			EXTENDED TO MAY 17, 20			
	Q	an I	Return of Organization Exempt Fr	rom l	ncome Tax	OMB No. 1545-0047
Forr (Rev		JU uary 2020)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	•		
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as	-	-	Open to Public Inspection
		enue Service	► Go to www.irs.gov/Form990 for instructions and the given and the given beginning JUL 1, 2019 and en		UN 30, 2020	Inspection
	heck if		organization		D Employer identifie	cation number
a	pplicab	le:				
	Addre Chang		FIRE COLUMBIA			
	Name	01				
	Initial returr	Number	, ,			
	Final returr termii	n		00	503-224-	
	ated]Amer		wn, state or province, country, and ZIP or foreign postal code CAND, OR 97205		G Gross receipts \$	5,359,637.
	_returr]Appli _tion		d address of principal officer:JOSHUA TODD		H(a) Is this a group re for subordinates	
	pendi	^{ing} 1411		97205	H(b) Are all subordinates in	
ΙT	ax-ex	empt status:		527		list. (see instructions)
			FIRECOLUMBIA.ORG		H(c) Group exemption	
ΚF	orm o	f organization: 🗋	Corporation Trust Association Other ►	L Year (of formation: 1928	State of legal domicile: OR
Pa	rt I	Summary				
ø	1	Briefly describe	e the organization's mission or most significant activities: EMPOWI	ER YO	UTH TO FIND	THEIR
Activities & Governance			LIFT THEIR VOICE, AND DISCOVER WHO			
ern	2		if the organization discontinued its operations or disposed	d of more		
Š	3					15
<u>ھ</u>	4		ependent voting members of the governing body (Part VI, line 1b) $ $			14
ies	5		5	244		
tivit	6		f volunteers (estimate if necessary)			275
Act			business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated I	pusiness taxable income from Form 990-T, line 39	<u></u>		2,904.
	-	O I I I I			Prior Year 1,199,373.	Current Year
ue	8		and grants (Part VIII, line 1h)		4,242,634.	<u>1,898,633.</u> 3,268,552.
Revenue	9		e revenue (Part VIII, line 2g)		118,174.	123,673.
Re			ome (Part VIII, column (A), lines 3, 4, and 7d)		-16,882.	-32,645.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,543,299.	5,258,213.
			add lines 8 through 11 (must equal Part VIII, column (A), line 12) ilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		o or for members (Part IX, column (A), line 4)		0.	0.
S					3,272,461.	3,529,569.
Expenses	16a	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) ndraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 275, 945		0.	0.
bei	b	Total fundraisir	ng expenses (Part IX, column (D), line 25) > 275, 945	5.		
ш	17	Other expense	s (Part IX, column (A), lines 11a-11d, 11f-24e)		1,762,896.	1,629,855.
			. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,035,357.	5,159,424.
	19		expenses. Subtract line 18 from line 12		507,942.	98,789.
Net Assets or Fund Balances					ginning of Current Year	End of Year
sets alan	20	Total assets (P	art X, line 16)		5,805,385.	5,628,856.
it As Id B	21	Total liabilities			1,351,610.	956,551.
Fur			und balances. Subtract line 21 from line 20		4,453,775.	4,672,305.
Pa	rt II	-				
			declare that I have examined this return, including accompanying schedules a			y knowledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.	

Sign Here	Signature of officer JOSHUA TODD, PRESIDENT & CEO Type or print name and title	Date						
	Print/Type preparer's name Preparer's signature Date	Check PTIN						
Paid	ROBERT M. PRILL ROBERT M. PRILL	self-employed P00236613						
Preparer	Firm's name HOFFMAN, STEWART & SCHMIDT, PC	Firm's EIN 93-0743240						
Use Only	Firm's address 3 CENTERPOINTE DRIVE, SUITE 300							
LAKE OSWEGO, OR 97035-8663 Phone no.503-220-								
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No						
		Course 000 (0010)						

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

Form	990 (2019) CAMP FIRE COLUMBIA 93-0386901 Page	2
Par	III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO BUILD CARING, CONFIDENT YOUTH AND FUTURE LEADERS. OUR CONVICTION IS THAT ENGAGED, CONFIDENT, AND WELL-ROUNDED YOUTH TODAY CAN BUILD THRIVING COMMUNITIES TOMORROW.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	o
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N (If "Yes," describe these changes on Schedule O.	D
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 2,945,564. including grants of \$) (Revenue \$ 2,328,149. SCHOOL BASED PROGRAMS: CAMP FIRE'S SCHOOL BASED PROGRAMS PARTNER WITH	_)
	SCHOOLS AND FAMILIES TO STRENGTHEN STUDENT ACHIEVEMENT AND HELP YOUTH	
	BUILD ASSETS THAT LEAD TO SUCCESS IN SCHOOL, COMMUNITY, AND IN LIFE. IN	<u>i</u>
	2019-20 OUR SCHOOL BASED PROGRAMS SERVED NEARLY 1,480 YOUTH AT 24	
	SCHOOLS THROUGH BEFORE-SCHOOL, IN-SCHOOL, AFTER SCHOOL AND SUMMER	
	PROGRAMS IN ELEMENTARY, MIDDLE AND HIGH SCHOOLS. EACH PROGRAM PROVIDES	
	ACADEMIC SUPPORT, EXPERIENTIAL LEARNING, ENRICHMENT, MENTORING,	
	LEADERSHIP OPPORTUNITIES, AND COMMUNITY ENGAGEMENT. WE PLACE A SPECIAL	_
	EMPHASIS ON REACHING OUR COMMUNITY'S MOST VULNERABLE YOUTH. OUR	_
	PROGRAMS CAN BE FOUND IN SEVERAL TITLE 1 SCHOOLS IN MULTNOMAH COUNTY.	—
	OUR PROGRAMS ARE SHOWN TO INCREASE STUDENT ACHIEVEMENT AND DEVELOP	—
	ESSENTIAL YOUTH ASSETS SUCH AS CONFIDENCE, MOTIVATION, AND FEELINGS OF	—
40	(Code:)(Expenses 1,185,018. including grants of \$) (Revenue \$940,403. CAMP PROGRAMS: IN 2019-20 CAMP FIRE COLUMBIA'S CAMP NAMANU RESIDENT AND RANCH CAMPS SERVED MORE THAN 866 YOUTH GRADES K-12 DURING EIGHT WEEKS OF SUMMER PROGRAMMING DESIGNED TO IMMERSE YOUTH IN UNIQUE HANDS-ON EXPERIENCES THAT KEEP THEM ENGAGED, EXPLORING AND LEARNING DURING OUT-OF-SCHOOL MONTHS. CAMP NAMANU ALSO WELCOMED NEARLY 700 SIXTH	
	GRADERS THROUGH AREA OUTDOOR SCHOOL PROGRAMS.	—
	GRADERS TIROOGII AREA OUTDOOR SCHOOL TROGRAMS.	—
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		—
		_
		—
		—
		—
		—
4d	Other program services (Describe on Schedule O.)	_
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses $4,130,582.$	—
-10	Form 990 (201	0)
932002	01-20-20 SEE SCHEDULE O FOR CONTINUATION(S)	ອ)

