, did the organization file form 8868-T7. 5c If "Yes" on line Sa or 5b, did the organization file form 8868-T7. 5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charaltable contributions? 6d Does the organization include with every solicitation an express statement that such contributions or glfs were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 6d Does the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b If "Yes," did the organization of the payor? 8 b If "Yes," do the organization of the payor? 9 b If "Yes," did the organization of the payor? 9 b If "Yes," did the organization of the payor? 9 b If "Yes," do the organization of the payor? 9 b If "Yes," do the organization of the payor? 9 b If "Yes," do the organization of the payor? 9 b If the organization of the payor? 9 b If "Yes," do the organization of the payor? 9 b If the organization of the payor? 9 b If the organization of the payor? 10 b If the o	2a				
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3a	b		26		\vdash
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4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country. ▶ 5a Was the organization and array to a prohibited tax shelter transaction of any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line Sa or 5b, dot the organization file Form 8886.77? 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charatble contributions? 5c Does the organization receive deductible contributions under section 170(c). 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? b If "Yes," did the organization of the payor? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year D Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? D Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If the organization receive a contribution of qualitied intellectual property, did the organization file or m889 as required? If the organization receive a contribution of undersided funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? S ponsoring organization small-taining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised, or related person? Section 501(c)(7) org	_		-		₩
a financial account in a foreign country (such as a bank account, securities account)? 4		·	30		+-
See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization line form 8866-17. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Organizations that may receive deductible contributions under section 170(c). Did the organization notify the donor of the value of the goods or services provided? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? The organization creaved a contribution of qualified intellectual property, did the organization file a Form 1098-07. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization in a distribution to a donor, donor advisor, or related person? Section 501(c)(2) organizations. Enter Initiation fees and capital contribution of adstributions under section 4966? Did the sponsoring organization in the form 400 fax-exempt interest received or accored during the year. Section 501	44	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_		1
Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that if was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 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? b If "Yes," did the organization into the two contributions under section 170(c). b If "Yes," 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? b If "Yes," indicate the number of Forms \$282 filed during the year c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? If the organization received a contribution of ass, backs, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions	b				
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	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			_
<u> </u>	. Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	. ⊻
Sect	ion A. Governing Body and Management		T	T
4	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
1a		1		ļ
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			-
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	`	
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6	ļ	✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	,		1
_	one or more members of the governing body?	_7a		-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			<u> </u>
	the year by the following:			
а	The governing body?	8a	/	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
10-	Did the executation have level about the state of the top of	40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			لئب
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>✓</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13	+	_
14	Did the organization have a written document retention and destruction policy?	14		`
15	Did the process for determining compensation of the following persons include a review and approval by		٠.	1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		✓_
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ļ	٠, ا	- 1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		-
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	$\neg \neg$	1	<u></u>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Secti	ion 50	71(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	reet n	olicy	and
ıJ	financial statements available to the public during the tax year.	ical p	Jiicy,	and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords 🕨	-	
	Benton Franklin Council of Governments, (509)943-9185			

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

✓ Check this box if neither the organization not	r any relate	d org	anız			ompe	ensa	ated any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er an	Pos heck ss pe d a c	direct	e than is both tor/trus	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
James Beaver	1.00									
Board member	0.00			✓	<u> </u>			0	0	
Brad Peck	1.00									
Board Member	0.00			✓	<u> </u>			0	0	<u> </u>
Skip Novakovich	1.00	ĺ		ĺ				[
Board Member	0.00	<u></u>		✓				0	0	
Elizabeth Humphrey	1 00	١,			ļ.,					
Board Member	0.00			✓.				0	0	0
Deb Heintz	1.00									
Board member	0.00			✓	L			0	0	0
Tom Fisher	1.00				,					
Board Member	0.00			✓				0	0	0
Jennie Dickinson	1.00						'			
Board member	0.00			✓				0	0	0

