For	, <b>9</b> 9	0	Return of Organization Exempt From Incon	ne Tax	OMB No 1545-0047			
FOR					2019			
• ·			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except pr ▶ Do not enter social security numbers on this form as it may be made		is)			
Dep	artment of	the Treasury	► Go to www.irs.gov/Form990 for instructions and the latest inform	/4 \ /	Open to Public Inspection			
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.  A For the 2019 calendar year, or tax year beginning 01/01 , 2019, and ending 12/31								
В.		applicable	C Name of organization COLUMBIA REGIONAL ECONOMIC DEVELOPMENT TRU		, 20 19 ployer identification number			
	Address	•	Doing business as	<u> </u>	91-1830466			
	Name ch	-	Number and street (or P O box if mail is not delivered to street address) Room/su	uite E Tele	phone number			
	Initial retu	ırn	PO Box 217		509-943-9185			
	Final retur	n/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amended	l return	Richland, WA, 99352	<b>G</b> Gro	ss receipts \$ 14,792			
	Application	on pending	, ,	(a) Is this a group return				
					ates included? Yes No			
<u> </u>	Tax-exen	•		"No," attach a list				
<u> </u>	Website:			(c) Group exemptio				
	art I	Summa		1997 M Stat	e of legal domicile WA			
			cribe the organization's mission or most significant activities. Job creation	through loans	to small husinesses			
ģ	l	-	e US Dept of Agriculture Intermediary relending program	tillough louns	to sinan basinesses			
Activities & Governance	'	united to	o oo bopt of tighteet and modeled J. Cooliding program		•••••			
ērn	2	Check this	box ▶ ☐ if the organization discontinued its operations or disposed of mo	ore than 25% o	of its net assets.			
õ	1		voting members of the governing body (Part VI, line 1a)	3	0			
જ	4	Number of	independent voting members of the governing body (Part VI, line 1b)	4	0			
ţies	5	Total numb	per of individuals employed in calendar year 2019 (Part V, line 2a) .	5	0			
ξį	6	Total numb	per of volunteers (estimate if necessary)	6	0			
ĕ			ated business revenue from Part VIII, column (C), line 12	<b>7</b> a	0			
-	b	Net unrelat	ed business taxable income from Form 990-T, line 39	7b	0			
		<b>.</b>		Prior Year	Current Year			
ne			ons and grants (Part VIII, line 1h)	(	<del>                                     </del>			
Revenue	ŀ	_	ervice revenue (Part VIII, line 2g)	13,153				
æ			nue (Part VIII, column (A), lines 3, 4, and 7d)	636	<del></del>			
			ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,789				
_			I similar amounts paid (Part IX, column (A), lines 1–3)	15,750				
			aid to or for members (Part IX, column (A), line 4)	(	· <del> </del> · · · · · · · · · · · · · · · · · · ·			
ý			her compensation, employee benefits (Part IX, column (A), lines 5-10)	(	0			
enses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)		0			
Expe	b ·	Total fundr	aising expenses (Part IX, column (D), line 25) ▶ 0					
ш	17	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	65,902	54,729			
		•	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	65,902	54,729			
	19	Revenue le	ss expenses. Subtract line 18 from line 12	-52,113				
Net Assets or Fund Balances				ing of Current Yea				
sset Balaı			s (Part X, line 16)	394,801				
let A			ties (Part X, line 26)	376,909	·			
	22 irt II		or fund balances. Subtract line 21 from line 20	17,892	-22,045			
			I declare that I have examined this return, including accompanying schedules and statements,	and to the best of	my knowledge, and belief, it is			
			e Declaration of preparer (other than officer) is based on all information of which preparer has a		my knowledge and benefit kno			
		15	Seamane	7/15	120			
Sig	ın	Signati	ure of officer	Date				
He	re		nanie Seamans, Executive Director					
			r print name and title		— DTIN			
Pa	id	Print/Type	preparer's name Preparer's signature Date	Check	oployed PTIN			
Pre	eparer				ipioyed			
Us	e Only	Firm's nan		Firm's EtN ▶				
Mar	the IP	Firm's add	his return with the preparer shown apove? (see instructions)	Phone no	Yes No			
			ion Act Notice, see the separate instructions. RECEIVED Composition	982V	Form <b>990</b> (2019)			
FOF	- aperw	ork neduct	[	.02 1	1 3111 300 (2013)			
			9 JUL 2 4 2020					
					22			
			OCDEN UT		05			
			OGDEN, UT					

