PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 27031

Form **9990** (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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



| ΑF | or th | e 2019 calendar year, or tax year beginning and | ending | | | | |
|--------------------|-----------------|--|-------------|------------------------------|-------------------------------|--|--|
| B c a | heck if pplicab | e: C Name of organization | | D Employer identified | cation number | | |
| | Addre | Pe COLUMBIA LAND TRUST | | | | | |
| | Name | ge Doing business as | | 94-31408 | 61 | | |
| | Initial | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | r | | |
| | Final Final | 850 OFFICERS' DOW | | (360) 69 | 6-0131 | | |
| | termi ated | ⁿ⁻ City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 17,314,529. | | |
| | Amer | | | H(a) Is this a group re | eturn | | |
| | Appli tion | F name and address of principal officer: Guidinin LiAnd | | for subordinates | | | |
| | pend | SAME AS C ABOVE | | H(b) Are all subordinates in | Included? Yes No | | |
| | | eempt status: 🗴 501(c)(3) 🔄 501(c) ()◀ (insert no.) 🗌 4947(a)(1) d | or 🗌 527 | If "No," attach a | list. (see instructions) | | |
| | | ite: VWW.COLUMBIALANDTRUST.ORG | | H(c) Group exemptio | n number 🕨 | | |
| | | f organization: 🔀 Corporation 📄 Trust 🦳 Association 📄 Other 🕨 | L Year | of formation: 1990 N | A State of legal domicile: WA | | |
| Pa | art I | Summary | | | | | |
| • | 1 | Briefly describe the organization's mission or most significant activities: TO CO | | | LANDSCAPES | | |
| ŭ | | AND VITAL HABITAT OF THE COLUMBIA RIVER R | EGION. | | | | |
| Governance | 2 | Check this box 🕨 🛄 if the organization discontinued its operations or dispos | sed of more | than 25% of its net ass | | | |
| ove | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | 14 | | |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 14 | | | |
| ŝ | 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | | 38 | | | |
| vitie | 6 | Total number of volunteers (estimate if necessary) | | | 60 | | |
| Activities & | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | |
| _ | b | Net unrelated business taxable income from Form 990-T, line 39 | | 7b | 0. | | |
| | | | | Prior Year | Current Year | | |
| e | 8 | Contributions and grants (Part VIII, line 1h) | | 8,998,705. | 8,202,885. | | |
| enu | 9 | Program service revenue (Part VIII, line 2g) | | 327,266. | 224,390. | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 599,185. | 792,629. | | |
| щ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -74,231. | -88,263. | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 9,850,925. | 9,131,641. | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | |
| S | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 2,323,464. | 2,649,533. | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 25,000. | 0. | | |
| be | b | Total fundraising expenses (Part IX, column (D), line 25) | 66. | | | | |
| Ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,993,543. | 2,824,474. | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 5,342,007. | 5,474,007. | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 4,508,918. | 3,657,634. | | |
| s or | | | | ginning of Current Year | End of Year | | |
| Assets (Balanc | 20 | Total assets (Part X, line 16) | | 88,048,178. | 92,266,438. | | |
| t As | 21 | Total liabilities (Part X, line 26) | | 7,967,902. | 5,996,370. | | |
| Re | | Net assets or fund balances. Subtract line 21 from line 20 | | 80,080,276. | 86,270,068. | | |
| Pa | nrt II | Signature Block | | | | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign | Signature of officer | | | Date | | | | | | |
|--|--|----------------------|------|-------------------------|--|--|--|--|--|--|
| Here | GLENN LAMB, EXECUTIVE | DIRECTOR | | | | | | | | |
| | Type or print name and title | | | | | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check PTIN | | | | | | |
| Paid | SANG AHN | | | self-employed P00540880 | | | | | | |
| Preparer | Firm's name MCDONALD JACOBS , | P.C. | | Firm's EIN 🕨 93-0900579 | | | | | | |
| Use Only | Firm's address 520 SW YAMHILL S | T., STE 500 | | | | | | | | |
| PORTLAND, OR 97204 Phone no. (503) 227-058 | | | | | | | | | | |
| May the II | May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | | | | | |
| 932001 01-2 | J32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019) | | | | | | | | | |

| | 990 (2019) COLUMBIA LAND TRUST | 94-3140861 | Page 2 |
|-------|--|--------------------------|------------------|
| Par | t III Statement of Program Service Accomplishments | | v |
| - | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission: THE COLUMBIA LAND TRUST CONSERVES SIGNATURE LANDSCAPES AI | ידע אדע אד. | |
| | HABITAT TOGETHER WITH THE LANDOWNERS AND COMMUNITIES OF 1 | | |
| | RIVER REGION. | THE COLOMBIA | |
| | KIVER REGION. | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | Yes | XNo |
| | If "Yes." describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes | X No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as r | neasured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | s, the total expenses, a | nd |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$1, 284, 258. including grants of \$) (Revenue) | ie\$ 224, | <u>390.</u> |
| | LAND CONSERVATION: COLUMBIA LAND TRUST CONSERVES AND CARI | | |
| | LANDS, WATERS, AND WILDLIFE OF THE LOWER COLUMBIA RIVER H | | GH |
| | SOUND SCIENCE AND STRONG RELATIONSHIPS. THE LAND TRUST F | | |
| | GROUND WITH LANDOWNERS AND COMMUNITY STAKEHOLDERS TO PERM | | |
| | CONSERVE THE SCENIC AND INTRINSIC VALUES OF LAND AND WAT | | |
| | THE LAND TRUST CONSERVED 270 ACRES ACROSS ITS SERVICE ARI | | |
| | EXTENDS ALONG THE COLUMBIA FROM THE DALLES, OREGON TO THI | | |
| | OCEAN. THIS INLCUDED 100 ACRES ALONG THE WIND RIVER NEAR | - | |
| | WASHINGTON AND 40 ACRES ALONG THE LOWER HOOD RIVER IN HOO | JD RIVER, | |
| | OREGON. | | |
| | | | |
| | (Code:) (Expenses \$635,293. including grants of \$) (Revenue | | |
| 4b | (Code:) (Expenses \$635,293. including grants of \$) (Revenue PUBLIC OUTREACH: COLUMBIA LAND TRUST INCREASES AWARENESS | | |
| | BENEFITS OF LAND CONSERVATION AND THE IMPORTANCE OF ITS I | | |
| | CONSERVE AND CARE FOR THE VITAL LANDS, WATERS, AND WILDL | | |
| | COLUMBIA RIVER REGION THROUGH SOUND SCIENCE AND STRONG RI | | • |
| | THE LAND TRUST FOCUSES OUTREACH AND ENGAGEMENT TO SUPPORT | | |
| | IN PRIORITY AREAS, SHOWCASES SUCCESSFUL PROJECTS TO PROMO | | |
| | CONSERVATION AND STEWARDSHIP, AND CONNECTS COMMUNITIES TO |) LAND | |
| | CONSERVATION THROUGH TOURS, VOLUNTEER DAYS, PUBLICATIONS | , AND EVENTS | • |
| | | | |
| | | | |
| | CONTINUED ON SCHEDULE O | | |
| 4c | (Code:) (Expenses \$ 2,106,898. including grants of \$) (Revenue (Code:)) (Revenue (Co | |) |
| | LAND STEWARDSHIP: PROTECTING AND ENHANCING THE CONSERVAT | | |
| | CONSERVED LANDS IS SOME OF THE MOST IMPORTANT WORK FOR CO | | |
| | TRUST. IT IS THE RESPONSIBILITY OF THE STEWARDSHIP PROGRA CONSERVATION VALUES AND TO BE A GOOD NEIGHBOR AND COMMUN | | |
| | ALL COLUMBIA LAND TRUST PROPERTIES THROUGH SCIENCE-BASED | | <u>OK</u> |
| | THE LAND TRUST EVALUATES EACH PROPERTY FOR ITS CONSERVAT: | | UD |
| | THREATS TO THESE VALUES, AND FOR OPPORTUNITIES TO ENHANCE | | |
| | THREATS TO THESE VALUES, AND FOR OFFORTUNITIES TO ENHANCE THROUGH RESPONSIBLE MANAGEMENT. A STEWARDSHIP PLAN IS DEV | | 011 |
| | IMPLEMENTED BASED ON THIS ANALYSIS TO INCLUDE ANNUAL MONT | | ልጽሞ |
| | OF AN ADAPTIVE MANAGEMENT FRAMEWORK. | LIONING AD F | |
| | | | |
| 41 | CONTINUED ON SCHEDULE O | | |
| 40 | Other program services (Describe on Schedule O.) | Ň | |
| 4- | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 4,026,449. |) | |
| 4e | Total program service expenses ► 4,026,449. | Form | 990 (2019 |
| 32002 | SEE SCHEDULE O FOR CONTINUATION(S | | ,2010 |
| 110 | 2 2 2010 04020 COLUMPTA LAND | mpiiam | 2276 |
| тU | 26 781409 2376 2019.04030 COLUMBIA LAND | TKOPI. | 2376_ |

| Form | 990 | (2019) | ۱ |
|------|-----|--------|---|
| | 330 | (2013) | , |

 Form 990 (2019)
 COLUMBIA
 LAND
 TRUST

 Part IV
 Checklist of Required Schedules
 Columnation
 Columnation

| | | | Yes | No |
|--------|--|------|-----|------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 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 | | X |
| 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 | Х | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 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 | | X |
| 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 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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 | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | <u>-</u> - |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | 77 | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | <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 | | X |
| | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | v |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | 000 | |
| 932003 | 3 01-20-20 | ⊦orm | 390 | (2019) |

21071026 781409 2376

3 2019.04030 COLUMBIA LAND TRUST

| Form | aan | (2019) | |
|-------|-----|--------|--|
| FUIII | 330 | 120131 | |

 Form 990 (2019)
 COLUMBIA
 LAND
 TRUST

 Part IV
 Checklist of Required Schedules (continued)

| T ai | (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 | | X |
| 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 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | <u>24a</u> | | X X |
| | 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 | | |
| | 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 | | X X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| 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 | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 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 | | X |
| 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 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| 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 | | X |
| 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 | | X |
| 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 | Х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 61 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |
| 932004 | 01-20-20 | Form | 990 | (2019) |
| | 4 | | | |