Par	t VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd I	lighe	st C	ompensated E	mployees (cor	tinued)
	•					C)]	
	· (A)	(B)	(do n	ot ch		ition	e than e	nne.	(D)	(E)	(F)
	Name and title	Average					is both		Reportable	Reportable	Estimated
		hours per week (list any	office	er and	dad	Irect	or/trus	,	compensation	compensation fro related	m amount of other
		hours for	유교	Inst	Officer	ě	gE BE	Former	the	organizations	compensation
		related	T N	itut	Cer	Key employee	oloy hest	T er	organization	(W-2/1099-MISC	· 1
		organizations below dotted	ŏä	ona l		blo	8 8	1	(W-2/1099-MISC)	1	organization and related
		line)	Individual trustee or director	á		yee	npe				organizations
)	8	Institutional trustee			Highest compensated employee	ļ	1	ļ	
							8.				
	<u> </u>					<u> </u>		<u> </u>	<u> </u>		
		ļ	ł								
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					7			\neg			†
					-	ł					
					7	T					
1b	Sub-total							>	0		0
С	Total from continuation sheets to Part	VII, Section	n A				ı	▶ [
d	Total (add lines 1b and 1c)				<u></u>		<u>. </u>	▶ [0		0
2	Total number of individuals (including but						bove) wh	no received mo	ore than \$100,0	100 of
	reportable compensation from the organiz	zation 🟲							0		
											Yes No
3	Did the organization list any former off							mpl	loyee, or highe	est compensat	
	employee on line 1a? If "Yes," complete S	ichedule J	for su	ch II	ndıv	/Idu	al .				. 3 ✓
4	For any individual listed on line 1a, is the										
	organization and related organizations									edule J for su	
	ındıvıdual										4 1
5	Did any person listed on line 1a receive or										
	for services rendered to the organization?	If "Yes," co	omple	te S	che	edui	e J fo	r sı	uch person .	· · ·	5 🗸
Section	on B. Independent Contractors										
1	Complete this table for your five highest of										
	compensation from the organization. Repo	ort compen	satioi	וסז ר	rtne	e ca	ienda	ır ye	ear ending with	or within the o	organization's tax
	year.								(D)		
	(A) Name and business addre	ess							(B) Description of set	rvices	(C) Compensation
None					-						
None		 _					-+				 -
						_	-+				
						_	-+				
							-+				
2	Total number of independent contractors	s (including	ı but	no	t lir	nite	d to	tho	se listed above	ve) who	
-	received more than \$100,000 of compensa								0	,	j

Par	t VIII	Statement of Revenue	sata ta any lina	in th	o Dort VIII		_
	``	Check if Schedule O contains a response or r	(A) Total reve		(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Grants	1a	Toda da mara d			i		
ts, Grants Amounts	b						
ts,	С						
يَّا جَرِ	d				J		
Sir.	e f	J ,					
utic er	'	All other contributions, gifts, grants, and similar amounts not included above					
	g	Noncash contributions included in lines 1a–1f \$					
Contributions, Gifts, and Other Similar An	h		•	0	-		
9	<u> </u>	Business C				 	-
Program Service Revenue	2a				-	1	
	b						
vice	С						
Ser	d			_		<u> </u>	
ä	е					 	
og G	f	All other program service revenue		<u>3,153</u>		0	0
	<u>g</u>	Total. Add lines 2a-2f		3,153	 		
	3	and other similar amounts)	. 1		626		
	4	Income from investment of tax-exempt bond proceed	<u> </u>	636 0	636	 	0
	5	Royalties	"	0			0
		(i) Real (ii) Persor	nal		`	 	
	6a	Gross rents .					
	b	Less: rental expenses					:
į	С	Rental income or (loss)	0			<u> </u>	
	d	Net rental income or (loss)	>				
	7a	Gross amount from sales of (i) Secunties (ii) Other					
		assets other than inventory					
	b	Less cost or other basis and sales expenses					
	С	Gain or (loss) 0	0				
l	d	Net gain or (loss)	D				
anue	8a	Gross income from fundraising					!
Other Reve		events (not including \$ of contributions reported on line 1c)					
ther		See Part IV, line 18 . a]	
ō		Less: direct expenses b Net income or (loss) from fundraising events	>				
		Gross income from gaming activities See Part IV, line 19					
i	h	Less: direct expenses b					
		Net income or (loss) from gaming activities .	>				<u> </u>
ŀ		Gross sales of inventory, less					
		returns and allowances a		1			
ì	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory .	>				
		Miscellaneous Revenue Business Co	ode				
	11a				 -		
	b						
	C					-	
	d	All other revenue					
	е 10	Total revenue See instructions	<u> </u>	700	12 700		