 Form 990 (2019)
 CAMP
 FIRE
 COLUMBIA

 Part IV
 Checklist of Required
 Schedules

I UI	one okist of nequired concludes						
			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?						
	If "Yes," complete Schedule A	1	Х				
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for						
	public office? If "Yes," complete Schedule C, Part I	3		Х			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect						
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or						
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to						
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х			
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		X			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		x			
-	Schedule D, Part III	8					
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, VIII, IX, or X						
	as applicable.						
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,						
	Part VI						
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		Х			
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		х			
Ь	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						
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х				
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110					
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х				
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
IZd		12a	х				
h	Schedule D, Parts XI and XII	120					
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		х			
10				X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X			
	Did the organization maintain an office, employees, or agents outside of the United States?	14a					
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,						
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77			
	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		Х			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines						
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х				
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		х			
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х			
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		· · · ·			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200					
~ 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х			
		21		43			

 Form 990 (2019)
 CAMP
 FIRE
 COLUMBIA

 Part IV
 Checklist of Required Schedules (continued)
 CAMP FIRE COLUMBIA

			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			37
	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			37
	Schedule K. If "No," go to line 25a	24a		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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	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	054		x
06	Schedule L, Part I	25b		
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? <i>If "Yes," complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	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			
u	"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
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
	"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
35 a	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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
rai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	V	
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	Х	

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Form 990 (2019)	CAMP	FIRE	COLUMBIA
Part V Statements	Regardin	g Other	r IRS Filings and Tax Compliance (continued)

					Yes	No			
2 a E	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
f	iled for the calendar year ending with or within the year covered by this return	2a	244						
bl	f at least one is reported on line 2a, did the organization file all required federal employment tax retu	irns?		2b	Х				
1	lote: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)							
3 a [Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х				
	f "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х				
	At any time during the calendar year, did the organization have an interest in, or a signature or other								
	inancial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		v			
	Vas the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b					
	f "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 t any contributions that were not tax deductible as charitable contributions?			6a		x			
	any contributions that were not tax deductible as charitable contributions? f "Yes," did the organization include with every solicitation an express statement that such contribu			Ua					
	vere not tax deductible?		-	6b					
	Drganizations that may receive deductible contributions under section 170(c).			00					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the pavor?	7a	х				
	f "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w								
t	to file Form 8282?								
dl	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 of	contra	ct?	7e		X X			
f [Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
gl	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h l	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ie						
				8					
	Sponsoring organizations maintaining donor advised funds.								
				9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
	Section 501(c)(7) organizations. Enter: nitiation 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	10a							
	Section 501(c)(12) organizations. Enter:								
		11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	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					
	f "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13 5	Section 501(c)(29) qualified nonprofit health insurance issuers.								
a I	s the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
	Enter the amount of reserves the organization is required to maintain by the states in which the	1	.						
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c				v			
				14a		X			
	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b					
	s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun			45		x			
	excess parachute payment(s) during the year?			15					
				16		х			
	s the organization an educational institution subject to the section 4968 excise tax on net investme	ntinco							

Form **990** (2019)

Form	990	(2019)
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CAMP FIRE COLUMBIA

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	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		X
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		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
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		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
-	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	
	Other officers or key employees of the organization	15a	X	
2	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		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Tou		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
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)s only) avail	able
10	for public inspection. Indicate how you made these available. Check all that apply.	,5 OHIY	, avali	ane
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	Icial	
19	statements available to the public during the tax year.	u midi	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	JOSHUA TODD - (503) 224-7800			
	1411 SW MORRISON STREET #300, PORTLAND, OR 97205			

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	Highest (Compensated
	Employees, and Independe	ent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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		Reportable	Reportable	Estimated				
	hours per	box	do not check more th ox, unless person is				h an	compensation	compensation	amount of
	week	<u> </u>	officer and a director/trustee)		from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e.	pens		(W-2/1099-MISC)		organization
	organizations below	ual tri	onal		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ELISE BOUNEFF	1.00		-	0	\geq	포히	E.			
DIRECTOR		x						0.	0.	0.
(2) BRIAN BUCK	1.00									
DIRECTOR		X						0.	0.	0.
(3) JULIE BRIGGS	1.00									
DIRECTOR		Х						0.	0.	0.
(4) GINA EIBEN	1.00									
DIRECTOR		Х						0.	0.	0.
(5) BACH MAI DOLLY NGUYEN	1.00									
DIRECTOR		X						0.	0.	0.
(6) KATIE PAULLIN	1.00									•
VICE CHAIR	1 00	X		X				0.	0.	0.
(7) ROBERT GOMAN	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(8) DANIELLE SCHNEIDER	1.00							0		0
DIRECTOR	1.00	X						0.	0.	0.
(9) MATT THOMASON	1.00	x						0.	0.	0.
DIRECTOR	1.00	<u>^</u>					<u> </u>	0.	0.	0.
(10) MELYNDA RETALLACK	1.00	x						0.	0.	0.
DIRECTOR (11) NANCY SCHMUGGE	1.00	<u>^</u>						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(12) KARIN WANDTKE	1.00						<u> </u>	0.	0.	0.
CHAIR	1.00	x		x				0.	0.	0.
(13) MARK VO	1.00								Ŭ.	•••
DIRECTOR	100	x						0.	0.	0.
(14) SHIMA SALEHI	1.00							•••		
DIRECTOR		x						0.	0.	0.
(15) EMILY GILLILAND	40.00									
PAST PRESIDENT & CEO		1		x				128,040.	0.	216.
(16) DONNA CARVER	40.00							-		
VICE PRESIDENT OF FINANCE		1		х				92,821.	0.	2,923.
(17) JOSHUA TODD	40.00									
PRESIDENT AND CEO				Х				0.	0.	0.
										Course 000 (0010)