2019.04030 COLUMBIA LAND TRUST

| Form | 990 (2019) COLUMBIA LAND TRUST 94-3140 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) (continued) | 861 | P | _{age} 5 | | |
|---------|---|-----|-----|------------------|--|--|
| | | | Yes | No | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 38 | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | |
| | 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? | 3a | | x | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | x | | |
| b | If "Yes," enter the name of the foreign country | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | |
| | 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 | | x | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | |
| | were not tax deductible? | 6b | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X | | |
| 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 | | X | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X X | | |
| f | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | | |
| g | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| 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 10a | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | - | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | |
| a | Gross income from members or shareholders 11a | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | |
| 10- | amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | IZa | | | | |
| b 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | |
| a | Note: See the instructions for additional information the organization must report on Schedule O. | 154 | | | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | |
| | organization is licensed to issue qualified health plans | | | | | |
| с | Enter the amount of reserves on hand | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14b | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | |
| | excess parachute payment(s) during the year? | 15 | | x | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | |

Form **990** (2019)

932005 01-20-20

COLUMBIA LAND TRUST

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | _ |
|---------|---|-----------|-------|----------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | <u>.</u> |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a14 | - | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 14 | | | |
| 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 | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | |
| 6 | Did the organization have members or stockholders? | 6 | Х | |
| о 7а | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | – | | - |
| 14 | | 7a | х | |
| Ŀ | more members of the governing body? | <u>1a</u> | - 23 | - |
| D | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | х | |
| _ | 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: | | | |
| а | The governing body? | <u>8a</u> | X | - |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | _ |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | ; |
| 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. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| | | 120 | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 10 | х | |
| | in Schedule O how this was done | 12c | X | - |
| 13 | Did the organization have a written whistleblower policy? | 13 | | - |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | ļ |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | | 164 | | |
| Sec | exempt status with respect to such arrangements? | 16b | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright OR | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) | | avail | • |
| 10 | for public inspection. Indicate how you made these available. Check all that apply. | s or ity) | avand | |
| | | | | |
| 40 | X Own website Another's website X Upon request Other (explain on Schedule O) | L.C | -:-! | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | i finano | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | - |
| | AMY COSTELLO - (360) 696-0131 | | | _ |
| | 850 OFFICERS' ROW, VANCOUVER, WA 98661-3856 | | | |
| 32006 | 6 01-20-20 | Form | 990 |) |
| | 6 | | | |
| /10 | 26 781409 2376 2019.04030 COLUMBIA LAND TRUST | | 23 | 2 |

| Form 990 (2019) | COLUMBIA LAND TRUST | 94-3140861 | Page 7 | | | | | |
|--|--|---|-------------|--|--|--|--|--|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated | | | | | | | | |
| Empl | oyees, and Independent Contractors | | | | | | | |
| Check | if Schedule O contains a response or note to any line in this Part VII | | | | | | | |
| Section A. Office | ers, Directors, Trustees, Key Employees, and Highest Compensated Employ | rees | | | | | | |
| 1a Complete this t | table for all persons required to be listed. Report compensation for the calendar | year ending with or within the organization's | s tax year. | | | | | |
| List all of the | organization's current officers, directors, trustees (whether individuals or organ | izations), regardless of amount of compens | ation. | | | | | |

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 nor any related organization compensated any current officer, director, or trustee.

| (A) | (B) | (C) | | (D) | (E) | (F) | | | | | |
|----------------------|--------------------------|--------------------------------|-----------------------|---|-------------------------------|---------------------------------|----------------|-----------------|-----------------|-----------------------------|-------|
| Name and title | Average | Position | | Position (do not check more than one | | Position | | Reportable | Reportable | Estimated | |
| | hours per | box | box, unless person i | | box, unless person is both an | | compensation | compensation | amount of | | |
| | week | | officer and a dir | | | | ector/trustee) | | from | from related | other |
| | (list any | rector | | | | | | the | organizations | compensation | |
| | hours for | or di | ee | | | ated | | organization | (W-2/1099-MISC) | from the | |
| | related organizations | ustee | trust | | ee | suadu | | (W-2/1099-MISC) | | organization and related | |
| | below | ual tr | tional | | yold | t con /ee | ~ | | | organizations | |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations | |
| (1) WENDY GERLACH | 1.00 | | - | | - | 1 0 | | | | | |
| PRESIDENT | | x | | x | | | | 0. | 0. | 0. | |
| (2) DEBBIE CRAIG | 1.00 | | | | | | | | | | |
| VICE PRESIDENT | | Х | | X | | | | 0. | 0. | 0. | |
| (3) STEVE SHIELDS | 1.00 | | | | | | | | | | |
| TREASURER | | Х | | X | | | | 0. | 0. | 0. | |
| (4) JANNA DAVYDOVA | 1.00 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (5) AJA DECOTEAU | 1.00 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (6) BARBARA JOHNSON | 1.00 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (7) RUDY SALAKORY | 1.00 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (8) TIM SPOFFORD | 1.00 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (9) JANET GIFFORD | 1.00 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (10) CHARLIE BISHOP | 1.00 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (11) KERRY BARNETT | 1.00 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (12) LAURA PLANCK | 1.00 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (13) LISA AMATO | 1.00 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (14) ELAINE HARVEY | 1.00 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (15) GLENN LAMB | 40.00 | | | | | | | | | | |
| EXECUTIVE DIRECTOR | | | | X | | | | 143,824. | 0. | 12,777. | |
| (16) STEVE COOK | 34.00 | | | | | | | | | | |
| GENERAL COUNSEL | | | | | | X | | 107,863. | 0. | 5,429. | |
| (17) IAN SINKS | 40.00 | | | | | | | | | | |
| STEWARDSHIP DIRECTOR | | | | | | X | | 104,054. | 0. | 5,239. | |
| 932007 01-20-20 | | | | | | | | | | Form 990 (2019) | |

932007 01-20-20

Form 990 (2019)

21071026 781409 2376

2019.04030 COLUMBIA LAND TRUST

| Form 990 (2019) COLUMBIA | LAND TI | RUS | ST | | | | | | 94-33 | 14080 | 51 | Page 8 |
|---|--|--------------------------------|------------------------|--------------|-------------------------|---------------------------------|---------|---|--|----------|--|------------------------|
| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees, | | | ghes | t C | ompensated Employee | s (continued) | | | |
| (A) Name and title | (B) Average hours per week | box offi | not cl | ss per | itior more rson i | than c s both or/trust | an | (D) Reportable compensation from | (E) Reportable compensatio from related | on d | n amount of I other | |
| | (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organization (W-2/1099-MIS | SC) | from from organi: and re organiz | the zation lated |
| (18) CHERYL KEARNEY | 40.00 | | | | | | | | | | _ | |
| FOREST CONSERVATION DIRECTOR | | | | | | X | | 100,051. | | 0. | 5, | 039. |
| | | - | | | | | | | | | | |
| | | - | | | | | | | | | | |
| | | - | | | | | | | | | | |
| | | | | | | | | 455,792. | | 0. | 28 | 484. |
| 1b Subtotal c Total from continuation sheets to Part VI | I, Section A | | | | | | | 455,792. | | 0. | | <u> </u> |
| d Total (add lines 1b and 1c)2Total number of individuals (including but n | | | | | | | o re | | l 000 of reportable | | 20, | 404. |
| compensation from the organization | | | | | | | | | | | Ye | 4 s No |
| 3 Did the organization list any former officer, | | | - | | | | Ŭ | | - | | | |
| line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s 4 For any individual listed on line 1a, is the su | im of reportab | le co | mpe | ensa | tion | and | oth | | he organization | | 3 | X |
| and related organizations greater than \$1505 Did any person listed on line 1a receive or a | | · | • | | | | | | | | 4 X | |
| rendered to the organization? <i>If</i> "Yes," corr Section B. Independent Contractors | plete Schedu | le J f | or su | ich <u>r</u> | oers | on . | <u></u> | | | | 5 | X |
| 1 Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | pensatio | n from | |
| (A) Name and business | | | | <u>ig w</u> | | | | (B) Description of s | | Cor | (C) npensa | tion |
| INTEGRATED RESOURCE MANAG | EMENT | | | | | | | | | | | |
| P.O. BOX 547, PHILOMATH, BEHRENDSEN TRUCKING | OR 9737 | /0 | | | | | _ | RESTORATION | SERVICES | | 239, | 336. |
| 5016 NW VISTA DR., WOODLA | ND, WA | 98 | 67 | 4 | | | _ | TRUCKING | | | 237, | 209. |
| THE HISTORIC TRUST 750 ANDERSON ST., VANCOUV | | 98 | 66 | 1 | | | | OFFICE SPACE | | | 134, | 973. |
| J.FRANCO REFORESTATION, I 9227 STAYTON RD. SE, AUMS | | OR | 9 | 72 | 35 | | | RESTORATION | SERVICES | : | 120, | 276. |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (ii \$100,000 of compensation from the organized or the second sec | • | not lin | nitec | to | | se lis [.] 1 | ted | above) who received me | ore than | | | |
| | | | | | | | | | | Fo | orm 99 | 0 (2019) |