Pai	rt IX Statement of Functional Expenses				Page 1
Sect	on 501(c)(3) and 501(c)(4) organizations must com	<u>, </u>			
	Check if Schedule O contains a respons	se or note to any l	ne in this Part IX		<u> </u>
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members 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 8	Other salaries and wages 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 (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				

3,890

24,748

27,572

9,692

65,902

3,890

24,748

27,572

9,692

65,902

15

16

17

18

19

20

21

22

23

24

C

e 25

Royalties

Payments of travel or entertainment expenses

for any federal, state, or local public officials

Conferences, conventions, and meetings .

Depreciation, depletion, and amortization .

Other expenses. Itemize expenses not covered

above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Microloan Expenses

IEP Loan Expenses

All other expenses
Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

Bad Debt Expense

Payments to affiliates

Occupancy

Travel .

0

0

0

0

0

0

0

0

. 91.	X Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	rt X		
,		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing		1	
2		230,955	2	270,81
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
ļ	Complete Part II of Schedule L		5	<u> </u>
6	Loans and other receivables from other disqualified persons (as defined under section) }	
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
ļ	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	·		
\$	organizations (see instructions). Complete Part II of Schedule L	246,920	6	123,98
Assets	Notes and loans receivable, net		7	
⋖ 8	Inventories for sale or use		8	
9	, topard on posterior and described and desc		9	
10				
	other basis. Complete Part VI of Schedule D 10a			
	b Less accumulated depreciation 10b		10c	
11		· 	11	
12			12	
13			13	
14		·	14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	477,875	16	394,80
17	Accounts payable and accrued expenses	8,841	17	16,440
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
(21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S 22	Loans and other payables to current and former officers, directors,	}		
Liabilities 23	trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
<u> </u>	<u> </u>	399,029	23	360,469
23 24	Secured mortgages and notes payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		24	
25	parties, and other liabilities not included on lines 17–24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	407,870	26	376,909
	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and	101,010		070,000
S	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	183,986	27	131,873
28	Temporarily restricted net assets	0	28	0
29	Permanently restricted net assets	-113,981	29	-113,981
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
3 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds.		32	
33	Total net assets or fund balances	70,005	33	17,892
		477,875	34	394,801

_	4	•
Page	ı	_

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net unrealized gains (losses) on investments. 5 0.0 Donated services and use of facilities. 6 0.0 Prior period adjustments. 7 0.0 8 Prior period adjustments. 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Other changes in net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990. Cash 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? 1 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 or both: Separate basis. Consolidated basis Both consolidated and separate basis. 1 Separate basis. Consolidated basis Both consolidated and separate basis. 2 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Or both: Separate basis. Consolidated basis Both consolidated and separate basis. 1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis. 1 Separate basis. Consolidated basis Both consolidated and separate basis. 2 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2 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 If Yes, "check a box below to indicate whether the financial statements for the yea	ronn 9	90 (2016)			raye 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 -52,113 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 0 0 7 Investment expenses 7 0 0 8 Prior period adjustments 8 0 0 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Time 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? 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 Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis C	Par	t XI Reconciliation of Net Assets	•		
Total expenses (must equal Part IX, column (A), line 25) 2 65,902 Revenue less expenses. Subtract line 2 from line 1 3 5 5,2113 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 70,005 Net unrealized gains (losses) on investments 5 0 0 Donated services and use of facilities 6 0 0 0 1 investment expenses 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response or note to any line in this Part XI			
Revenue less expenses. Subtract line 2 from line 1	1	Total revenue (must equal Part VIII, column (A), line 12)			13,789
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net unrealized gains (losses) on investments 5 00 Donated services and use of facilities 6 00 Prior period adjustments 7 00 Prior period adjustments 9 0ther changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990. Cash 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? 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 or both: Separate basis. Consolidated basis. Both consolidated and separate basis: C If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Both consolidated and separate basis. C If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Both consolidated and separate basis. C 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. C If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis. C If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated	2	Total expenses (must equal Part IX, column (A), line 25)			65,902
Net unrealized gams (losses) on investments	3	Revenue less expenses. Subtract line 2 from line 1			-52,113
6 Donated services and use of facilities	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			70,005
7 Investment expenses	5	Net unrealized gains (losses) on investments			0
8 Prior period adjustments	6	Donated services and use of facilities			0
9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses			0
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990. If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	8	Prior period adjustments			0
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	9	Other changes in net assets or fund balances (explain in Schedule O)			0
Check if Schedule O contains a response or note to any line in this Part XII	10				
Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>		17,892
1 Accounting method used to prepare the Form 990. ☐ Cash ☑ 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?	Part				_
1 Accounting method used to prepare the Form 990. ☐ Cash ☑ 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?		Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u> </u>
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?			_	Ye	s No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1		— 1		1 {
Were the organization's financial statements compiled or reviewed by an independent accountant?			ı ın		
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 Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		,			_
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the Single Audit Act and OMB Circular A-133?	39		. In	_	-
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	va			a 🗸	
	b	•	<u> </u>	 	+-
required addit of addits, explain with in ochequie of and describe any steps taken to didergo such addits.	~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	1) /	
Form 990 (2018)				orm 9 9	0 (2018)

