			EXTENDED TO MAY 15, 20	18					
	0	90	Return of Organization Exempt Fre	om l	ncome Tax	OMB No. 1545-0047			
Forr	n J	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	•		^{ons)} 2016			
		of the Treasury	Do not enter social security numbers on this form as	-		Open to Public			
		enue Service	Information about Form 990 and its instructions is at ar year, or tax year beginning JUL 1, 2016 and end		<u>.gov/form990.</u> UN 30, 2017	Inspection			
	heck if		f organization	ing 0	D Employer identifi				
a	pplicab	le:							
	Addr	camp	FIRE COLUMBIA						
	Name Name	ge Doing b	usiness as		93-0	386901			
	Initial returr	Number			E Telephone numbe				
	Final returr termi	n	SW MORRISON 30	0		224-7800			
_	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,563,994.			
	_lreturr]Appli	FOULT	LAND, OR 97205 nd address of principal officer: EMILY GILLILAND		H(a) Is this a group r	eturn s? Yes X No			
	_ltion pend	^{ing} 1411	SW MORRISON NO 300, PORTLAND, OR 9	7205	H(b) Are all subordinates				
<u>г</u> т	ax-ex	empt status:		527		a list. (see instructions)			
			FIRECOLUMBIA.ORG			on number $\blacktriangleright 1409$			
			X Corporation Trust Association Other ►	L Year of		M State of legal domicile: OR			
Pa	rt I	Summary							
é	1	Briefly describ	e the organization's mission or most significant activities: EMPOWE	R YO	UTH TO FIND	THEIR			
and		SPARK, LIFT THEIR VOICE, AND DISCOVER WHO THEY ARE.							
/ern	2		x if the organization discontinued its operations or disposed			ssets. 13			
Go	3		ting members of the governing body (Part VI, line 1a) lependent voting members of the governing body (Part VI, line 1b)			13			
Activities & Governance	4 5		of individuals employed in calendar year 2016 (Part V, line 2a)		·····	241			
<i>i</i> tie	6		of volunteers (estimate if necessary)			216			
ctiv			d business revenue from Part VIII, column (C), line 12			0.			
4			business taxable income from Form 990-T, line 34			0.			
					Prior Year	Current Year			
ne	8		and grants (Part VIII, line 1h)		1,373,998.				
Revenue	9		ce revenue (Part VIII, line 2g)		3,030,548. 108,823.				
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		-200,724.				
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,312,645.				
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14		to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	-			3,107,441.	2,966,324.			
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 203,885		0.	0.			
ďX	b	Total fundrais	ing expenses (Part IX, column (D), line 25)	•					
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,811,293.				
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,918,734.				
3S	19	Revenue less	expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)		4,490,351.				
Ass J Bal	20		(Part X, line 10)		1,215,636.				
Func	22		fund balances. Subtract line 21 from line 20		3,274,715.				
Pa	irt II	Signature	e Block						
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules an	d stateme	ents, and to the best of m	ly knowledge and belief, it is			
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.				

,										
Sign Here	Signature of officer EMILY GILLILAND, PRESIDENT & CEO Type or print name and title	Date								
Paid	Print/Type preparer's name Preparer's signature ROBERT M. PRILL ROBERT M. PRILL	Date Check PTIN								
raiu	KOBERI M. PRILL KOBERI M. PRILL	self-employed PUUZ30013								
Preparer	Firm's name FOFFMAN, STEWART & SCHMIDT, PC	Firm's EIN 93-0743240								
Use Only	Firm's address 4900 MEADOWS ROAD, STE. 200									
	LAKE OSWEGO, OR 97035-3295	Phone no. 503 – 220 – 5900								
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No								
632001 11-	632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)									