	n 990 (2019)		Page 2
Part			
`		<u></u>	<u>. Ц</u>
•	Job creation through loans to small business utilizing the US Dept of Agriculture Intermediary R	Relending Program	
			· • • • • • • • • • • • • • • • • • • •
2	Did the organization undertake any significant program services during the year which were		
~	prior Form 990 or 990-EZ?		<b></b> ✓ No
	If "Yes," describe these new services on Schedule O		
3		cts, any program	
	services?	. 🗌 Yes	✓ No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount the total expenses, and revenue, if any, for each program service reported.		
4a	a (Code:) (Expenses \$ 54,729 including grants of \$) (R	Revenue \$ 14,79	)2 )
	Administration of IRP and Microloan programs in Benton, Franklin, Walla Walla and Columbia Co	ounties	· ′
	••••••		
4b	<b>b</b> (Code) (Expenses \$ including grants of \$) (R	Revenue \$	)
4c	c (Code:) (Expenses \$including grants of \$) (R	evenue \$	)
			••
	······		
			••••••
	A Other transfer to the Control of t	<del>"</del>	
4d	· · · · · · · · · · · · · · · · · · ·		
40	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	



Part IV	Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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	<b> </b>		
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓_
4	<b>Section 501(c)(3) organizations.</b> 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		<b>✓</b>
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		<b>√</b>
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		<b>√</b>
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		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		✓
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>-</b>
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		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<b>√</b>
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		<b>✓</b>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>√</b>
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		<b>✓</b>
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>✓</b>
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	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		<b>√</b>
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		<u> </u>
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		<b>✓</b>
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		<b>✓</b>
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		<u> </u>
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		<b>✓</b>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>√</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>-</b>
			000	

Form **990** (2019)

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	-	Ť
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		
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		<b>✓</b>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		<b>✓</b>
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):			_
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "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		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
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? <i>If "Yes," complete Schedule N, Part II</i>	32		✓
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34 35a	or IV, and Part V, line 1	34 35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		•
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<b>√</b>
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19° <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	1	
Part '	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	· <u>:</u>		
_	E. (1. (1. (1. (1. (1. (1. (1. (1. (1. (1		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			-5-
	- the state of the		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
Lu	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			$\vdash$
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		7
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		╀
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	35	<del> </del>	<del> </del>
70	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country ▶	74		<del>                                     </del>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>V</b>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		+
	·	-50		
	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?	6a		1
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		<u> </u>	
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	-7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	igsquare	
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .	9b		
10	Section 501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources		<u> </u>	
	against amounts due or received from them)	<u> </u>		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<b></b>	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10	<b>  </b>	ļ
	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O	13a		<u> </u>
b	Enter the amount of reserves the organization is required to maintain by the states in which			ĺ
	the organization is licensed to issue qualified health plans			1
	Enter the amount of reserves on hand		igsqcut	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	<u>                                      </u>	<u> </u>
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		/
	If "Yes," see instructions and file Form 4720, Schedule N.			-
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	$\square$	<b>✓</b>
	If "Yes," complete Form 4720, Schedule O		/	Ш.

PO Box 217, Richland, WA 99352

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See ins						
	Check if Schedule O contains a response or note to any line in this Part VI			. 🗸		
Secti	on A. Governing Body and Management					
-			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 0	]				
•	If there are material differences in voting rights among members of the governing body, or			١.		
	if the governing body delegated broad authority to an executive committee or similar			].		
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent 0					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	—			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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		1		
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		1		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?	7a		1		
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		✓		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			1		
а	The governing body?	8a	$\overline{\checkmark}$			
b	Each committee with authority to act on behalf of the governing body?	8b	1			
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 on Schedule O	9		✓		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode )			
	·	_	Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>		
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		<u> </u>		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			اب_ا		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>✓</b>		
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		1		
14	Did the organization have a written document retention and destruction policy?	14		<b>-</b>		
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		· .	. 1		
а	The organization's CEO, Executive Director, or top management official	15a		<b>√</b>		
b	Other officers or key employees of the organization	15b		<b>√</b>		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	h.		: [		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		<u>.</u>		
	with a taxable entity during the year?	16a		<b>√</b>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b				
Section	on C. Disclosure	100				
17	List the states with which a copy of this Form 990 is required to be filed.					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T			 (01/a)		
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(360	11011	)O 1(C)		
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	finter	est p	olicy,		
00	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	cords	<b>•</b>			
	Benton Franklin Council of Governments, (509)943-9185	p.	000	(2019)		
	PO Box 217, Richland, WA 99352	COLL		(2013)		