932007 01-20-20

Form 990 (2019) CAMP FIR	E COLUME	BIZ	A						93-03	86	901	Page 8	
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees			ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	verage Position (do not check more than one box, unless person is both an				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orgai and	ensation m the nization related nizations	
(18) ALICIA FITZPATRICK	40.00									_		•	
INTERIM PRESIDENT & CEO				X				0.		0.		0.	
1b Subtotal	I							220,861.		0.	3	,139.	
c Total from continuation sheets to Part V								0.		0.		0.	
d Total (add lines 1b and 1c)								220,861.		0.	3	,139.	
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	lose	liste	ed a	bov	e) wł	io r	eceived more than \$100	0,000 of reportable	e		1	
										г	`	res No	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	-		•	•					•		3	x	
4 For any individual listed on line 1a, is the su								her compensation from			3		
and related organizations greater than \$15											4	X	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>								•			5	X	
Section B. Independent Contractors	piele Schedui	eji	or si	ucn	pers	SON .					5	21	
1 Complete this table for your five highest co	-									pens	ation fro	om	
the organization. Report compensation for (A)					vitri	or w		(B)			(C)		
Name and business	NC	ONE	3				Description of s	services	С	ompens	sation		
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	iot lii	mite	d to		se lis 0	stec	d above) who received n	nore than				

Form 990 (20	19) CAMP FIRE COLUMBIA
Part VIII	Statement of Revenue

statistics function revenue busilines time time time b Membership dues time c Fundraising events time time time time time time time time time time time Government grants (contributions) time f All other contributions included above time g Noncesh contributions included above time g Noncesh contributions included above time g Noncesh contributions included above time g SUMMER CAMPS AND b SUMMER CAMPS AND g Total. Add lines 2a-2f 3, 268, 552. 3 g Total. Add lines 2a-2f 3, 268, 552. 3 g Total. Add lines 2a-2f 3, 268, 552. 3 g Total. Add lines 2a-2f 3, 268, 552. 3 g Total. Add lines 2a-2f 3, 268, 552. 3 g Royatites Secons Secons	Unrelated Revenue excluded
Total revenue Related or exempt function revenue Dous gray of the second s	Siness revenue from tax under
state 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1d if al other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines ta-it 1, 898, 633. g Noncash contributions included in lines ta-it 1, 898, 633. g SCHOOL PROGRAMS 900099 2, 328, 149.2, 328, 149.2 g SCHOOL PROGRAMS 900099 2, 328, 149.2, 328, 149.4 g Total. Add lines 1a-it 1, 898, 633. g Total. Add lines 2a.2t 3, 268, 552. g Total. Add lines 2a.2t 3, 268, 552. g Royatties 6 g Costs rents 6a g Gross rents 6a g Costs income or (loss) 0 g Gross amount from sales of assets other hani income or (loss) 0 g Gross mount from sales of assets other than inventory 1, 692. g Gross income from fundraising events (not including \$_117, 699. of	
2 a SCHOOL PROGRAMS Business Code 900099 2,328,149.2,328,149. b SUMMER CAMPS AND PROGR 900099 940,403.940,403. 940,403. c	
2 a SCHOOL PROGRAMS Business Code 900099 2,328,149.2,328,149. b SUMMER CAMPS AND PROGR 900099 940,403.940,403. 940,403. c	
2 a SCHOOL PROGRAMS Business Code 900099 2,328,149.2,328,149. b SUMMER CAMPS AND PROGR 900099 940,403.940,403. 940,403. c	
2 a SCHOOL PROGRAMS Business Code 900099 2, 328, 149.2, 328, 149. b SUMMER CAMPS AND PROGR 900099 2, 328, 149.2, 328, 149. c 900099 940, 403. 940, 403. d	
2 a SCHOOL PROGRAMS Business Code 900099 2, 328, 149.2, 328, 149. b SUMMER CAMPS AND PROGR 900099 2, 328, 149.2, 328, 149. c 900099 940, 403. 940, 403. d	
2 a SCHOOL PROGRAMS Business Code 900099 2, 328, 149.2, 328, 149. b SUMMER CAMPS AND PROGR 900099 2, 328, 149.2, 328, 149. c 900099 940, 403. 940, 403. d	
2 a SCHOOL PROGRAMS Business Code 900099 2, 328, 149.2, 328, 149. b SUMMER CAMPS AND PROGR 900099 2, 328, 149.2, 328, 149. c 900099 940, 403. 940, 403. d	
2 a SCHOOL PROGRAMS Business Code 900099 2, 328, 149.2, 328, 149. b SUMMER CAMPS AND PROGR 900099 2, 328, 149.2, 328, 149. c 900099 940, 403. 940, 403. d	
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2 a SCHOOL PROGRAMS Business Code 900099 2, 328, 149.2, 328, 149. b SUMMER CAMPS AND PROGR 900099 2, 328, 149.2, 328, 149. c 900099 940, 403. 940, 403. d	
2 a SCHOOL PROGRAMS 900099 2,328,149.2,328,149. b SUMMER CAMPS AND PROGR 900099 940,403. 940,403. c	
b SUMMER CAMPS AND PROGR 900099 940,403. 940,403. c	
g Total. Add lines 2a-2f 3, 268, 552. 3 Investment income (including dividends, interest, and other similar amounts) 37, 861. 4 Income from investment of tax-exempt bond proceeds 37, 861. 5 Royalties 6 6 a a 6 a a 6 a a 7 Rental income or (loss) 6 6 a a 7 a for sasets other than inventory 7 a for sasets other than inventory 8 a for sasets income from fundraising events (not including \$ 117, 699. of	
g Total. Add lines 2a-2f 3, 268, 552. 3 Investment income (including dividends, interest, and other similar amounts) 37, 861. 4 Income from investment of tax-exempt bond proceeds 37, 861. 5 Royalties 6 6 a a 6 a a 6 a a 7 Rental income or (loss) 6 6 a a 7 a for sasets other than inventory 7 a for sasets other than inventory 8 a for sasets income from fundraising events (not including \$ 117, 699. of	
g Total. Add lines 2a-2f 3, 268, 552. 3 Investment income (including dividends, interest, and other similar amounts) 37, 861. 4 Income from investment of tax-exempt bond proceeds 37, 861. 5 Royalties 6 6 a a 6 a a 6 a a 7 Rental income or (loss) 6 6 a a 7 a for sasets other than inventory 7 a for sasets other than inventory 8 a for sasets income from fundraising events (not including \$ 117, 699. of	
g Total. Add lines 2a-2f 3, 268, 552. 3 Investment income (including dividends, interest, and other similar amounts) 37, 861. 4 Income from investment of tax-exempt bond proceeds 37, 861. 5 Royalties 6 6 a a 6 a a 6 a a 7 Rental income or (loss) 6 6 a a 7 a for sasets other than inventory 7 a for sasets other than inventory 8 a for sasets income from fundraising events (not including \$ 117, 699. of	
g Total. Add lines 2a-2f 3, 268, 552. 3 Investment income (including dividends, interest, and other similar amounts) 37, 861. 4 Income from investment of tax-exempt bond proceeds 37, 861. 5 Royalties 6 6 a a 6 a a 6 a a 7 Rental income or (loss) 6 6 a a 7 a for sasets other than inventory 7 a for sasets other than inventory 8 a for sasets income from fundraising events (not including \$ 117, 699. of	
3 Investment income (including dividends, interest, and other similar amounts)	
other similar amounts) > 37,861. 4 Income from investment of tax-exempt bond proceeds > 5 Royalties > 6 a Gross rents 6a b Less: rental expenses 6b - c Rental income or (loss) 6c - d Net rental income or (loss) - - 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other 7 a Gross) - - b Less: cost or other basis and sales expenses 7b 111,692. c Gain or (loss) - 85,812. 85,812. 8 a Gross income from fundraising events (not including \$ 117,699. of - 85,812.	
4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) 7 a gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 7b 111, 692. 7c 85, 812. 8 Gross income from fundraising events (not including \$ 117, 699. of	
5 Royalties (i) Real (ii) Personal 6a (i) Real (ii) Personal 6a 6b 6c 6c (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 7b 111, 692. 7c 85, 812. 8 a Gross income from fundraising events (not including \$ 117, 699. of	37,861.
6 a Gross rents (i) Real (ii) Personal b Less: rental expenses 6a	
6 a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 117, 699. of	
b Less: rental expenses 6b	
c Rental income or (loss) 6c	
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 117, 699. of	
7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 97,504. b Less: cost or other basis and sales expenses 7b 11,692. c Gain or (loss) 7c 85,812. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 117,699. of 85,812.	
assets other than inventory 7a 97,504. b Less: cost or other basis and sales expenses 7b 11,692. c Gain or (loss) 7c 85,812. d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 117,699. of	
b Less: cost or other basis and sales expenses 7b 11,692. c Gain or (loss) 7c 85,812. d Net gain or (loss) > 85,812. 8 a Gross income from fundraising events (not including \$ 117,699. of >	
and sales expenses 7b 11,692. c Gain or (loss) 7c 85,812. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 117,699. of 85,812.	
see the second seco	
B a Gross income from fundraising events (not including \$ 117,699. of	
B a Gross income from fundraising events (not including \$ 117,699. of	
E including \$ 117,699. of	85,812.
contributions reported on line 1c). See	
Part IV, line 18 8a 17,657. b Less: direct expenses 8b 69,964.	
b Less: direct expenses 8b 69,964.	
c Net income or (loss) from fundraising events ► -52,307.	-52,307.
9 a Gross income from gaming activities. See	
Part IV, line 19 9a	
b Less: direct expenses 9b	
c Net income or (loss) from gaming activities	
10 a Gross sales of inventory, less returns	
and allowances 10a 35,585.	
b Less: cost of goods sold 10b 19,768.	
c Net income or (loss) from sales of inventory 15,817.	15,817.
Business Code	
δ _ω 11 a MISCELLANEOUS INCOME 900099 3,845.	3,845.
In a b c d All other revenue MISCELLANEOUS INCOME 900099 3,845.	•
e Total. Add lines 11a-11d ► 3,845.	
12 Total revenue. See instructions 5, 258, 213. 3, 268, 552.	