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047
2018

Open to Public

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number Name of the organization 91-1830466 **COLUMBIA REGIONAL ECONOMIC DEVELOPMENT TRUST** Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 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)) 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). 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 university. 10 An organization that normally receives: (1) more than 331/3% 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 33½% 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). 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 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. d 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 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 organization (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D)

THE RESERVE TO SERVE THE PARTY OF THE PARTY

(E)

Par	 Support Schedule for Organization (Complete only if you checked the Part III. If the organization fails to 	e box on lin	e 5, 7, or 8 of	Part I or if th	ie organizatio	n failed to qu	
Sect	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization'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		ļ			/	
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	<u>. </u>	<u>L</u>	<u> </u>		<u> </u>	
	on B. Total Support		· · · · · ·		/	,	
	ıdar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016/	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4					ļi	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		_				
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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the				· · · · · · · · · · · · · · · · · · ·	12	501/5//2)
13	organization, check this box and stop here						
Sacti	on C. Computation of Public Support			<u>· · · · · · · · · · · · · · · · · · · </u>	• • •	· · · · · ·	▶ □
14	Public support percentage for 2018 (line 6,			1 column (fl)	———— _I	14	%
15	Public support percentage from 2017 Sche	a ·	-	1, 00,01111 (1)/		15	%
16a	331/3% support test—2018. If the organization qualified and stop here. The organization qualified the stop here.	ation did not	check the box		d line 14 is 33	1/3% or more, o	
b	331/3% support test—2017. If the organization q	*					ore, check ► □
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization mee Part VI how the organization meets the repair organization	ts the "facts-	and-circumsta	inces" test, ch	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Explain in Part VI how the organization me supported organization	on meets the	e "facts-and-c	rcumstances"	test, check the	his box and st	top here.
18	Private foundation. If the organization did instructions	not check a b	oox on line 13,	16a, 16b, 17a,	or 17b, check	this box and s	ee . ▶ 🗀

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.)