932008 01-20-20

| 1 a | rt v | | Check if Schedule O | | | nse d | or note to anv lin | e in this Part VIII | | | |
|---|------|-----------------------|---|-------------------------|---|-----------------|--|----------------------|--------------------------|--------------------------------------|--|
| | | | | | | | | (A) Total revenue | (B) Related or exempt | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 | b d e f | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, similar amounts not included Noncash contributions included in I Total. Add lines 1a-1f | ibutio grant abov | 1b 1c 1d ons) 1e s, and 1f a-1f 1g \$ | 2, 5, | 364,928. 754,306. 083,651. 485,041. | 8,202,885. | | | |
| | | | | | | | Business Code | 224 200 | 224 200 | | |
| Program Service Revenue | 2 | a b c d e | LAND CONSERVA | | | | 900099 | 224,390. | 224,390. | | |
| đ | | | All other program service | | | | | 224,390. | | | |
| | 3 | | Total. Add lines 2a-2f Investment income (includ other similar amounts) Income from investment o | ling (| dividends, ir | itere | st, and | 403,107. | | | 403,107. |
| | 5 | | Royalties | | • | | - | - | | | |
| | 6 | b c | Gross rents Less: rental expenses Rental income or (loss) | 6a 6b 6c | | | | - | | | |
| A | 7 | a | Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis | 7a | (i) Securiti 846382 | es 2. | (ii) Other | - | | | |
| . Revenue | | c d | and sales expenses Gain or (loss) Net gain or (loss) | 7c | 807430 389,52 | 2. | ► | 389,522. | | | 389,522. |
| Other | 8 | | Gross income from fundraisir including \$ 364 contributions reported on Part IV, line 18 Less: direct expenses | , 9 line | 28 _ of 1c). See | | <u>20,325.</u> 108,588. | | | | |
| | 9 | | Net income or (loss) from t Gross income from gamin Part IV, line 19 | g ac | tivities. See | ts 9a | ····· ► | -88,263. | | | -88,263. |
| | 10 | с | Less: direct expenses Net income or (loss) from Gross sales of inventory, l | gami | ng activities | 9b | > | | | | |
| | | b | and allowances Less: cost of goods sold Net income or (loss) from s | | | 10a 10b v | | - | | | |
| neous | 11 | a b | | | | | Business Code | | | | |
| Miscellaneous Revenue | | c d | All other revenue | | | | | | | | |
| | 12 | | Total revenue. See instructio | | | | | 9,131,641. | 224,390. | 0. | 704,366. |
| 93200 | | | | | | | | | | | Form 990 (2019 |

2376___1

COLUMBIA LAND TRUST

Form 990 (2019) COLUMB

| <u>Seci</u> | on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon | | | | X |
|-------------|---|---------------------------|-----------------------------|---------------------------------|---------------------------|
| Dov | not include amounts reported on lines 6b, | (A) | (B) Program service | (C) | (D) Fundraising |
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | · | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 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 | 156,601. | 102,064. | 30,406. | 24,131. |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 0 000 010 | 1 201 855 | | 210 501 |
| 7 | Other salaries and wages | 2,028,018. | 1,321,755. | 393,762. | 312,501. |
| 8 | Pension plan accruals and contributions (include | 01 066 | F0 020 | 17 056 | 1/ 171 |
| ~ | section 401(k) and 403(b) employer contributions) | 91,966. 160,091. | 59,939. 104,339. | 17,856. | <u>14,171.</u> 24,669. |
| 9 | Other employee benefits | 212,857. | 138,728. | 31,083. 41,329. | 32,800. |
| 10 | Payroll taxes | 414,007. | 120,120. | 41,343. | 54,000. |
| 11 | Fees for services (nonemployees): | | | | |
| a h | Management | 6,552. | 6,292. | 260. | |
| b | Legal | 18,775. | 375. | 18,400. | |
| d | Lobbying | 2011101 | 5751 | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 21,000. | | 21,000. | |
| g | | • | | | |
| J | column (A) amount, list line 11g expenses on Sch O.) | 694,769. | 477,474. | 98,597. | 118,698. |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 427,298. | 316,902. | 46,823. | 63,573. |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 225,643. | 50,906. | 174,737. | |
| 17 | Travel | 58,371. | 47,733. | 6,523. | 4,115. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 20 850 | 10 510 | 00.016 | A _ 4 1 E |
| 19 | Conferences, conventions, and meetings | 38,750. | 13,519. | 20,816. | 4,415. |
| 20 | | 30,590. | 2,355. | 28,235. | |
| 21 | Payments to affiliates | 19 607 | 10,750. | 37,947. | |
| 22 | Depreciation, depletion, and amortization | <u>48,697.</u> 46,943. | 3,943. | 43,000. | |
| 23 | Insurance Other expenses. Itemize expenses not covered | 40,545. | 5,545. | 43,000. | |
| 24 | above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | PROPERTY ACQUISITION CO | 636,329. | 636,329. | | |
| b | PROPERTY MAINTENANCE | 311,068. | 311,068. | | |
| c | LICENSE AND FEES | 172,210. | 107,098. | 61,649. | 3,463. |
| d | OTHER | 87,479. | 24,300. | 40,088. | 23,091. |
| е | All other expenses | | 290,580. | -350,619. | 60,039. |
| 25 | Total functional expenses. Add lines 1 through 24e | 5,474,007. | 4,026,449. | 761,892. | 685,666. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

932010 01-20-20

Form 990 (2019)

2376___1

COLUMBIA LAND TRUST Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | | liusiee, key employee, creator or rounder, subst | | | | | |
|---------------|-----|--|----------|--------------------|-------------|-----|------------------------|
| | | controlled entity or family member of any of thes | e perso | ons | | 5 | |
| | 6 | Loans and other receivables from other disqualif | ied per | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons described | in sec | tion 4958(c)(3)(B) | | 6 | |
| S | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | | 37,207. | 9 | 61,584. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 69,759,474. | | | |
| | b | Less: accumulated depreciation | | 279,873. | 69,694,198. | 10c | 69,479,601. |
| | 11 | Investments - publicly traded securities | | | 13,135,199. | 11 | 16,814,628. |
| | 12 | Investments - other securities. See Part IV, line 1 | 1 | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 1 | 1 | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 88,048,178. | 16 | 92,266,438. |
| | 17 | Accounts payable and accrued expenses | | | 726,469. | 17 | 658,194. |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 12,839. | 19 | 121,822. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | | | 21 | |
| ŝ | 22 | Loans and other payables to any current or form | er offic | er, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substa | antial c | ontributor, or 35% | | | |
| abi | | controlled entity or family member of any of thes | e perso | ons | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrela | ted thir | d parties | 1,120,000. | 23 | 937,500. |
| | 24 | Unsecured notes and loans payable to unrelated | third p | oarties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | /ables | to related third | | | |
| | | parties, and other liabilities not included on lines | 17-24) | . Complete Part X | | | |
| | | of Schedule D | | | 6,108,594. | 25 | 4,278,854. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 7,967,902. | 26 | 5,996,370. |
| | | Organizations that follow FASB ASC 958, chee | ck here | e ▶ X | | | |
| Fund Balances | | and complete lines 27, 28, 32, and 33. | | | | | |
| lan | 27 | Net assets without donor restrictions | | | 66,625,611. | 27 | 68,740,086. |
| Ba | 28 | Net assets with donor restrictions | | | 13,454,665. | 28 | 17,529,982. |
| pu | | Organizations that do not follow FASB ASC 95 | | | | | |
| μ | | and complete lines 29 through 33. | | | | | |
| s ol | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or eq | uipmer | nt fund | | 30 | |
| Net Assets or | 31 | Retained earnings, endowment, accumulated inc | come, o | or other funds | | 31 | |
| Net | 32 | Total net assets or fund balances | | | 80,080,276. | 32 | 86,270,068. |
| _ | 33 | | | | 88,048,178. | 33 | 92,266,438. |
| | | | | | | | Form 990 (2019) |

11

COLUMBIA LAND TRUST

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

1 Cash - non-interest-bearing

94-3140861 Page 11

(B) End of year

1,038,844.

2,208,444.

2,279,841.

383,496.

(A) Beginning of year

675,407.

1,132,116.

3,090,281. 283,770.

1

2

3

4

2376___1

2019.04030 COLUMBIA LAND TRUST

Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net

Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Form 990 (2019) Part X Balance Sheet

2

5

| | 1 990 (2019) COLUMBIA LAND TRUST | <u>94-3</u> | 140861 | Pag | _{ge} 12 |
|----|---|-------------|---------|-----|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 9,131 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,474 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,657 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 80,080 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 2,532 | 2,1 | 58. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 86,270 |),0 | 68. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | 1 |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | X | L |
| | | | | nn | / · - · |

Form **990** (2019)

| SCHED | ULI | ΕA |
|-------|-----|----|
|-------|-----|----|

(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.

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

| OMB No. 1545-0047 |
|------------------------------|
| 2019 |
| Open to Public Inspection |

Department of the Treasury Internal Revenue Service

| Nan | ne of t | the organization | | | | | | | identification number |
|------|---------|-----------------------------------|-------------------------|---|-------------------------------------|---------------------------------|-----------------|---------------|----------------------------|
| | | | | TRUST | | | | | 4-3140861 |
| | rt I | Reason for Public C | | | | | ee instruction: | 5. | |
| | organ | ization is not a private found | ation because it is: (I | For lines 1 through 12, cl | heck only | one box.) | | | |
| 1 | | A church, convention of chu | | | | | 1)(A)(i). | | |
| 2 | | A school described in secti | | • | | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in se | ection 170 | (b)(1)(A)(ii | ii). | | |
| 4 | | A medical research organiza | ation operated in co | njunction with a hospital | described | in sectio | on 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| | | city, and state: | | | | | | | |
| 5 | | An organization operated for | or the benefit of a co | llege or university owned | l or operat | ed by a go | overnmental u | nit describe | ed in |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | |
| 6 | | A federal, state, or local gov | vernment or governm | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | X | An organization that normal | lly receives a substa | ntial part of its support fr | om a gove | ernmental | unit or from tl | ne general p | oublic described in |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | |
| 8 | | A community trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | |
| 9 | | An agricultural research org | anization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | unction with a | land-grant | college |
| | | or university or a non-land-g | rant college of agric | ulture (see instructions). | Enter the i | name, city | , and state of | the college | or |
| | | university: | | | | | | | |
| 10 | | An organization that normal | lly receives: (1) more | than 33 1/3% of its supp | oort from o | contributio | ns, members | hip fees, an | d gross receipts from |
| | | activities related to its exem | npt functions - subjec | ct to certain exceptions, | and (2) no | more thar | n 33 1/3% of i | ts support f | rom gross investment |
| | | income and unrelated busin | ness taxable income | (less section 511 tax) fro | m busines | ses acqui | red by the org | ganization a | Ifter June 30, 1975. |
| | | See section 509(a)(2). (Cor | mplete Part III.) | | | | | | |
| 11 | | An organization organized a | and operated exclusi | ively to test for public sat | fety. See | section 50 | 09(a)(4). | | |
| 12 | | An organization organized a | and operated exclusi | ively for the benefit of, to | perform t | he functio | ns of, or to ca | rry out the | purposes of one or |
| | | more publicly supported org | ganizations describe | d in section 509(a)(1) o | r section | 509(a)(2). | See section | 509(a)(3). (| Check the box in |
| | | lines 12a through 12d that of | describes the type o | f supporting organizatior | and com | plete lines | 12e, 12f, and | l 12g. | |
| а | | Type I. A supporting orga | anization operated, s | upervised, or controlled | by its supp | ported org | anization(s), t | ypically by | giving |
| | | the supported organization | on(s) the power to reg | gularly appoint or elect a | majority c | of the direc | tors or truste | es of the su | Ipporting |
| | | organization. You must c | omplete Part IV, Se | ections A and B. | | | | | |
| b | | Type II. A supporting orga | anization supervised | or controlled in connect | ion with its | s supporte | ed organizatio | n(s), by hav | ring |
| | | control or management o | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or mana | ge the supp | ported |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| с | | Type III functionally inte | grated. A supportin | g organization operated | in connect | tion with, a | and functiona | lly integrate | d with, |
| | | its supported organizatior | n(s) (see instructions |). You must complete I | Part IV, Se | ctions A, | D, and E. | | |
| d | | Type III non-functionally | integrated. A supp | orting organization oper | ated in co | nnection v | vith its suppo | rted organiz | zation(s) |
| | | that is not functionally int | egrated. The organiz | ation generally must sat | isfy a distr | ibution red | quirement and | an attentiv | /eness |
| | | requirement (see instructi | ions). You must cor | nplete Part IV, Sections | A and D, | and Part | v . | | |
| е | | Check this box if the orga | anization received a v | written determination from | m the IRS | that it is a | Туре I, Туре | II, Type III | |
| | | functionally integrated, or | Type III non-function | nally integrated supportin | ng organiz | ation. | | | |
| f | Ente | er the number of supported o | organizations | | | | | | |
| g | | vide the following information | about the supporte | | | | | | |
| | (| i) Name of supported | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (IV) Is the orga in your governi | nization listed ng document? | (v) Amount o | | (vi) Amount of other |
| | | organization | | above (see instructions)) | Yes | No | support (see i | nstructions) | support (see instructions) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Tota | al | | | | | | | | |
| LHA | For F | aperwork Reduction Act N | lotice, see the Instr | uctions for Form 990 or | 990-EZ. | 932021 09- | 25-19 Sche | dule A (For | m 990 or 990-EZ) 2019 |