CAMP FIRE COLUMBIA

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).

	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	102 072		04 652	00 221
	trustees, and key employees	193,873.		94,652.	99,221
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2,749,422.	2,378,619.	282,531.	88,272
	Other salaries and wages Pension plan accruals and contributions (include	4,177,444.	2,570,019.	202,331.	00,2720
	section 401(k) and 403(b) employer contributions)	39,331.	31,833.	5,004.	2 494
		257,395.	211,879.	30,015.	2,494 15,501
	Other employee benefits Payroll taxes	289,548.	234,347.	36,837.	18,364
	Fees for services (nonemployees):	20575101	20170170		10,001
	Management				
	Legal				
	Accounting	15,934.		15,934.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch O.)	335,076.	154,795.	158,331.	21,950
	Advertising and promotion	38,721.	13,444.	23,060.	21,950 2,217
	Office expenses				
	Information technology				
	Royalties				
	Occupancy	232,946.	189,642.	25,600.	17,704.
	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	44,279.	32,667.	9,574.	2,038.
20	Interest	4,997.		4,997.	
21	Payments to affiliates	59,307.	59,307.		
22	Depreciation, depletion, and amortization	223,643.	192,607.	31,036.	
	Insurance	97,408.	93,102.	3,770.	536
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	SUPPLIES	222,205.	212,473.	8,189.	1,543.
b	FOOD	127,157.	126,143.	954.	60.
с	EQUIPMENT RENTAL	59,589.	52,409.	7,180.	
d	TRANSPORTATION	53,942.	48,827.	5,034.	81.
е	All other expenses	114,651.	98,488.	10,199.	5,964
25	Total functional expenses. Add lines 1 through 24e	5,159,424.	4,130,582.	752,897.	275,945
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 Figure if following SOP 98-2 (ASC 958-720)				