Form	$\alpha \alpha \alpha$	1201	a

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

☐ Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	ensa	ited any current	officer, director,	or trustee.
		(C)								
(A) Name and title	(B) Average hours	Position (do not check more than on box, unless person is both a officer and a director/truster					n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	용률	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
James Beaver	1.00	j								
Board member	0.00			✓				0	0	0
Brad Peck	1.00									
Board Member	0.00		L_	✓				0	0	0
Skip Novakovich	1.00									
Board Member	0.00			✓				0	0	0
Elizabeth Humphrey	1.00					ł				
Board Member	0.00			<b>✓</b>				0	0	0
Jennie Dickinson	1.00	!								
Board member	0.00			✓				0	0	0
							ļ			

Par	Section A. Officers, Directors,	Trustees,	Key	Ēmį	plo	yee	s, ar	ıd F	lighest Compe	nsated	Emplo	yees (c	ontini	<i>ied</i>
•	(A) Name and title	(B) Average hours per week	verage box, unless per officer and a diversely				is both	n an tee)	(D) Reportable compensation from the	(E) Reporta compens from rela	table nsation elated	Estimat of comp	(F) ed amor other ensation	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiz (W-2/109		1	m the zation ar rganizat	
				į	ĺ									
	` ,													
	,													
1b c	Subtotal		n A					<b>^</b>	0		0	-		0
d								<b>•</b>	0		0			0
2	Total number of individuals (including but reportable compensation from the organic		l to th	ose	list	ed a	above	e) wi	ho received more  0	e than \$1	00,000	of		
	Did the examination list any former of	officer divin				. 1.						$\overline{}$	Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If</i> "Yes," <i>complete</i> \$								· · · ·			3		<b>√</b>
4	For any individual listed on line 1a, is the organization and related organizations								complete Sched					<b>√</b>
5	individual									<u>▼</u>				
Secti	on B. Independent Contractors	11 700, 0	<i></i>	<del>3.0 (</del>	00.	-		<u> </u>						<u> </u>
1	Complete this table for your five high compensation from the organization Repo													
	(A) Name and business addi	ress							(B) Description of serv	ıces	(	(C) Compensa	tion	
None														
									<del></del> -					
				—							-			
2	Total number of independent contractor	-	_					th	ose listed above	e) who	F			

	990 (201	<u> </u>								Page
Par	t VIII	Statement of Re								
		Check if Schedule	Осо	ntains a re	espor	nse or note to ar	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaig	ıns .		1a					
ran	ь	Membership dues			1b					
Q, E	С	Fundraising events			1c					
ar A	d	Related organizatio			1d					
s, G	е	Government grants		-	1e					
ution er Si	f	All other contribution and similar amounts n			1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribute lines 1a-1f	ons in	icluded in	1g	\$				
<u> </u>	h	Total. Add lines 1a-	-1f		<u> </u>	🕨	0			
ø)						Business Code				
Š.	2a									
Ser	b						-			
Program Service Revenue	d									
gra Re	e									
<u>Б</u>	f	All other program se					13,731	13,731	0	(
	g	Total. Add lines 2a-				. •	13,731			
	3	Investment income	(ıncl	uding divi	dend	s, interest, and				
		other similar amour				•	1,061	1,061	0	(
	4	Income from investr	nent d	of tax-exen	npt bo		0	0	. 0	(
	5	Royalties .			<u> </u>		0	0	0	(
	60	Gross rents .	60	(ı) Rea	11	(II) Personal		ļ		
	6a b	Less rental expenses	6a 6b							
	c	Rental income or (loss)			0	0				
	d	Net rental income o		s)		. ▶				
	7a	Gross amount from		(i) Securi	ties	(ii) Other			-	-
		sales of assets								
		other than inventory	7a	<u> </u>					i	
ne	b	Less: cost or other basis								
Revenue	_	and sales expenses	7b	<u> </u>						
Re		Gain or (loss) Net gain or (loss)	7c	L	0	0				
Other	g g	Gross income from			·	· · · · · · · · · · · · · · · · · · ·				
<del></del> 5	8a	events (not including		nuraising						
		of contributions re		d on line	1					
		1c). See Part IV, line	e 18		8a					
	b	Less. direct expens	es .		8b					
	С	Net income or (loss)			g eve	nts ▶				
	9a	Gross income f			ŀ					
		activities. See Part I		e 19	9a					
		Less: direct expens			9b					
	C 10-	Net income or (loss) Gross sales of in			Clivilie	es . ►i		-		
	iua	returns and allowan		ory, less	10a				•	
	ь	Less. cost of goods			10b					
		Net income or (loss)			$\overline{}$	ory <b>&gt;</b>				
2		, ,				Business Code				
ie gr	11a									
and	b									
Miscellaneous Revenue	С									
Sis F		All other revenue			•					
-	е	Total. Add lines 11a	a–11d			▶	0	l		l