13

Schedule A (Form 990 or 990-EZ) 2019 COLUMBIA LAND TRUST

94-3140861 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | |
|------|--|----------------------|-----------------|----------------------|----------|---------------------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 5319765. | 27918430. | 7404222. | 8998705. | 8202885. | 57844007. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 5319765. | 27918430. | 7404222. | 8998705. | 8202885. | 57844007. |
| | 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) | | | | | | 1832134. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 56011873. |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 4 | | 27918430. | 7404222. | 8998705. | 8202885. | 57844007. |
| 8 | Gross income from interest, | | | | | | |
| Ŭ | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 191.953. | 195,177. | 382,974. | 405,923. | 403,107. | 1579134. |
| ٩ | Net income from unrelated business | | | 00270710 | 100,0200 | 100/20/0 | 10///1011 |
| 5 | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| 10 | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | 10,000. | | | | 10,000. |
| 11 | Total support. Add lines 7 through 10 | | 10,0001 | | | | 59433141. |
| 12 | Gross receipts from related activities, | etc (see instruction | ans) | | | | ,851,354. |
| | First five years. If the Form 990 is for | | , | h fourth or fifth ta | | | /001/0010 |
| 10 | organization, check this box and stop | - | | | - | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| | Public support percentage for 2019 (I | | | olumn (f)) | | 14 | 94.24 % |
| | Public support percentage from 2018 | | | | | 15 | 94.19 % |
| | 33 1/3% support test - 2019. If the c | | | | | | |
| 100 | stop here. The organization qualifies | | | | | | |
| h | 33 1/3% support test - 2018. If the c | | • | | | | ······································ |
| N | and stop here. The organization qual | - | | | | | |
| 179 | 10% -facts-and-circumstances test | | ••• | | | | |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | - | | it willow the organ | |
| h | 10% -facts-and-circumstances test | • | • | , | • | | |
| N. | more, and if the organization meets th | - | | | | | |
| | organization meets the "facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | | | - | | | |
| | | | | ., 100, 170, 01 170 | | edule A (Form 990 | |
| | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2019 COLUMBIA LAND TRUST

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.)

| Section A. Public Support | | | | | | |
|--|----------------------|----------------------|------------------------|---------------------|--------------------|---------------------|
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to or expended on its behalf | | | | | | |
| • | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to | | | | | | |
| , , | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 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 | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital | | | | | | |
| assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for | or the organization' | s first, second, thi | rd, fourth, or fifth t | ax vear as a sectio | n 501(c)(3) organi | zation |
| check this box and stop here | • | | | | | · |
| Section C. Computation of Publ | | | | | | |
| 15 Public support percentage for 2019 | | | column (f)) | | 15 | % |
| 16 Public support percentage from 2013 | | | | | 16 | % |
| Section D. Computation of Inve | | | | | | /0 |
| 17 Investment income percentage for 2 | | | ine 13 column (f)) | | 17 | % |
| 18 Investment income percentage from | | | | | 18 | % |
| 19a 33 1/3% support tests - 2019. If the | | | | | | |
| more than 33 1/3%, check this box a | | | | | | |
| b 33 1/3% support tests - 2018. If the | | | | | | and |
| line 18 is not more than 33 1/3%, cho | | | | | | |
| | | | | | | |
| | on did not offeck a | | | | | |
| 932023 09-25-19 | | 15 | 5 | 301 | | 55 01 530-EZJ 20 19 |

2019.04030 COLUMBIA LAND TRUST

2376___1

1

2

3a

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

932024 09-25-19

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2019

2019.04030 COLUMBIA LAND TRUST

16

| | | | Yes | No |
|--------|--|----------|-------|------|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| с | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. | 11c | | |
| | tion B. Type I Supporting Organizations | | | |
| | | | 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 | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i> | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the second sec | uctions) | | |
| 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, | | | |
| | 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 | | |
| 932025 | 09-25-19 Schedule A (Form 9 | 90 or 99 | 0-EZ) | 2019 |

17

21071026 781409 2376

2019.04030 COLUMBIA LAND TRUST 2376___1

Schedule A (Form 990 or 990-EZ) 2019 COLUMBIA LAND TRUST Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Sect | on A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|------|--|--------------|----------------------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | on B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | v integrated | 1 Type III supporting orga | nization (see |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 COLUMBIA LAND TRUST

| Fa | rt V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continued) | |
|----------|---|-------------------------------|--------------------------------|----------------------------------|
| Sect | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 8 | |
| 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 which the | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| Sect | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2019 | Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| a | From 2014 | | | |
| b | From 2015 | | | |
| C | From 2016 | | | |
| d | From 2017 | | | |
| e | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| <u>h</u> | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| i_ | 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 | Applied to 2019 distributable amount | | | |
| C | 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 Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| с | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| | Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

| | Supplemental Inform | | | | |
|------------|---------------------------|----------|------|-------|--|
| Schedule A | (Form 990 or 990-EZ) 2019 | COLUMBIA | LAND | TRUST | |

| | | |
|------|--|------|
| | | |

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

| COLUMBIA | LAND | TRUST |
|----------|------|-------|

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |
| | |

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

COLUMBIA LAND TRUST

94-3140861

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|--------------|--|----------------------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| <u> 1</u> | | \$1,553,034. | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 2 | | \$657,847. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 3 | | \$350,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 4 | | \$284,481. | Person Payroll Noncash X (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 5 | | \$ <u>1,835,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Payroll Payroll Payroll Payroll Payroll Payroll Payroll Payroll (Complete Part II for noncash contributions.) | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

23

21071026 781409 2376

2019.04030 COLUMBIA LAND TRUST 2376___1 Name of organization

Employer identification number

94-3140861

COLUMBIA LAND TRUST

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------------|
| <u>4</u> | K/PROPERTY | | |
| | | \$\$ | 01/16/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| 3453 11-06-19 | | \$ | 990, 990-EZ, or 990-PF) (; |

21071026 781409 2376

24 2019.04030 COLUMBIA LAND TRUST

Page **4**

2376___1

| ame of organization | | | | Employer identification numbe |
|---------------------------------------|---|---|------------------------|-------------------------------------|
| OLUMBIA LAN | D TRUST | | | 94-3140861 |
| from any on completing Par | e contributor. Complete columns (a | tions to organizations described in se a) through (e) and the following line en charitable, etc., contributions of \$1,000 or space is needed. | try. For organizations | |
| a) No. | (b) Purpose of gift | (c) Use of gift | (d) Door | printion of how gift in hold |
| Part I | (b) Purpose of gift | (c) Use of gift | | cription of how gift is held |
| | | (e) Transfer of gif | t | |
| · · · · · · · · · · · · · · · · · · · | Transferee's name, address, a | nd ZIP + 4 | Relationship of tra | nsferor to transferee |
| a) No. | | | (15 | |
| from (Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held |
| | | (e) Transfer of gif | t | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of tra | nsferor to transferee |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held |
| | | (e) Transfer of gif | t | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of tra | insferor to transferee |
| a) No. from | (b) Durnage of gift | (a) Upp of gift | (d) Door | mintion of how gift is hold |
| Part I | (b) Purpose of gift | (c) Use of gift | | cription of how gift is held |
| | | (e) Transfer of gif | | |
| | (e) Transferee's name, address, and ZIP + 4 | | | insferor to transferee |
| | | | | |
| 454 11-06-19 | | | Schodula | B (Form 990, 990-EZ, or 990-PF) (20 |