Sect	tion A. Public Support	under the te	ests listed be	iow, piease c	omplete Fait	11.j	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Tøtal
1	Gifts, grants, contributions, and membership fees	(4) 2014	(5) 20.0	(6) 2010	(0) 2011	(6) 25 15	 () /
	received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise		-	1	-	 	/
	sold or services performed, or facilities	ĺ	İ	Í	İ	1	1
	furnished in any activity that is related to the organization's tax-exempt purpose .				•		
3	Gross receipts from activities that are not an		· · · · · · · · · · · · · · · · · · ·		1	 	
•	unrelated trade or business under section 513		•	į			
4	Tax revenues levied for the					 	
•	organization's benefit and either paid to	}	}	}	1		}
	or expended on its behalf					Y	
5	The value of services or facilities		 -	 	 	-	
•	furnished by a governmental unit to the			1		ł	
	organization without charge						
6	Total. Add lines 1 through 5.	 	 -	 	 		
	Amounts included on lines 1, 2, and 3				 		
74	received from disqualified persons .						
L	Amounts included on lines 2 and 3			 	/	 	
b	received from other than disqualified			/	1		
	persons that exceed the greater of \$5,000			/			
	or 1% of the amount on line 13 for the year						1
_	Add lines 7a and 7b		 	 	 		
С 8	Public support. (Subtract line 7c from	-	 	/	1		
Ū	line 6.)	· L	' '	1. 1.		,	ĺ
Secti	ion B. Total Support	· -	-		L		L
	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(4) 2014	(2) 20.0	(0) 2010	(0) 2017	(0) 2010	(i) 10ta.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		/				
	royalties, and income from similar sources		/				
b	Unrelated business taxable income (less		/				
	section 511 taxes) from businesses	ı	/		i i		
	acquired after June 30, 1975						
С	Add lines 10a and 10b		1				
11	Net income from unrelated business		1				
	activities not included in line 10b, whether						ı
	or not the business is regularly carried on						ı
12	Other income. Do not include gain or	- j					
	loss from the sale of capital assets	/					
	(Explain in Part VI.)	/					
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	/					
14	First five years. If the Form 990 is for the	e [/] organization	's first, secon	d, third, fourth	, or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop her	e					▶ 🗆
Section	on C. Computation of Public Supper	Percentage	e				
15	Public support percentage for 2018 (line 8	, column (f), d	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2017 Sch			<u> </u>		16	%
Section	on D. Computation of Investment Inc						
17	Investment income percentage for 2018 (li	ne 10c, colum	ın (f), dıvıded b	y line 13, colui	mn (f))	17	%
18	Investment income percentage from 2017	Schedule A, F	Part III, line 17			18	%
19a	331/3% support tests - 2018. If the organiz						
	17 is not more than 331/3%, check this box a						
b	331/3% support tests - 2017. If the organiza						
	line 18 is not more than 331/3%, check this b	ox and stop he	ere. The organi	zation qualifies	as a publicly su	pported organi	zation 🕨 🔲
20	British foundation (If the ergenization did		an line 14	100 or 10b o	book this boy o	nd coo inetrue	stions -

Part IV Supporting Organizations

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

Sect	tion A. All Supporting Organizations			
			Yes	No
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.	1	<u> </u>	<u> </u>
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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	3b	-	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	00	╁┈─	┼
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	1	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	-	
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.			
•	Did the organization support any foreign supported organization that does not have an IRS determination	4b	┼─	<u> </u>
C	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.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a	 	
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	 	<u> </u>
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 .	<u> </u>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6_		
	(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).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	-50		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
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.)

10b

Page	1

Par	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 (b) and (c)			-
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b	-	↓
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	<u> </u>
Sect	tion B. Type I Supporting Organizations		T •	Т
	Did the dissertion to the control of		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		•	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		}	}
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		·
2	Did the organization operate for the benefit of any supported organization other than the supported	<u>├</u>		+-
_	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		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	, ,		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Sect	ion D. All Type III Supporting Organizations			Γ
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			Í
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	\vdash		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 i	nstruc	tions	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			_ ,
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity ($\overline{}$	
2	Activities Test Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each]_].	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organizations.			
Section 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		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	,,		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).	-	• .	0
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount		1	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	•	
4 Enter greater of line 2 or line 3	4	,	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally instructions).	y inte	egrated Type III supporting	g organization (see

Par	Type III Non-Functionally Integrated 509(a)(3)	3) Supporting Organ	izations (continued)	
Sect	ión D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt\purp	ooses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions	th the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·		
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			_
7	Excess distributions carryover to 2019. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
_d	Excess from 2017			
е	Excess from 2018			

Part VI	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 E, 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.)
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

COLUMBIA REGIONAL ECONOMIC DEVELOPMENT TRUST 91-1830466 Form 990, Part VI, Section B, Line 11b . Due to travel distances required, the Board only meets when business is to be conducted. Board president is provided a copy. Form 990, Part VI, Section C, Line 19 - Public information request forms are available on the agency website. No requests have been received.