CAMP FIRE COLUMBIA Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
		· · · ·	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,253,659.	1	919,969.
	2	Savings and temporary cash investments	1,753.	2	442,808.
	3	Pledges and grants receivable, net	150,000.	3	128,138.
	4	Accounts receivable, net		4	19,959.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	18,836.
Ä	9	Prepaid expenses and deferred charges		9	144,639.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 5,401,8	87.		
	ь	Less: accumulated depreciation 10b 3,193,3	85. 2,010,444.	10c	2,208,502.
	11	Investments - publicly traded securities	4 4 6 9 9 5 5	11	1,459,793.
	12	Investments - other securities. See Part IV, line 11		12	69,569.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	216,643.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	5,628,856.
	17	Accounts payable and accrued expenses		17	762,845.
	18	Grants payable		18	
	19	Deferred revenue		19	130,658.
	20	Tax-exempt bond liabilities		20	,
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ú	22	Loans and other payables to any current or former officer, director,		21	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
lida		controlled entity or family member of any of these persons		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties	^	23	50,462.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Ook a shale D	22,475.	25	12,586.
	26	Total liabilities. Add lines 17 through 25	1,351,610.		956,551.
		Organizations that follow FASB ASC 958, check here X			
sec		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	3,610,263.	27	3,994,893.
Bal	28	Net assets with donor restrictions		28	677,412.
pu	20	Organizations that do not follow FASB ASC 958, check here			••••
μ		and complete lines 29 through 33.			
۲ د	29	Capital stock or trust principal, or current funds		29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32			32	4,672,305.
Z	33	Total net assets or fund balances		33	5,628,856.
	00	יסינוי וועסווינוסס מדוע דוכר מססכנס זעדוע סמומדוכבס		00	Form 990 (2019)

Form **990** (2019)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	5,250 5,159								
Check if Schedule O contains a response or note to any line in this Part XI	5,25								
	5 15								
2 Total expenses (must equal Part IX, column (A), line 25)									
3 Revenue less expenses. Subtract line 2 from line 1 3			89.						
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))									
5 Net unrealized gains (losses) on investments 5	11	9,7	41.						
6 Donated services and use of facilities									
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))	4,672	2,3	05.						
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII									
Check if Schedule O contains a response or note to any line in this Part XII									
		Yes	No						
1 Accounting method used to prepare the Form 990: Cash X Accrual Other									
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.									
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х						
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 basis,									
consolidated basis, or both:									
X Separate basis Consolidated basis Both consolidated and separate basis									
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,									
review, or compilation of its financial statements and selection of an independent accountant?									
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.									
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit									
Act and OMB Circular A-133?									
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit									
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b								

Form **990** (2019)

SCI	HED	ULE	Α

Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ
	220		

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.

2019
Open to Public Inspection

OMB No. 1545-0047

L

Nan	ne of t	the organization							dentification number
Do			FIRE COLU			:			3-0386901
	rt I	Reason for Public		-				S	
	organ	ization is not a private found							
1	\square	A church, convention of ch					1)(A)(i).		
2		A school described in sect							
3	\square	A hospital or a cooperative							
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for section 170(b)(1)(A)(iv). (C		llege or university owned	d or opera	ted by a g	overnmental ι	unit descrit	bed in
6		A federal, state, or local go		nontal unit described in	soction 17	70(6)(1)(1)	60		
	x	An organization that norma						ho gonoral	public described in
'		section 170(b)(1)(A)(vi). (C		inial part of its support i	ion a you	erninentai		ne general	public described in
8		A community trust describe			F 11 \				
9	H	An agricultural research or				nd in coniu	unction with a	land grant	collogo
9		or university or a non-land-							
		university:	grant conege of agric			name, or	y, and state of	r the colleg	
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	ind gross receipts from
		activities related to its exen							
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	5 09(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), †	typically by	' giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or truste	es of the s	supporting
	_	organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
	_	organization(s). You mus							
С		Type III functionally inte						lly integrate	ed with,
_	_	its supported organizatio							
d		Type III non-functionally						-	
		that is not functionally int	с С	o ,			•	d an attent	iveness
		requirement (see instruct	,	•					
е		Check this box if the orga					а Туре I, Туре	II, Type III	
	F ata	functionally integrated, or							
י מ		er the number of supported over the following information							
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10	in your governi Yes	No	support (see in	-	support (see instructions)
				above (see instructions))					
Tota	al								

Schedule A (Form 990 or 990-EZ) 2019 CAMP FIRE COLUMBIA

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
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1373998.	996,079.	1613246.	1059370.	1898633.	6941326.
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	1373998.	996,079.	1613246.	1059370.	1898633.	6941326.
5	The portion of total contributions		,				
č	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)						586,753.
6							6354573.
	Public support. Subtract line 5 from line 4.						03343734
	ndar year (or fiscal year beginning in)	(-) 0015	(b) 0010	(-) 0017	(4) 0010	(-) 0010	
		(a)2015 1373998.	(b) 2016 996,079.	(c)2017 1613246.	(d)2018	(e)2019 1898633.	(f) Total 6941326.
	Amounts from line 4	1373990.	990,019.	1013240.	1039370.	T030033.	0941520.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	176 001	159,271.	173,386.	170 017	124 096	015 561
_	and income from similar sources	176,001.	159,271.	1/3,300.	172,817.	134,086.	815,561.
9	Net income from unrelated business						
	activities, whether or not the	640					C 4 0
	business is regularly carried on	642.					642.
10	Other income. Do not include gain						
	or loss from the sale of capital		0.2.0	10 000	F (14	2 0 4 5	01 005
	assets (Explain in Part VI.)		839.	10,987.	5,614.	3,845.	21,285.
	Total support. Add lines 7 through 10						7778814.
	Gross receipts from related activities,	· ·	,				,237,001.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u></u>	organization, check this box and stor	here					
	ction C. Computation of Publ						
	Public support percentage for 2019 (14	81.69 %
	Public support percentage from 2018					15	75.15 %
16a	33 1/3% support test - 2019. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 CAMP FIRE COLUMBIA

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 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						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
1	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						
5	furnished by a governmental unit to						
	, ,						
•	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
Ł	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	() 00/5	(1) 00 / 0	() 00/-	(1) 00 (0)	() 00/0	(0
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
Ł	Unrelated business taxable income						
-	(less section 511 taxes) from businesses acquired after June 30, 1975						
	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	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	zation,
	check this box and stop here	<u></u>	<u></u>	<u></u>	-		
Se	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2019 (li	ine 8, column (f), (divided by line 13.	column (f))		15	%
	Public support percentage from 2018					16	%
-	ction D. Computation of Invest	-					· · · · · ·
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	133 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar	-					
F	33 1/3% support tests - 2018. If the						and
Ľ	line 18 is not more than 33 1/3%, che						
20							
20	Private foundation. If the organization	T UIU HOL CHECK a		a, ur iou, check t	INS DUX AND SEE IN	anuonona	🚩 📖

Schedule A (Form 990 or 990-EZ) 2019

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.)