25 2019.04030 COLUMBIA LAND TRUST

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| Section 501(c)(4), (5) | , or (6) organizations: Complete Part III. |
|--|--|
| Name of organization | |

| Name of organization | | | Empi | over identification numb | er |
|---|---|--|---|--|----------|
| | SIA LAND TRUST | | | 94-3140861 | |
| Part I-A Complete if the o | rganization is exempt under | section 501(c) o | r is a section 527 or | janization. | |
| 2 Political campaign activity exper3 Volunteer hours for political cam | oaign activities | | ►\$ | | |
| Part I-B Complete if the c | rganization is exempt under | . , . , | | | |
| , | ax incurred by the organization under | | ► \$ | | |
| 2 Enter the amount of any excise | ax incurred by organization managers | under section 4955 | ▶\$ | | |
| 3 If the organization incurred a sec | tion 4955 tax, did it file Form 4720 fo | r this year? | | 🔄 Yes 🔄 I | No |
| 4a Was a correction made? | | | | Yes I | No |
| b If "Yes," describe in Part IV. | | | | | |
| Part I-C Complete if the c | rganization is exempt under | section 501(c), e | except section 501(c |)(3). | |
| 1 Enter the amount directly expen | led by the filing organization for secti | on 527 exempt functio | n activities >\$ | | |
| 2 Enter the amount of the filing or | anization's funds contributed to othe | r organizations for sec | tion 527 | | |
| exempt function activities | | | > \$ | | |
| 3 Total exempt function expenditu | res. Add lines 1 and 2. Enter here and | on Form 1120-POL, | | | |
| line 17b | | | ▶\$ | | |
| 4 Did the filing organization file Fo | m 1120-POL for this year? | | | 🗌 Yes 🗌 I | No |
| made payments. For each orgar contributions received that were | employer identification number (EIN) ization listed, enter the amount paid f promptly and directly delivered to a s If additional space is needed, provide | rom the filing organiza eparate political organ | tion's funds. Also enter the ization, such as a separate | e amount of political | |
| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received at promptly and directly delivered to a separate | and ' |

| an Demonstratic Deduction Act Nation | and the location of an Earner OOC | 000 EZ | Calcadula O | |
|--------------------------------------|-----------------------------------|--------|-------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | political organization. If none, enter -0 |

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

Schedule C (Form 990 or 990-EZ) 2019

932041 11-26-19

| Schedule C (Form 990 or 990-EZ) 2019 | COLUM | BIA LA | ND TRUST | | 94-3 | 140861 Page 2 | |
|--|--|-----------------|---|-------------------------|------------------------|------------------|--|
| Part II-A Complete if the org | ed Form 5768 (ele | ction under | | | | | |
| section 501(h)). | | | | | | | |
| | | - | iated group (and list in | Part IV each affiliated | group member's name | e, address, EIN, | |
| expenses, and sha | re of exces | s lobbying e | expenditures). | | | | |
| B Check 🕨 🔄 if the filing organiza | ation check | ed box A ar | nd "limited control" pro | visions apply. | Γ | | |
| | Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | | | | | |
| 1a Total lobbying expenditures to influ | uence pub | lic opinion (g | grassroots lobbying) | | | | |
| b Total lobbying expenditures to influ | uence a leg | gislative bod | y (direct lobbying) | | | | |
| c Total lobbying expenditures (add li | ines 1a and | d 1b) | | | | | |
| d Other exempt purpose expenditure | es | | | | 4,767,341. | | |
| e Total exempt purpose expenditure | s (add line | s 1c and 1d) |) | | 4,767,341. | | |
| f Lobbying nontaxable amount. Ente | er the amo | unt from the | following table in both | n columns. | 388,367. | | |
| If the amount on line 1e, column (a) o | or (b) is: | The lob | bying nontaxable amo | ount is: | | | |
| Not over \$500,000 | | 20% of t | the amount on line 1e. | | | | |
| Over \$500,000 but not over \$1,000 | 0,000 | \$100,00 | 0 plus 15% of the exce | ess over \$500,000. | | | |
| Over \$1,000,000 but not over \$1,5 | 00,000 | \$175,00 | 0 plus 10% of the exce | ess over \$1,000,000. | | | |
| Over \$1,500,000 but not over \$17, | ,000,000 | \$225,00 | 0 plus 5% of the exces | ss over \$1,500,000. | | | |
| Over \$17,000,000 | | \$1,000,0 | 000. | | | | |
| | | | | | | | |
| g Grassroots nontaxable amount (en | nter 25% of | line 1f) | | | 97,092. | | |
| h Subtract line 1g from line 1a. If zer | o or less, e | enter -0- | | | 0. | | |
| i Subtract line 1f from line 1c. If zero | o or less, e | nter -0 | | | 0. | | |
| j If there is an amount other than ze | ro on eithe | er line 1h or l | ine 1i, did the organiza | tion file Form 4720 | _ | | |
| reporting section 4911 tax for this | year? | <u></u> | | | | Yes No | |
| (Some organizations t | | a section 50 | eraging Period Under D1(h) election do not l ate instructions for lin | nave to complete all o | of the five columns be | low. | |
| | Lobl | oying Exper | nditures During 4-Yea | r Averaging Period | Γ | Γ | |
| Calendar year (or fiscal year beginning in) | (a) | 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total | |
| 2a Lobbying nontaxable amount | 38 | 9,355. | 429,181. | 381,056. | 388,367. | 1,587,959. | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | 2,381,939. | |
| c Total lobbying expenditures | | | | | | | |
| d Grassroots nontaxable amount | 9 | 7,339. | 107,295. | 95,264. | 97,092. | 396,990. | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | 595,485. | |

Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2019 COLUMBIA LAND TRUST

94-3140861 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | | (a) | | (b) | |
|--------|--|------------------|--------------|------------|-------|--|
| of the | lobbying activity. | Yes | No | Amo | ount | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? | | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? | | | | | |
| | Mailings to members, legislators, or the public? | | | | | |
| е | Publications, or published or broadcast statements? | | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i | Other activities? | | | | | |
| j | Total. Add lines 1c through 1i | | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section | n 501(c)(5 | i), or sec | tion | | |
| | 501(c)(6). | | | | | |
| | | | | Yes | Νο | |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | | | | | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section | | | | | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' | 'No" OR (| b) Part I | II-A, line | 3, is | |
| | answered "Yes." | | | | | |
| 1 | Dues, assessments and similar amounts from members | | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). | al | | | | |
| а | Current year | | . 2a | | | |
| | Carryover from last year | | | | | |
| | Total | | | | | |
| 3 | | | | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce | | | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po | olitical | | | | |
| | expenditure next year? | | 4 | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | | |
| Par | | | | | | |
| Provi | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list); Part II-A | A, lines 1 a | nd 2 (see | | |

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2019

21071026 781409 2376

| 60 | | Supplement | al Financial St | atomonts | | OMB No. 1545-0047 |
|------------|---|--|---|----------------------------|--------------|----------------------------------|
| | SCHEDULE D Supplemental Financial Statements Form 990) Complete if the organization answered "Yes" on Form 990, | | | | | 2010 |
| • | Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | | | | Open to Public |
| | ment of the Treasury I Revenue Service | ►Go to www.irs.gov/Form9 | Attach to Form 990. 90 for instructions and tl | he latest information. | | Inspection |
| Nam | lame of the organization | | | | | r identification number |
| _ | | COLUMBIA LAND TRUS | | | | 4-3140861 |
| Pa | - | ations Maintaining Donor Advise | | milar Funds or Ac | counts. | Complete if the |
| | organizatio | n answered "Yes" on Form 990, Part IV, lin | e 6. (a) Donor advised | d fundo | h) Eurodo on | d athar accounts |
| | T . i i | | | | b) Funds an | d other accounts |
| 1 | | nd of year f contributions to (during year) | | | | |
| 2 3 | | f grants from (during year) | | | | |
| 4 | | t end of year | | | | |
| 5 | | on inform all donors and donor advisors in v | | d in donor advised fund | s | |
| - | - | on's property, subject to the organization's | - | | | Yes No |
| 6 | | on inform all grantees, donors, and donor a | | | | |
| | for charitable purp | oses and not for the benefit of the donor o | r donor advisor, or for any | / other purpose conferri | ng | |
| | | ate benefit? | | | | Yes No |
| Pa | rt II Conserv | ation Easements. Complete if the or | ganization answered "Yes | " on Form 990, Part IV, | line 7. | |
| 1 | | servation easements held by the organization | | 1 | | |
| | | n of land for public use (for example, recrea | tion or education) | Preservation of a histo | • | |
| | X Protection c | | | Preservation of a certing | ied historic | structure |
| • | X Preservation | | | | | |
| 2 | • | through 2d if the organization held a qualit | ried conservation contribu | ition in the form of a cor | | |
| • | day of the tax year | | | | 2a | at the End of the Tax Year 53 |
| a h | | onservation easements | | | 2a 2b | 5,576.00 |
| b C | | vation easements on a certified historic structure | | | 20 2c | 5,570.00 |
| | | vation easements included in (c) acquired a | | | 20 | |
| u | | nal Register | | | 2d | |
| 3 | | vation easements modified, transferred, rel | | | | a the tax |
| | year 🕨 | | , 3 | , 3 | | |
| 4 | Number of states | where property subject to conservation eas | sement is located < | 2 | | |
| 5 | Does the organiza | tion have a written policy regarding the per | iodic monitoring, inspecti | on, handling of | | |
| | violations, and enf | orcement of the conservation easements it | holds? | | | X Yes No |
| 6 | Staff and voluntee 13 | r hours devoted to monitoring, inspecting, 57 | handling of violations, and | d enforcing conservatio | n easement | s during the year |
| 7 | Amount of expens | es incurred in monitoring, inspecting, hanc | lling of violations, and enfo | orcing conservation eas | ements dur | ing the year |
| | ▶\$ | 36,356. | | | | |
| 8 | Does each conser | vation easement reported on line 2(d) abov | e satisfy the requirements | s of section 170(h)(4)(B)(| i) | |
| | |)(4)(B)(ii)? | | | | Yes No |
| 9 | | be how the organization reports conservation | | | | |
| | | d include, if applicable, the text of the footr | note to the organization's | financial statements that | t describes | the |
| Pa | rt III Organization's acc | ounting for conservation easements. ations Maintaining Collections of | Art Historical Trea | sures or Other S | imilar Δs | sets |
| | | f the organization answered "Yes" on Form | | | | |
| 1 a | | elected, as permitted under FASB ASC 95 | | nue statement and bala | nce sheet v | vorks |
| | 0 | easures, or other similar assets held for put | • | | | |
| | | Part XIII the text of the footnote to its finar | | | • | |
| b | If the organization | elected, as permitted under FASB ASC 95 | 8, to report in its revenue | statement and balance | sheet work | s of |
| | art, historical treas | sures, or other similar assets held for public | exhibition, education, or | research in furtherance | of public se | ervice, |
| | provide the followi | ing amounts relating to these items: | | | | |
| | (i) Revenue inclu | ded on Form 990, Part VIII, line 1 | | | ▶ \$ | |
| | ., | | | | ▶ \$ | |
| 2 | | received or held works of art, historical tre | | | orovide | |
| | - | unts required to be reported under FASB A | - | | . . | |
| a | | on Form 990, Part VIII, line 1 | | | ► \$ | |
| b | Assets included in | Form 990, Part X | | | ▶ \$ | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