14,792

Total revenue. See instructions

14,792

0

0

Form **990** (2019)

Statement of Function	

Section	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response				
	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	( <b>D</b> ) 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	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)				
a	Management				
b	Legal	100	100	0	<del>                                     </del>
c d	Accounting	879	879	0	0
e	Lobbying Professional fundraising services See Part IV, line 17				
f	Investment management fees			<u> </u>	
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				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3,511	3,511	0	0
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance				
24	Other expenses Itemize expenses not covered	•			
	above (List miscellaneous expenses on line 24e If		* - •		
	line 24e amount exceeds 10% of line 25, column				-
	(A) amount, list line 24e expenses on Schedule O)			•	, ;
а	Miscellaneous Expenses	234	234	0	0
b	IRP Loan Expenses	26,153	26,153	0	
C	Micro Loan Expenses	23,843	23,843	0	
d	Bank Service Fees	9	9	0	0
e	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	54,729	54,729	0	0
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				<u> </u>

Part X	Balance Sheet	

	art A	Check if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	270,819	2	206,095
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			,
		trustee, key employee, creator or founder, substantial contributor, or 35%		.	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	123,982	6	94,269
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or other	•		
		basis. Complete Part VI of Schedule D 10a			,
	b	Less. accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	_	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	394,801	16	300,364
	17	Accounts payable and accrued expenses	16,440	17	879
	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	
ç	22	Loans and other payables to any current or former officer, director,			,
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	•		
ا ق		controlled entity or family member of any of these persons	360,469	22	321,530
<u> </u>	23	Secured mortgages and notes payable to unrelated third parties	300,403	23	321,330
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		<del></del>	
	25	parties, and other liabilities not included on lines 17–24). Complete Part X			
ļ		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	376,909	26	322,409
s		Organizations that follow FASB ASC 958, check here ▶ ✓	370,303		322,405
<u>8</u>		and complete lines 27, 28, 32, and 33.	,		•
<u>a</u>	27	Net assets without donor restrictions	17,892	27	-22,045
8 B	28	Net assets with donor restrictions	0	28	0
밀		Organizations that do not follow FASB ASC 958, check here ▶ □			
교		and complete lines 29 through 33.	-		•
Net Assets or Fund Balance:	29	Capital stock or trust principal, or current funds	<del></del>	29	
ts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ا≱	32	Total net assets or fund balances	17,892	32	-22,045
<u>2</u>	33	Total liabilities and net assets/fund balances .	394,801	33	300,364
		Total Industrio and Not about of fulfild balantees .	334,001		Form <b>990</b> (2019)

|--|

Page 12

					-9
<sup>2</sup> ar	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>	<u>.                                    </u>	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	4,792
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	4,729
3	Revenue less expenses. Subtract line 2 from line 1	3		-3	9,937
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1	7,892
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1			
	32, column (B))	10		-2	2,045
art	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990.  Cash Accrual Other		ļ. ,		١.
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain in			* .
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled or	<b> </b> .	•	
	reviewed on a separate basis, consolidated basis, or both		,		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on a	· . ; ;	ı	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov				
	the audit, review, or compilation of its financial statements and selection of an independent accounts		2c		
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xplain on		· ——	<i>``</i>
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in the			
	Single Audit Act and OMB Circular A-133?		За	<b>V</b> .	7
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a				