		Vee	Ne
		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
	100	1	

			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		
c	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		
Sec	stion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	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 yeatsee instructions			
' a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	-		
b				
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	2)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a			100	110
u	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.	0-		
L.		2a		
b				
	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	<u></u>		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990 EZ) 2019 CAMP FIRE COLUMBIA

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.

		(A) Prior Year	(B) Current Year (optional)
	1		
	2		
	3		
	4		
	5		
for production or			
conservation, or			
income (see instructions)	6		
	7		
7 from line 4)	8		
		(A) Prior Year	(B) Current Year (optional)
se assets (see			
part of year):			
	1a		
	1b		
ts	1c		
	1d		
mpt-use assets	2		
	3		
6 of line 3 (for greater amount,			
	4		
ne 4 from line 3)	5		
	6		
	7		
	8		
			Current Year
n A, line 8, Column A)	1		
	2		
ion B, line 8, Column A)	3		
	4		
	5		
4, unless subject to			
	6		
	for production or conservation, or income (see instructions) 7 from line 4) 5e assets (see part of year): ts ts mpt-use assets 6 of line 3 (for greater amount, ne 4 from line 3) 6 a, line 8, Column A) tion B, line 8, Column A) e 4, unless subject to ns).	2 3 4 5 for production or conservation, or income (see instructions) 6 7 7 from line 4) 8 se assets (see part of year): 1a 1b ts 1c 1d mpt-use assets 2 % of line 3 (for greater amount, 4 10 7 8 7 11 12 13 14 15 16 7 11 12 13 14 15 16 7 11 12 13 14 15 15 16 17 18 19 10 11	1 2 3 4 5 for production or conservation, or income (see instructions) 6 7 7 from line 4) 8 2 (A) Prior Year See assets (see part of year): 1a 1b ts 1c 1d mpt-use assets 2 3 % of line 3 (for greater amount, 4 1e 4 from line 3) 5 6 7 8 1A, line 8, Column A) 1 2 tion B, line 8, Column A) 4 5 4, unless subject to

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

Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	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 organizatior	IS	
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	he organization is responsive	e	
	(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			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	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			
h	Applied to 2019 distributable amount			
<u> i</u>	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
-	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			
b	Excess from 2016			
с	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

SCHEDULE	D
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization CAMP FIRE COLUMBIA		Employer identification number 93-0386901
Pa		ds or Other Similar Funds or	
	organization answered "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
-			
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing t		
	are the organization's property, subject to the organization's exclusion		
6	Did the organization inform all grantees, donors, and donor advisors		
	for charitable purposes and not for the benefit of the donor or donor		ľ – –
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the organization	on answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization (che	ck all that apply).	
	Preservation of land for public use (for example, recreation or	education)	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con	servation contribution in the form of a c	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic structure i		2c
	Number of conservation easements included in (c) acquired after 7/2		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released,		anization during the tax
	year ►		C C
4	Number of states where property subject to conservation easement	is located	
5	Does the organization have a written policy regarding the periodic m		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handlin		
	•	3	
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation e	easements during the year
•			
8	Does each conservation easement reported on line 2(d) above satisf	v the requirements of section 170(h)(4)	(B)(i)
Ŭ			
٩	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation ease	ments in its revenue and expense state	
3	balance sheet, and include, if applicable, the text of the footnote to		
	organization's accounting for conservation easements.	the organization's financial statements	inat describes the
Pa	t III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990, P.	-	
10	If the organization elected, as permitted under FASB ASC 958, not t		alanaa ahaat warka
Id	of art, historical treasures, or other similar assets held for public exhi	•	
b	service, provide in Part XIII the text of the footnote to its financial sta		
a	If the organization elected, as permitted under FASB ASC 958, to re		
	art, historical treasures, or other similar assets held for public exhibit	ion, education, or research in furtheran	ce or public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
-			
2	If the organization received or held works of art, historical treasures,		, provide
	the following amounts required to be reported under FASB ASC 958	-	N .
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 \$