21071026 781409 2376

| 29 | | | |
|------------|----------|------|-------|
| 2019.04030 | COLUMBIA | LAND | TRUST |

2376___1

Schedule D (Form 990) 2019

| Sche | | A LAND TRUS | | | | 94- | 314086 | 1 р | vage 2 |
|----------|---|--|-----------------------------|-------------------|------------|---------------|-----------------------|---------|---------------|
| Par | t III Organizations Maintaining C | ollections of Art | , Historical Tre | asures, or O | ther Si | milar Ass | ets _{(conti} | nued) | |
| 3 | 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its | | | | | | | | |
| | collection items (check all that apply): | | | | | | | | |
| а | Public exhibition | d | Loan or exc | hange program | | | | | |
| b | Scholarly research | е | | 0 1 0 | | | | | |
| c | Preservation for future generations | - | | | | | | | |
| 4 | Provide a description of the organization's co | lections and explain | how they further th | e organization's | exemnt r | ournose in F | Part XIII | | |
| 5 | During the year, did the organization solicit o | | | | | | are / an. | | |
| Ũ | to be sold to raise funds rather than to be ma | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrange | | | | | | | | |
| | reported an amount on Form 990, Par | | to in the organizatio | | | 11 000, 1 urt | 10, 110 0, 01 | | |
| 10 | Is the organization an agent, trustee, custodi | | any for contribution | s or other assets | not inclu | dod | | | |
| Id | | | | | | | Yes | | No |
| h | on Form 990, Part X? | | | | | | | | |
| D | If "Yes," explain the arrangement in Part XIII | and complete the foll | owing table: | | Г | | A | | |
| | | | | | ŀ | | Amour | τ | |
| | Beginning balance | | | | | 1c | | | |
| | Additions during the year | | | | | 1d | | | |
| е | Distributions during the year | | | | ····· - | 1e | | | |
| t | Ending balance | | | | L | 1f | | | <u> </u> |
| | Did the organization include an amount on Fe | | | | • | | Yes | | |
| Par | If "Yes," explain the arrangement in Part XIII. | | | | | | | | |
| Fai | t V Endowment Funds. Complete i | | | | | | | | <u> </u> |
| | | (a) Current year | (b) Prior year | (c) Two years ba | | hree years b | | | |
| 1a | Beginning of year balance | 11,905,642. | 11,693,274. | 8,557,74 | | 5,353,13 | | | ,559. |
| b | Contributions | 2,088,350. | 1,843,306. | , , | | 2,935,0 | | | ,413. |
| С | Net investment earnings, gains, and losses | 3,292,354. | -992,526. | 1,498,73 | 35. | 585,94 | 42. | -180 | ,975. |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | 707,125. | 638,412. | 1,007,77 | /4. | 316,39 | 95. | 368 | ,867. |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | 16,579,221. | 11,905,642. | 11,693,27 | 4. | 8,557,74 | 47. 5 | ,353 | ,130. |
| 2 | Provide the estimated percentage of the curr | ent year end balance | e (line 1g, column (a) |) held as: | | | | | |
| а | Board designated or quasi-endowment | 24.26 | _% | | | | | | |
| b | Permanent endowment 28.89 | % | | | | | | | |
| с | Term endowment 46.85 | % | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c show | uld equal 100%. | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | tion that are held ar | nd administered f | or the org | ganization | | | |
| | by: | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | 3a(i) | | X |
| | (ii) Related organizations | | | | | | | | X |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 | , Part IV, line 11a. S | ee Form 990, Pa | rt X, line | 10. | | | |
| | Description of property | (a) Cost or of | | | c) Accur | | (d) Boo | ok valu | Je |
| | | basis (investm | | (other) | depreci | | (, | | |
| 1a | Land | `````````````````````````````````````` | | 7,012. | | | 69,30 | 7,0 | 12. |
| | Buildings | | | 0,049. | | 917. | | | 32. |
| | Leasehold improvements | | | 2,219. | 19 | 9,441. | | | 78. |
| | | | | 9,386. | |),386. | | -, ' | 0. |
| | EquipmentOther | | | 0,808. | |),129. | 6 | 0 6 | 79. |
| | | | | | 100 | | 69,47 | - | |
| TUTA | . Add lines 1a through 1e. (Column (d) must e | <u>qual Form 990, Part)</u> | <u>, column (B), line 1</u> | JC.J | | Soho | dule D (Forr | | |
| | | | | | | Sche | une D (Forr | 11 990 | 12019 |

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| | (a) Description | (b) Book value |
|---------------|---|----------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 15.) | |
| Part X | Other Liabilities. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. | |
| 1. | (a) Description of liability | (b) Book value |
| | eral income taxes | |
| (2) PR | OPERTY HELD ON BEHALF OF LOCAL | |
| (3) GO | V'TS | 4,278,854. |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Colur | nn (b) must equal Form 990, Part X, col. (B) line 25.) | 4,278,854. |

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2019

| Sche | dule D (Form 990) 2019 COLUMBIA LAND TRUST | | | 94- | 3140861 Page 4 |
|------|--|---------|-------------------|-------|--------------------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Statemer | nts Wit | h Revenue per Re | turn. | <u> </u> |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 11,401,084. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 2,532,158. | | |
| b | Donated services and use of facilities | 2b | 5,502. | | |
| с | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 2,537,660. 8,863,424. |
| 3 | Subtract line 2e from line 1 | | | 3 | 8,863,424. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 21,000. | 4 | |
| b | Other (Describe in Part XIII.) | 4b | 247,217. | | |
| С | Add lines 4a and 4b | | | 4c | 268,217. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 9,131,641. |
| Pa | t XII Reconciliation of Expenses per Audited Financial Stateme | | th Expenses per H | Retur | n. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 5,211,292. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | | 5,502. | - | |
| b | Prior year adjustments | 2b | | - | |
| С | Other losses | | | 4 | |
| d | Other (Describe in Part XIII.) | | | | |
| е | Add lines 2a through 2d | | | 2e | 5,502. |
| 3 | Subtract line 2e from line 1 | | | 3 | 5,205,790. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 21,000. | 4 | |
| b | Other (Describe in Part XIII.) | 4b | 247,217. | | |
| с | Add lines 4a and 4b | | | 4c | 268,217. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 5,474,007. |
| Pa | t XIII Supplemental Information. | | | | |

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

PART II, LINE 9:

| TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT |
|---|
| DESCRIBES THE ORGANIZATION'S ACCOUNTING FOR CONSERVATION EASEMENTS: "THE |
| TRUST HAS ACQUIRED AND HOLDS A NUMBER OF CONSERVATION EASEMENTS, EACH |
| REPRESENTING A LEGAL INTEREST IN LAND OWNED BY ANOTHER PERSON OR ENTITY. |
| THE EASEMENTS GRANT THE TRUST THE RIGHT TO USE, CONTROL, AND/OR PROTECT |
| THE LAND FOR CONSERVATION PURPOSES. BECAUSE OF THE UNIQUE NATURE OF THESE |
| ASSETS, THE IMPRACTICALITY OF OBTAINING CONSISTENT AND RELIABLE ESTIMATES |
| OF THE VALUES ASCRIBED TO THESE INTERESTS, AND CONSISTENT WITH THE |
| PRACTICES FOLLOWED BY MANY ENVIRONMENTAL LAND TRUSTS, THE ACCOMPANYING |
| FINANCIAL STATEMENTS DO NOT INCLUDE ANY AMOUNTS FOR THESE PROPERTY |
| INTERESTS. AT DECEMBER 31, 2018 AND 2017, THE TRUST HELD 52 CONSERVATION |
| 932054 10-02-19 Schedule D (Form 990) 2019 32 |
| 21071026 781409 2376 2019.04030 COLUMBIA LAND TRUST 2376 |

EASEMENTS ON 5,487 ACRES OF LAND."

PART V, LINE 4:

COLUMBIA LAND TRUST INTENDS FOR THE ENDOWMENT FUNDS TO PROVIDE A

PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY THE ENDOWMENT,

WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

COLUMBIA LAND TRUST HAS A GOAL TO REACH A MINIMUM LEVEL SUFFICIENT TO

SUPPORT ONGOING STEWARDSHIP ACTIVITIES.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISION OF FASE ASC TOPIC OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THIS TOPIC.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

HARVESTING EXPENSES NETTED WITH REVENUE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

HARVESTING EXPENSES NETTED WITH REVENUE

Schedule D (Form 990) 2019

932055 10-02-19

21071026 781409 2376

| SCHEDULE G | Suppleme | ntal Information Regardi | ng Fund | Iraisi | ng or Gaming A | ctiv | ities | OMB No. 1545-0047 |
|--|--|---|--|--|---|-------|--|--|
| (Form 990 or 990-EZ) | Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. | | | | | | | 2019 |
| Department of the Treasury | ► Attach to Form 990 or Form 990-EZ. | | | | | | | Open to Public |
| Internal Revenue Service Name of the organization | | o to www.irs.gov/Form990 for in | struction | s and | the latest informati | on. | Employer ide | Inspection entification number |
| | COLUMBIA LAND TRUST 94-314 | | | | | | | |
| | ing Activities. | Complete if the organization and t. | swered "Y | es" or | n Form 990, Part IV, I | ine 1 | 7. Form 990-E2 | filers are not |
| a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list | ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv | f Solid g Spectro or oral agreement with any individ art VII) or entity in connection with viduals or entities (fundraisers) pu | citation of citation of cial fundra ual (incluc h professi | non-g gover aising ling of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | | Yes | |
| (i) Name and addres or entity (fund | | (ii) Activity | fundr have c or cor | | (iv) Gross receipts from activity | tò (e | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | - | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total | | | | | | | | |
| | | n is registered or licensed to solid | cit contrib | utions | or has been notified | it is | exempt from re | gistration |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| LHA For Paperwork Re | eduction Act Noti | ice, see the Instructions for For | m 990 or | 990-E | Z. 9 | sche | dule G (Form 9 | 990 or 990-EZ) 2019 |