# **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

**Open to Public** Inspection Employer identification number

	UMBIA REGIONAL ECONOMIC DEVI						330466		
Pai	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
The o	organization is not a private founda	ation because it i	is. (For lines 1 through	12, che	ck only o	ne box.)			
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in section		· ·			• •	()4		
3	☐ A hospital or a cooperative ho								
4	A medical research organization		onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the		
_	hospital's name, city, and stat		N						
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II)			•	, -	tal unit described in		
6	✓ A federal, state, or local gover								
7	An organization that normally			port from	n a gover	nmental unit or fron	n the general public		
_	described in section 170(b)(1)								
8	A community trust described i								
9	An agricultural research organ or university or a non-land-gra university:								
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fut t income and uni	nctions—subject to c related business taxa	ertain exc ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	in 331/3% of its		
11	An organization organized and								
12	_		•	•			rry out the purposes		
	of one or more publicly support								
	Check the box in lines 12a thro	ough 12d that des	scribes the type of sur	porting o	organizati	on and complete line	es 12e, 12f, and 12g		
а	☐ Type I. A supporting organ	nzation operated	l, supervised, or conti	olled by	its suppo	rted organization(s),	typically by giving		
	the supported organization				-	the directors or trust	ees of the		
	supporting organization Y	ou must comple	ete Part IV, Sections	A and B	•				
ь	,,,					• •			
	control or management of		_		persons	that control or man	age the supported		
	organization(s). You must	•	•						
С	Type III functionally integ						ally integrated with,		
d	that is not functionally integ	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an			
	requirement (see instructio	ns). <b>You must c</b>	omplete Part IV, Sec	tions A	and D, ar	nd Part V.			
е	Check this box if the organ functionally integrated, or						e II, Type III		
f	Enter the number of supported of								
<u>g</u>	Provide the following information	n about the supp	orted organization(s).						
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
			above (see instructions))		ment?	instructions)	instructions)		
			п	Yes	No				
				res	INO				
(A)									
(B)									
(C)									
(D)									
(E)									
Γotal		SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF T	REMEMBER						

Total

Par	(Complete only if you checked the	ations Desci	ibed in Sect	ions 1/0(b)(1	I)(A)(IV) and	170(b)(1)(A)(v	i) /
	Part III. If the organization fails to	aualify und	er the tests li	sted below. p	e organizatio lease comple	ete Part III.)	ally under
Sect	ion A. Public Support			<u>, p</u>	nouse somple	oto i di timij	
Caler	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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						
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					-	
	on B. Total Support						.,,
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		/				
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	Total support. Add lines 7 through 10			•			
12	Gross receipts from related activities, etc.				•	12	
13	First five years. If the Form 990 is for the		i's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
C = 4	organization, check this box and stop her			• • •		· · · ·	▶ □
	on C. Computation of Public Suppor Public support percentage for 2019 (line 6			1 001:000 (0)		144	0/
14 15	Public support percentage from 2018 Sch		•			15	<u>%</u> %
16a	331/3% support test—2019. If the organi						
	box and stop here. The organization qual						
b	331/3% support test—2018. If the organization	zation did not	check a box o	n line 13 or 16	a, and line 15		_
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how/the organization meets the "i organization	ets the "facts	-and-circumsta	ances" test, ch	neck this box a	and <mark>stop here.</mark>	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization m supported organization	tion meets th	e "facts-and-c s-and-circums	circumstances' stances" test	' test, check t	this box and son on qualifies as	top here.
18	Private foundation. If the organization did	d not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, chec		see
	instructions						. ▶ 🗆