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2019

Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			RE COLUMBI						93-03			ige 2
collection terms (check all that apply): a b b Scholarly research c Other	Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures,	or Othe	er Simila	r Asse	ts (contin	nued)	
a Public exhibition d Loan or exchange program b Scholarly research e Other	3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that	at make s	ignificant (use of its			
b Scholarly research e Other c Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 6 Description of the organization solicit or receive donations of art, historical treasures, or other similar assets to to be solid to raise hunds arise that the organization answered 'Ves' on Form 990, Part IV, line 9, or responded an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. It is the organization include an amount on Form 990, Part X, line 21. a If the organization include an amount on Form 990, Part X, line 21. for escrew or custodial account liability? Ves No b If Yes' explain the arrangement in Part XIII. Check hare if the organization answered 'Yes' on Form 990, Part X, line 21. No If Yes' explain the arrangement in Part XIII. Check hare if the organization account liability? Ves No b If Yes' explain the arrangement in Part XIII. Check hare if the organization account liability? Ves No b If Yes' explain the arrangement in Part XIII. Check hare if the organization account as been provided on Part XII Inter years back (e) four years back id of fur years back (e) four												
c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 900, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization and explain how they further the organization's exempt purpose in Part AVII. 1a Is the organization and explain how they further the organization's exempt Purpose in Part AVII. 1a Is the organization and explain the intermediary for contributions or other assets not included on Form 990, Part X; line 21. 1a Is the organization and explain the intermediary for contributions or other assets not included on Form 990, Part X; line 21. 1a Is the organization include an amount on Form 990, Part X, line 21. 2a Datine organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 2b Datine organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 2b Endowment Funds. Complete if the organization answerd "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year 2b Endowment Funds. Complete if the organization answerd "Yes" on Form 990, Part X, line 10. 2b Conthe explantings, gains, and losese (a) Dr	а	Public exhibition	d									
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5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Ves No Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angement. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization angement. Instance, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount 1 Is the organization angement in Part XIII and complete the following table: Amount 1 Caliform of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 5 No bit "Yes." explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII. Part V Fordowment Funds, complete the organization answered "Yes" on Form 990, Part V, line 10. 6 Onthivexpenditures for facilities and programs. (b) Prior year (c) Two years back (d) Three years bac	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Fom 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. 14 Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included and dufficient of the organization during the year 16 I Geginning balance 10 Intermediation during the year 11 I Distributions during the year 11 Intermediation include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? Yes No D If "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Intermediation as wered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Intermediation as definition as wered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Intermediation as the part addia duffor addia dufformation as the part addia duffor addia d	4		-		-	-			se in Par	t XIII.		
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reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1e 1a Distributions during the year 1e 2 Distributions during the year 1e 14	Der											No
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b If "Yes," explain the arrangement in Part XII and complete the following table:	1a			•						7		1
c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance Id a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided or Part XIII. Image: Check here if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Check here if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Check here if the explanation has been provided or Part Stall. Image: Check here if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Check here if the current year end balance (line 1g, column (a)) held as: Image: Check here if balance Image: Check here if balance Image: Check here if balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Image: Check here if balance Image: Check here if bala	b								L	⊥ ¥es		NO
c Beginning balance ic id id id<	D	If Yes," explain the arrangement in Part XIII	and complete the fo	bilowing t	able:					Amount		
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b Contributions	1a	Beginning of year balance			-							
c Net investment earnings, gains, and losses												
e Other expenditures for facilities and programs												
and programs	d	Grants or scholarships										
f Administrative expenses	е	Other expenditures for facilities										
g End of year balance		and programs										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶% (i) Unrelated organizations (ii) Unrelated organizations (iii) Related organizations (iii) Related organizations 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) basis (other) degreciation 91, 0355. b 91, 0355. b 91, 0355. b 12, 4155. 154, 094. 158, 3211. d Equipment 693, 929. 444, 655. 249, 274.	f	Administrative expenses										
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d Percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other (c) Accumulated depreciation 1a Land 91, 035. 91, 035. b Buildings 4, 256, 215. 2, 594, 636. 1, 661, 579. c Leasehold improvements 312, 415. 154, 094. <t< th=""><th>g</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	g											
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by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost 4 , 256, 215. 2 , 594, 636. 1 , 661, 579. 4 , 293. 4 , 293. 4 , 293. 4 , 293. (ii) 3 3 (ii) 3 3 (iii) 3	_											
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c Leasehold improvements 312,415. 154,094. 158,321. d Equipment 693,929. 444,655. 249,274. e Other 48,293. 48,293.							2,5	594,63	36.			
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e Other												
				X, colum	nn (B), line 1	0c.)				2,208	8 <u>,</u> 5()2.

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" or	n 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.) 🕨		
Port VIII Investments Dreamen Deleted		

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)		
Total. (Colu	umn (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
(1) Eq.	deral income taxes	

(2) CAPITAL LEASE OBLIGATION	12,586.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	12,586.

2. 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

Complete if the organization answered "Yes" on Form 990, Part IV 1 Total revenue, gains, and other support per audited financial statements	,		1	5,377,954
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				-,-,-
a Net unrealized gains (losses) on investments	2a	119,741.		
b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	119,741
3 Subtract line 2e from line 1			3	5,258,213
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
	·····			0
c Add lines 4a and 4b			4c	0
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	5,258,213
Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> Part XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV	12.) Statements Wit , line 12a.	h Expenses per	5	5,258,213 rn.
Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> Part XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements	12.) Statements Wit , line 12a.	h Expenses per	5	5,258,213
 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> Part XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 	12.) Statements Wit Ine 12a.	h Expenses per	5	5,258,213 rn.
 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> Part XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 	12.) Statements Wit , line 12a.	h Expenses per	5	5,258,213 rn.
 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> art XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 	12.) Statements Wit , line 12a. 2a 2b	h Expenses per	5	5,258,213 rn.
 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> Part XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses 	12.) Statements Wit , line 12a. 2a 2b 2c	h Expenses per	5	5,258,213 rn.
 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> Part XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) 	12.) Statements Wit , line 12a. 2a 2b 2c 2d	h Expenses per	5 Retu	5,258,213 m. 5,159,424
 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> Part XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 	12.) Statements Wit , line 12a. 2a 2b 2c 2d	h Expenses per	5 Retu 1 2e	5,258,213 m. 5,159,424 0
 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> Part XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 	12.) Statements Wit , line 12a. 2a 2b 2c 2d	h Expenses per	5 Retu	5,258,213 m. 5,159,424
 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> Part XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 	12.) Statements Wit , line 12a. 2a 2b 2c 2d	h Expenses per	5 Retu 1 2e	5,258,213 m. 5,159,424 0
 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> Part XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 	12.) Statements Wit , line 12a. 2a 2b 2c 2d 2d	h Expenses per	5 Retu 1 2e	5,258,213 m. 5,159,424 0
 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> Part XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 	12.) Statements Wit , line 12a. 2a 2b 2c 2d 2d	h Expenses per	5 Retu 1 2e	5,258,213 m. 5,159,424 0 5,159,424
 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> Part XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 	12.) Statements Wit , line 12a. 2a 2b 2c 2d 2d 4a 4b	h Expenses per	5 Retu 1 2e	5,258,213 m. 5,159,424 0

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 X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC TOPIC ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S

TAX POSITIONS AND CONCLUDED THERE ARE NO UNCERTAIN TAX POSITIONS THAT

REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE

PROVISIONS OF THIS TOPIC.