932081 09-11-19

Schedule G (Form 990 or 990 EZ) 2019 COLUMBIA LAND TRUST

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | | (a) Event #1 WILD SPLENDOR | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through |
|-----------------|------------------------------------|--|--|--|--------------------------|---|
| e | | | (event type) | (event type) | (total number) | - col. (c)) |
| Hevenue | 1 | Gross receipts | 385,253. | | | 385,253 |
| | 2 | Less: Contributions | 364,928. | | | 364,928 |
| + | 3 | Gross income (line 1 minus line 2) | 20,325. | | | 20,325 |
| | 4 | Cash prizes | - | | | |
| ŝ | 5 | Noncash prizes | 10,491. | | | 10,491 |
| kpense | 6 | Rent/facility costs | 41,867. | | | 41,867 |
| Ulrect Expenses | 7 | Food and beverages | 2,340. | | | 2,340 |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | 53,890 |
| | 10 | Direct expense summary. Add lines 4 throu | gh 9 in column (d) | | ► | 108,588 |
| | 11 | Net income summary. Subtract line 10 from | n line 3, column (d) | | ► | -88,263 |
| 20102011 | 1 | Gross revenue | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (d |
| ╈ | - | | | | | |
| Sec | 2 | Cash prizes | | | | |
| Expenses | 2 3 | Cash prizes | | | | |
| Ulrect Expenses | | | | | | |
| Ulrect Expenses | 3 | Noncash prizes | | | | |
| Direct Expenses | 3 4 | Noncash prizes | | Yes% □No | Yes % No | |
| Direct Expenses | 3 4 5 | Noncash prizes Rent/facility costs Other direct expenses | Yes% No | | No | |
| | 3 4 5 6 | Noncash prizes Rent/facility costs Other direct expenses Volunteer labor | gh 5 in column (d) | <u> </u> | <u>No</u> No | |
| DIrect | 3 4 5 7 8 | Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line | gh 5 in column (d) | <u> </u> | <u>No</u> No | |
| a | 3 4 5 6 7 8 Enti | Noncash prizes | gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these s | No | <u>No</u> ► | |
| a | 3 4 5 6 7 8 Enti | Noncash prizes | gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these s | No | <u>No</u> ► | |
| ab | 3 4 5 6 7 8 Ent Is t If " Wee | Noncash prizes | gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these s | No states? | <u>No</u> ► | Yes N |
| ab | 3 4 5 6 7 8 Ent Is t If " Wee | Noncash prizes | gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these s | No No | <u>No</u> ► | Yes N |

| Sch | nedule G (Form 990 or 990-EZ) 2019 COLUMBIA LAND TRUST | 94-3 | 140861 | Page 3 |
|------|---|----------|-------------------|-----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | | Yes | No No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| | a The organization's facility | | 13a | % |
| | o An outside facility | | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and record | ls: | | |
| | Name | | | |
| | Address 🕨 | | | |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | 🗌 No |
| ł | o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo | ount | | |
| | of gaming revenue retained by the third party ▶ \$ | | | |
| Ċ | c If "Yes," enter name and address of the third party: | | | |
| | Name | | | |
| | Address | | | |
| | | | | |
| 16 | Gaming manager information: | | | |
| | Name | | | |
| | | | | |
| | Gaming manager compensation 🕨 💲 | | | |
| | Description of services provided 🕨 | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| | Director/officer | | | |
| 17 | Mandatory distributions: | | | |
| á | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | | Yes | No |
| ł | b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i | n the | | |
| Da | organization's own exempt activities during the tax year s | | | |
| Pa | art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | and Parl | t III, lines 9, 9 | 9b, 10b, |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 9320 | 983 09-11-19 Schedule | G (Form | 990 or 990 | -EZ) 2019 |
| | 36 | | | |

| |
|-------------------------------------|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| Schedule G (Form 990 or 990-EZ) |

932084 04-01-19

21071026 781409 2376

| SC | SCHEDULE J Compensation Information | | | OMB No. | 1545-004 | 47 | |
|------|---|--|---------|---|---------------|--------|----------|
| (Fo | rm 990) | - For certain Officers, Directors, Trustees, Key Employees, and Highe | st | | 20 | 10 | <u> </u> |
| | | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line | . 00 | | 20 | IJ | J |
| Dena | rtment of the Treasury | Attach to Form 990. | : 23. | | Open to | Publ | ic |
| | al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest informat | ion. | | Inspection | | |
| Nam | ne of the organization | | | | identificatio | | mber |
| | | COLUMBIA LAND TRUST | | 94-3 | 314086 | 1 | |
| Pa | rt I Question | s Regarding Compensation | | | | | |
| | | | | | | Yes | No |
| 1a | | ate box(es) if the organization provided any of the following to or for a person listed on | Form § | 990, | | | |
| | | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | |
| | First-class or c | | | | | | |
| | Travel for com | | | | | | |
| | _ | ation and gross-up payments | | | | | |
| | Discretionary | spending account Personal services (such as maid, ch | autteu | r, chef) | | | |
| - | If you of the st | and the second sector of a Parlithe sector of the State o | | | | | |
| b | | on line 1a are checked, did the organization follow a written policy regarding payment of | | | | | |
| • | | provision of all of the expenses described above? If "No," complete Part III to explain | | | <u>1b</u> | | <u> </u> |
| 2 | 0 | n require substantiation prior to reimbursing or allowing expenses incurred by all direct | , | | | | |
| | trustees, and office | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | | 2 | | <u> </u> |
| 2 | Indicate which if a | ay of the following the experimentian used to establish the componentian of the experiment | tion'a | | | | |
| 3 | | ny, of the following the organization used to establish the compensation of the organiza actor. Check all that apply. Do not check any boxes for methods used by a related orga | | n to | | | |
| | | ation of the CEO/Executive Director, but explain in Part III. | mzatio | JII LO | | | |
| | Compensation | | | | | | |
| | | compensation consultant X Compensation survey or study | | | | | |
| | | ther organizations X Approval by the board or compensation | tion co | ommittee | | | |
| | | | | Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | | | |
| 4 | During the year did | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | |
| | organization or a re | | | | | | |
| а | - | e payment or change-of-control payment? | | | 4a | | x |
| b | | ceive payment from, a supplemental nonqualified retirement plan? | | | | | X |
| | | ceive payment from, an equity-based compensation arrangement? | | | | | X |
| • | | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | |
| | | | | | | | |
| | Only section 501(c | :)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | |
| 5 | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe | nsatior | n | | | |
| | contingent on the r | | | | | | |
| а | The organization? | | | | 5a | | X |
| | | ation? | | | | | X |
| | | or 5b, describe in Part III. | | | | | |
| 6 | For persons listed of | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe | nsatior | n | | | |
| | contingent on the r | et earnings of: | | | | | |
| а | The organization? | | | | 6a | | X |
| | | ation? | | | | | X |
| | | or 6b, describe in Part III. | | | | | |
| 7 | - | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed pay | | | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | | | | | | X |
| 8 | 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | | | | |
| | | | | | 8 | | X |
| 9 | | id the organization also follow the rebuttable presumption procedure described in | | | | | |
| | | n 53.4958-6(c)? | | | | | |
| LHA | For Paperwork R | eduction Act Notice, see the Instructions for Form 990. | | Sche | dule J (Forr | n 990) |) 2019 |

932111 10-21-19

94-3140861

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in column (B) reported as deferred on prior Form 990 | |
|---------------------------|------|--------------------------|---|---|--------------------------------|----------------|----------------------|--|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | | |
| (1) GLENN LAMB | (i) | 143,824. | 0. | 0. | 7,191. | 5,586. | 156,601. | 0 | |
| EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0 | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |

Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

| Department of the Treasury | |
|----------------------------|--|
| Internal Revenue Service | |

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

| 2019 |
|----------------|
| Open to Public |

| Employer identification number |
|--------------------------------|
| 94-3140861 |

| COLUMBIA LAND TRUST | |
|---------------------|--|
|---------------------|--|

| Par | t I Types of Property | | | | • | | | |
|-----|--|--------------------------------------|---|--|--|-----|-----|----|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | | 0 | 3 |
| 1 | Art - Works of art | | | , , | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | X | 7 | 394,145, | AVERAGE HI- | WOJ | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| •• | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| 10 | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other (LAND) | Х | 1 | 75,000. | APPRAISAL | | | |
| 26 | Other (AUCTION ITEMS) | Х | 50 | | FAIR MARKET | VAI | JUE | |
| 27 | Other (OTHER SUPPLIE) | Х | 4 | | FAIR MARKET | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | ation during | the tax year for co | ontributions | | | | |
| | for which the organization completed Form 828 | | | | | | | |
| | . . | | | · · · · · · · · · · · · · · · · · · · | | | Yes | No |
| 30a | During the year, did the organization receive by | contributio | n any property rep | orted in Part I, lines 1 throug | h 28, that it | | | |
| | must hold for at least three years from the date | | ••••• | - | | | | |
| | exempt purposes for the entire holding period? | | | · | | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance p | olicy that re | quires the review o | of any nonstandard contribut | ions? | 31 | х | |
| | Does the organization hire or use third parties of | • | - | - | | | | |
| | contributions? | | | · · · | | 32a | x | 1 |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in co | olumn (c) for | a type of property | for which column (a) is chec | ked, | | | |
| | describe in Part II. | | | ., | | | | |

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

Schedule M (Form 990) 2019

932141 09-27-19

41 2019.04030 COLUMBIA LAND TRUST

Schedule M (Form 990) 2019 COLUMBIA LAND TRUST Part II Supplemental Information. Provide the informatio

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

FOR THE AUCTION PACKAGES, THE LAND TRUST HIRES AN AUCTIONEER AND A

SERVICE TO HANDLE THE AUCTION TRANSACTIONS.