Part III Support Schedule for Organizations Described in Section 509(a)(2)							
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	II.)	
	ion A. Public Support		<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>		· 
Caler 1	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					/	
2	Gross receipts from admissions, merchandise	· · · · · ·					
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose				/		
3	Gross receipts from activities that are not an						-
	unrelated trade or business under section 513						
4	Tax revenues levied for the						· · ·
	organization's benefit and either paid to					.	
_	or expended on its behalf				/		
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge .						
6	Total. Add lines 1 through 5		<u> </u>	<del>/</del>			
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					•	
	, and the second						- <del>-</del>
С 8	Add lines 7a and 7b  Public support. (Subtract line 7c from	<del></del>	/		J		
Ū	line 6)		· '		,		
Secti	ion B. Total Support				L	<u>L</u>	<del></del>
Calen	ndar year (or fiscal year beginning in)	(a) 20/15	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a							
	payments received on securities loans, rents,		]				
_	royalties, and income from similar sources .  Unrelated business taxable income (less	/					
D	section 511 taxes) from businesses			•			
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business				-		
	activities not included in line 10b, whether						
	or not the business is regularly/carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI).						
13	Total support. (Add lines 9, 10c, 11,						<del></del>
	and 12.)						
14	First five years. If the Form 990 is for th	e organization	n's first, secon	d, third, fourth	, or fifth tax ve	ear as a section	n 501(c)(3)
	organization, check this box and stop her	re .					``` <b>≻</b> ' □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8			3, column (f))		15	%
16	Public support percentage from 2018 Sch				<u> </u>	16	%
	on D. Computation of Investment Inc				(0)	1471	
17 10	Investment income percentage for 2019 (I			y line 13, colu	mn (t)) .	17	<u>%</u>
18 19a	Investment income percentage from 2018 361/3% support tests – 2019. If the organic			on line 14 or	 nd line 15 is m	18   ore than 331/2%	% and line
. va	17 is not more than 331/3%, check this box a	and stop here.	The organization	on qualifies as a	a publiciv supna	orted organization	on $ ightharpoon$
<i>b</i>	331/3% support tests - 2018. If the organization						
	line 18 is not more than 331/3%, check this b						

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

## Part IV Supporting Organizations

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

Section	Δ	ΔΙΙ	Supr	ortine	1 Or	ganizations
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			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	<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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	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 <b>Part VI</b> 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) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	- 5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).	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 <b>Part VI</b> .	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 <b>Part VI.</b>	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 <b>Part VI.</b>	9c		
I0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	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.)	10a 10b		

Part	IV Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<u> </u>
	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		
Secti	on B. Type I Supporting Organizations		,	,
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			1
	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	<u> </u>		لــــا
•		1_		ļ.,
2	Did the organization operate for the benefit of any supported organization other than the supported			•
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	<u> </u>		<b></b>
Socti	on C. Type II Supporting Organizations	2		
Section	on C. Type it Supporting Organizations		Yes	No
1	Wars a majority of the arganization's directors or trustees during the tay year along a majority of the directors		162	NO
•	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 <b>Part VI</b> 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>
Section	on D. All Type III Supporting Organizations			L
	on ottom type in outperting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			] ]
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			لــــــــــــــــــــــــــــــــــــــ
	supported organizations played in this regard.	3		<u>L</u>
	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	nstru	ctions	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 (s	see ins I		
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 <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	٠,٠		
	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			1 1
	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? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			<u>; 1</u>
-	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g tru nizat	st on Nov 20, 1970 (expl ions must complete Sect	ain in Part VI). <b>See</b> ions A through E
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):			
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			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	4	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		' 1	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporting	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued)	, uge •				
Sect	Section D—Distributions							
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							
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.							
		_						
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions							
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019 ' (reasonable cause required—explain in Part VI) See instructions			,				
3	Excess distributions carryover, if any, to 2019							
a	From 2014							
b	From 2015							
С								
d	From 2017							
е	From 2018							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
	Applied to 2019 distributable amount							
i	Carryover from 2014 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2019 from Section D, line 7. \$							
a	Applied to underdistributions of prior years							
b			······································					
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.							
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.							
7 	Excess distributions carryover to 2020. Add lines 3j and 4c.							
8	Breakdown of line 7							
a	Excess from 2015							
b	Excess from 2016			<u> </u>				
С	Excess from 2017 .							
d	Excess from 2018 .			<u> </u>				
<u>е</u>	Excess from 2019 .							

, Part VI	III, line 12; B, lines 1 a 3a, and 3b;	Part IV, Section Part IV, Section Part IV, Part IV, Part V, line 1 Pand 6. Also co	on A, lines 1, Section C, li ; Part V, Sec	2, 3b, 3c, 4 ne 1; Part l' tion B, line	4b, 4c, 5a, V, Section 1e; Part V,	6, 9a, 9b, 9 D, lines 2 a , Section D	9c, 11a, 11b, ind 3; Part IV , lines 5, 6, a	and 11c; f ', Section E nd 8; and l	Part IV, S E, lines 1	Section Ic, 2a, 2b,
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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

Open to Publ Inspection

Employer identification number

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