COLUMBIA

			of Davan		
Schedule D	(Form 990)	2019	CAMP	FIRE	C

(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. Department of the Treasury threm Reverue Service Depart to CAMP FIRE COLUMBIA Employer identification number 93 - 038 69 01 Name of the organization raised funds through any of the following activities. Check all that apply. a All solicitations f Solicitation of non-government grants b Solicitation of government grants c Phone solicitations g Special fundralsing services? Yes No 2 In did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VI in entry in connection with professional fundralsing services? (y) Amount paid (in (retained by); for an entry is (fundralser) No b If Yes, I's the 10 highest paid individuals or entities (fundralser) (ii) Activity (iii) Care service) (y) Amount paid (ior retained by); for an activity is of orenation yo orga
Department of the result Inspection Name of the organization Employer identification number 9 3 - 0 3 8 6 9 0 1 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Did fundraiser have custody contributions? (iv) Gross receipts from activity (v) Armount paid to (or retained by) organization
Name of the organization Employer identification number 93 - 0386901 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d Internet and email solicitations f Solicitation of government grants z Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iv) Gross receipts from activity (v) Amount paid to (or retained by) for contributions?
CAMP FIRE COLUMBIA 93-0386901 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising services? very employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e b Internet and email solicitations f c Phone solicitations g special fundraising events d In-person solicitations d In-person solicitations g special fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual or entity in Activity (iii) Did fundraiser is curved or orretained by) fundraiser is to lot or retained by) or ganization. (v) Amount paid to (or retained by) organization.
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g No 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Activity fundraiser is control of contributions? (iv) Gross receipts fundraiser is to be fundraiser is control of contributions? (v) Amount paid to (or retained by) organization (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity form activity form activity (v) Amount paid to (or retained by) organization
a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising events 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual (in Activity (iii) Did fundraiser for control of c
b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising events 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. No (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser is control of contributions? (iv) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) organization (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser is control of contributions? (iv) Gross receipts from activity (vi) Amount paid to (or retained by) organization
c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual or entity (fundraiser) (iii) Activity (iii) Did fundraiser how control of contributions? (iv) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) or ganization
d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. No (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser how control of content of control of control
 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser deviced of control of cont
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. No (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser for control of
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser for control of co
compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) organization
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity (iv) Gross receipts from activity listed in col. (i) (iv) Annount paid to (or retained by) organization
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity (iv) Gross receipts from activity listed in col. (i) (iv) Annount paid to (or retained by) organization
or control of control
Image: Sector of the sector
Image: state of the state o
Total
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 CAMP FIRE COLUMBIA

93-0386901 Page 2

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	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
,			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	135,356.			135,356
	2	Less: Contributions	117,699.			117,699
	3	Gross income (line 1 minus line 2)	17,657.			17,657
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	17,657.			17,657
·		Entertainment				52,307
		Direct expense summary. Add lines 4 throug		I I	•	69,964
- 1		Net income summary. Subtract line 10 from				-52,307
a	rt I		answered "Yes" on Forn	990, Part IV, line 19, or i	reported more than	
-		\$15,000 on Form 990-EZ, line 6a.	İ	(b) Pull tabs/instant		(d) Total gaming (ad
	1	Gross revenue	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a)
T						
	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		>	
а	ls t	er the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain:	activities in each of these			Yes N
2		,				
	w/~	reany of the organization's coming licenses	avokad suspandad att	arminated during the tax	vaar?	
		re any of the organization's gaming licenses r Yes," explain:			year?	Yes 1

Sch	nedule G (Form 990 or 990-EZ) 2019 CAMP FIRE COLUMBIA 93-	-03869	01 Page 3
	Does the organization conduct gaming activities with nonmembers?		es 🗌 No
	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?	🗌 Ye	es 🗌 No
13	Indicate the percentage of gaming activity conducted in:		
a	a The organization's facility	13a	%
	b An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	·	
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆 Ye	es 🗌 No
	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
ĸ			
	of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party:		
, c	s in res, 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		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Ye	es 🗌 No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III, line	s 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

Open to Public Inspection

Name of the organizat	ion

Go to www.irs.gov/Form990 fo	r instructions and the latest information.

Employer identification number
02 020001

	CAMP FIRE CC	93-0	93-0386901						
Pa	art 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	etermin	•	s	
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	Х	1	43,758.	F.A				
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other $_{\dots}$								
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 ► ()								
26	Other ()								
27	Other ► ()								
28	Other ► ()								
29	Number of Forms 8283 received by the organ	ization during	g the tax year for o	contributions					
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29					
						_	Yes	No	
30a	During the year, did the organization receive b	y contributio	on any property re	oorted in Part I, lines 1 throu	gh 28, that it				
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be ι	used for				
	exempt purposes for the entire holding period?							Х	
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribution	utions?	31		Х	
	Does the organization hire or use third parties								
4	contributions?		0	· · ·		32a		Х	
b	If "Yes," describe in Part II.								

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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Schedule M (Form 990) 2019

93-0386901 Page 2

Part II 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 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

Complete to provide information for responses to specific questions o 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.



93-0386901

CAMP FIRE COLUMBIA

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

CONNECTEDNESS TO THEIR PEERS, SCHOOL, AND COMMUNITY.

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

THE IRS FORM 990 IS REVIEWED CLOSELY AND SIGNED BY CAMP FIRE'S CEO. PRIOR

TO SIGNING COPIES ARE PROVIDED TO THE FINANCE COMMITTEE, ACTING ON BEHALF

OF THE BOARD, FOR CAREFUL REVIEW.

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

ANNUALLY, BOARD MEMBERS REVIEW AND SIGN A BOARD PARTICIPATION AGREEMENT,

INCLUDING A CONFLICT OF INTEREST STATEMENT. THE BOARD DISCUSSES POTENTIAL CONFLICTS OF INTEREST AS THEY ARISE.

FORM 990, PART VI, SECTION B, LINE 15:

THE CEO RECEIVES AN ANNUAL PERFORMANCE REVIEW THAT IS SPEAR-HEADED BY THE BOARD CHAIR. THE PERFORMANCE REVIEW INCLUDES FEEDBACK FROM BOARD MEMBERS AND STAFF, WHICH GENERATES DISCUSSION AT THE EXECUTIVE COMMITTEE LEVEL RELATED TO CEO COMPENSATION FOR THE UPCOMING YEAR. COMPENSATION DECISIONS ARE FINALIZED BY THE EXECUTIVE COMMITTEE AND COMMUNICATED TO THE BOARD OF DIRECTORS AND VP OF ADMINISTRATION. THE BOARD CHAIR COMPARES THE CEO'S COMPENSATION AGAINST SIMILAR-SIZED ORGANIZATIONS WITHIN THE LOCAL MARKET TO ENSURE THAT COMPENSATION IS REASONABLE AND FAIR.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE

AVAILABLE UPON REQUEST.

Name of the organization

CAMP FIRE COLUMBIA

FORM 990, PART XII, LINE 2C.

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.