Schedule M (Form 990) 2019

94-3140861

Page 2

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



COLUMBIA LAND TRUST

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

EACH YEAR, THE LAND TRUST PRODUCES THREE ISSUES OF ITS NEWSLETTER,

FIELDBOOK, A MONTHLY E-NEWSLETTER, C17THE MOSS, AND A YEAR-END

CONSERVATION & RESTORATION REPORT, WHILE ALSO MAINTAINING AN ACTIVE AND

ENGAGING PRESENCE ON SOCIAL MEDIA. THROUGH THESE CHANNELS, THE LAND

TRUST ASPIRES TO ENCOURAGE CURIOSITY IN THE NATURAL WORLD THAT WILL

HELP FOSTER A CULTURE OF STEWARDSHIP. THE LAND TRUST ALSO LEAD THE

BACKYARD HABITAT CERTIFICATION PROGRAM IN PARTNERSHIP WITH PORTLAND

AUDUBON. THROUGH THIS PROGRAM, THE LAND TRUST HELPS PEOPLE IN URBAN

AREAS RESTORE NATURE IN THEIR OWN YARDS AND COMMUNITY SPACES WHILE

OFFERING EDUCATIONAL RESOURCES ABOUT WILDLIFE-FRIENDLY LANDSCAPING. THE

PROGRAM HELPS PEOPLE IN THE PORTLAND-VANCOUVER METRO AREA PUT DOWN

ROOTS AND BUILD CONNECTIONS WITH BOTH WILDLIFE AND THEIR NEIGHBORS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

A NUMBER OF COLUMBIA LAND TRUST PROPERTIES CURRENTLY INCLUDE

SIGNIFICANT RESTORATION WORK TO REPLACE LOST FUNCTIONS AND INCREASE THE

CONSERVATION VALUE OF THE PROPERTY. IN 2019, OUR RESTORATION WORK

INCLUDED PLANTING 102,000 TREES AND SHRUBS, 42 PERCENT OF WHICH WERE

CONIFERS PLANTED IN THE PINE CREEK EAST REGION NEAR MOUNT ST. HELENS.

A STEWARDSHIP FUNDING STRATEGY, INCLUDING GIFT DONATIONS DURING THE

ACQUISITION PROCESS, IS AN INTEGRAL PART OF EVERY NEW CONSERVATION

PROJECT. THE FUND IS USED TO PROVIDE FOR FUTURE EXPENSES OF

RESTORATION, MONITORING, ENFORCING COMPLIANCE WITH EASEMENT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19

43

| Schedule O (Form 990 or 990-EZ) (2019) Page 2 | | | | | | |
|---|--|--|--|--|--|--|
| Name of the organization COLUMBIA LAND TRUST | Employer identification number 94-3140861 | | | | | |
| | | | | | | |

RESTRICTIONS, AND UNDERWRITING LEGAL DEFENSE OF THE CONSERVATION

PROTECTIONS FOR ALL COLUMBIA LAND TRUST PROPERTIES. COLUMBIA LAND TRUST

HAS ALSO ESTABLISHED A STEWARDSHIP ENDOWMENT TO PROVIDE PERMANENT

SUPPORT FOR PROGRAM ACTIVITIES.

FORM 990, PART VI, SECTION A, LINE 6:

THE FULL MEMBERSHIP IS ENTITLED TO TAKE PART IN NEW BOARD MEMBER ELECTIONS AT THE ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7A:

THE CORPORATION IS A MEMBERSHIP CORPORATION. MEMBERSHIP DUES STRUCTURE SHALL BE DETERMINED FROM TIME TO TIME BY THE BOARD OF DIRECTORS. EACH MEMBER SHALL BE REQUIRED TO PAY DUES ACCORDING TO THE DUES STRUCTURE AND SHALL BE ENTITLED TO ONE VOTE ON NOMINATIONS AND ELECTION TO THE BOARD OF DIRECTORS PRESENTED TO THE MEMBERSHIP AT THE ANNUAL MEETING OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERS APPROVE THE SELECTION OF THE BOARD OF DIRECTORS.

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

THE 990 IS REVIEWED BY THE FINANCE COMMITTEE BEFORE IT IS FILED.

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

DIRECTORS ARE REQUIRED TO DISCLOSE TO THE BOARD OF DIRECTORS ANY ACTUAL OR

APPARENT CONFLICTS OF INTEREST. EACH DIRECTOR, OFFICER, EMPLOYEE,

CONSULTANT, COMMITTEE MEMBER AND GENERAL MEMBER IS REQUIRED TO ABSTAIN FROM

DEBATING, PARTICIPATING IN, OR VOTING ON ANY MATTER IN WHICH HE OR SHE, 932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

44 2019.04030 COLUMBIA LAND TRUST

| | Employer identification numbe 94-3140861 | | | | | | |
|--|---|--|--|--|--|--|--|
| AGENT OF A THIRD PARTY, | HAS OR MAY HAVE A | | | | | | |
| ABSTENTION ON THE GROUNI | OS OF CONFLICT OF | | | | | | |
| INTEREST WILL BE REFLECTED IN THE MINUTES OF THE BOARD OF DIRECTORS, | | | | | | | |
| CT OF INTEREST. | | | | | | | |
| EE IS REQUIRED TO PROVIDE | INFORMATION TO | | | | | | |
| IRECTORS IN ANY INVESTIGA | ATION OF THE | | | | | | |
| ST ON THE PART OF ANY DIF | RECTOR, OFFICER, | | | | | | |
| EMBER, OR GENERAL MEMBER | OF THE | | | | | | |
| | | | | | | | |
| E COLUMBIA LAND TRUST IN | OLVES A POTENTIAL | | | | | | |
| F DIRECTORS, AFTER INVEST | FIGATION, WILL | | | | | | |
| I ONLY IF IT MAKES SPECIE | FIC FINDINGS, BY | | | | | | |
| RESOLUTION, AS OUTLINED IN THE CONFLICT OF INTEREST POLICY. | | | | | | | |
| | | | | | | | |
| E 15: | | | | | | | |
| SALARY RANGES HAVE BEEN ESTABLISHED FOR EACH POSITION BASED ON 1 | | | | | | | |
| SED TO DETERMINE COMPENSA | ATION FOR ALL | | | | | | |
| | | | | | | | |
| | | | | | | | |
| E 19: | | | | | | | |
| PUBLIC DISCLOSURE 990 ARE | E AVAILABLE ON OUR | | | | | | |
| | | | | | | | |
| | | | | | | | |
| R FEES: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | 118,698. | | | | | | |
| | 110,050 | | | | | | |
| | AGENT OF A THIRD PARTY, ABSTENTION ON THE GROUNI MINUTES OF THE BOARD OF CT OF INTEREST. EE IS REQUIRED TO PROVIDE IRECTORS IN ANY INVESTIGA ST ON THE PART OF ANY DIE EMBER, OR GENERAL MEMBER E COLUMBIA LAND TRUST INVEST F DIRECTORS, AFTER INVEST F ONLY IF IT MAKES SPECIE NFLICT OF INTEREST POLICY E 15: ED FOR EACH POSITION BASE SED TO DETERMINE COMPENSA E 19: PUBLIC DISCLOSURE 990 ARE R FEES: | | | | | | |

| Schedule O (Form 990 or 990-EZ) (2019) Name of the organization COLUMBIA LAND TRUST | Page : Employer identification number 94-3140861 |
|---|--|
| | • |
| TOTAL EXPENSES | 322,949. |
| PASS THROUGH EXPENSES: | |
| PROGRAM SERVICE EXPENSES | 137,292. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 137,292. |
| APPRAISAL, REVIEW AND ACQUISITION: | |
| PROGRAM SERVICE EXPENSES | 160,172. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 160,172. |
| LAND STEWARDSHIP: | |
| PROGRAM SERVICE EXPENSES | 74,356. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 74,356. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 694,769. |
| FORM 990, PART VII, LINE 2C | |
| THE PROCESS FOR SELECTING AN INDEPENDENT AUDITOR IS UNCH | ANGED FROM THE |
| PRIOR YEAR. | |
| | |

932212 09-06-19

2376___1

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or | Name of exempt organization or other filer, see inst | Taxpayer identification number (TIN) | | | | | |
|--|--|---|---|---------------------------|---|--|--|
| print | COLUMBIA LAND TRUST | | 94-3140861 | | | | |
| File by the due date for filing your return. See instruction | le by the ue date for ing your turn. See | | | | | | |
| | VANCOUVER, WA 98661-3856 | | | | | | |
| | e Return Code for the return that this application is for (| | | | <u></u> | | |
| Applica | tion | Return | Application | | | Return | |
| Is For | | Code | Is For | | | Code | |
| | 00 or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 | |
| Form 99 | | 02 | Form 1041-A | | | 08 | |
| | '20 (individual) | 03 | Form 4720 (other than individual) | | | 09 | |
| Form 99 | | 04 | Form 5227 | | | 10 | |
| | 00-T (sec. 401(a) or 408(a) trust) 00-T (trust other than above) | 05 | Form 6069 Form 8870 | | | <u> </u> | |
| Telep If the If this box 1 Ir th 2 If [| equest an automatic 6-month extension of time until e organization named above. The extension is for the or [X] calendar year 2019 or [] tax year beginning | ss in the Uni it Group Exe and atta NOVEI ganization's , an check reaso | Fax No. ▶ ited States, check this box mption Number (GEN) .ch a list with the names and TINs of MBER 16, 2020 .to file return for: d ending | If this is fo all memb | r the whole (ers the exter opt organization) | group, check this | |
| | this application is for Forms 990-BL, 990-PF, 990-T, 472 ny nonrefundable credits. See instructions. | 0, or 6069, e | enter the tentative tax, less | 3a | \$ | 0. | |
| | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and | | | | | | |
| estimated tax payments made. Include any prior year overpayment allowed as a credit. | | | | | \$ | 0. | |
| | alance due. Subtract line 3b from line 3a. Include your | | | | | | |
| us | sing EFTPS (Electronic Federal Tax Payment System). S | ee instructio | ns. | 3c | \$ | 0. | |
| instructi | : If you are going to make an electronic funds withdraw ons. For Privacy Act and Paperwork Reduction Act Notice | | | 453-EO an | | 9-EO for payment 8868 (Rev. 1-2020) | |

923841 12-30-19