Form	990 (2016) CAMP FIRE COLUMBIA	93-0386901	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	<u></u>	<u> </u>
•	• •	OUR CONVICTIO	N
	IS THAT ENGAGED, CONFIDENT, AND WELL-ROUNDED YOUTH TOD.		14
		AI 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?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services		XNo
3			
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	thers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2,370,326 . including grants of \$) (Rev	venue \$ 2,069,	936.)
	SCHOOL YEAR PROGRAMS: CAMP FIRE'S SCHOOL YEAR PROGRAM	S PARTNER WIT	H
	SCHOOLS AND FAMILIES TO STRENGTHEN STUDENT ACHIEVEMENT		
	BUILD ASSETS THAT LEAD TO SUCCESS IN SCHOOL, COMMUNITY		
	IN 2016-17 OUR SCHOOL YEAR PROGRAMS SERVED 1,100 YOUTH		
	UNDER-RESOURCED SCHOOLS THROUGH BEFORE-SCHOOL, IN-SCHOO	-	
	SCHOOL PROGRAMS IN ELEMENTARY, MIDDLE, AND HIGH SCHOOL	S. EACH PROG	RAM
	PROVIDES ACADEMIC SUPPORT, EXPERIENTIAL LEARNING, ENRIC	CHMENT,	
	MENTORING, LEADERSHIP OPPORTUNITIES, AND COMMUNITY ENG		
	PLACE A SPECIAL EMPHASIS ON REACHING OUR COMMUNITY'S MO		<u></u>
			19
		CHOOLS IN	
	MULTNOMAH COUNTY. OUR PROGRAMS ARE SHOWN TO INCREASE		
	ACHIEVEMENT AND DEVELOP ESSENTIAL YOUTH ASSETS SUCH AS	CONFIDENCE,	
4b	(Code:) (Expenses \$ 1,367,560 including grants of \$) (Rev	_{venue \$} 1,147,	429.)
	SUMMER PROGRAMS: OUR SUMMER PROGRAMS INCLUDE CAMP NAME		CAMP
	AND A DAY CAMP. ALL OF THESE PROGRAMS KEEP YOUTH ENGAG		
		ROGRAMS SERVE	
			<u> </u>
	OVER 1,600 YOUTH GRADES K-12 IN 2016-17. SUMMER PROGRA		-
		SS OF LEARNIN	
	AND SKILLS DURING IDLE SUMMER MONTHS) WHILE IMMERSING	YOUTH IN UNIQ	UE
	HANDS-ON LEARNING THAT TURNS THE WORLD INTO THEIR CLASS	SROOM AND BUI	LDS
			ND
	CIVIC ENGAGEMENT.		112
4c	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$)
		<u> </u>	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 3,737,886.	,	
		Form 9	90 (2016)
632002	SEE SCHEDULE O FOR CONTINUATION		(

 Form 990 (2016)
 CAMP
 FIRE
 COLUMBIA

 Part IV
 Checklist of Required
 Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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,		37	
	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		v	
	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,"			v
	complete Schedule G. Part III	19	1	

Form **990** (2016)

	Form 990 (2	2016)	CAMP	FIRE	COLUMBIA
Ì	Part IV	Checklist	of Required	Schedu	lles (continued)

CAMP FIRE COLUMBIA

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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			v
04-	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? <i>If "Yes," answer lines 24b through 24d and complete</i>			
		24a		x
b		24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	- 10		
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
07	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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?			v
~~	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	Schedule N, Part II	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
	Note. All Form 990 filers are required to complete Schedule O	38	4 7	1

Form **990** (2016)

Form	990 (2016) CAMP FIRE COLUMBIA		93-0386	901	Р	age 5	
_	t V Statements Regarding Other IRS Filings and Tax Compliance					uge e	
	Check if Schedule O contains a response or note to any line in this Part V						
					Yes	No	
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	26		103		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
	Did the organization comply with backup withholding rules for reportable payments to vendors and r						
С				4.0	x		
0-	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	 I		1c	- 23		
Za		0	241				
L.	filed for the calendar year ending with or within the year covered by this return	2a	L	04	х		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	- 23		
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction:			0-		x	
				3a 2h		- 23	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			4 -		x	
L.	financial account in a foreign country (such as a bank account, securities account, or other financial	accol	int) ?	4a			
D	If "Yes," enter the name of the foreign country:						
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			F -		x	
				5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>	
ъ	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			0-		x	
	any contributions that were not tax deductible as charitable contributions?			6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		or gifts				
_	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	X X	<u> </u>	
				7b	~	<u> </u>	
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	I		7c		X	
	If "Yes," indicate the number of Forms 8282 filed during the year		-+0	7.		x	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		<u> </u>	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
•				8			
9	Sponsoring organizations maintaining donor advised funds.			0-			
a L				9a		<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:	100					
a h	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:	11a					
a k	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against	116					
10-	amounts due or received from them.)	11b	2	10-			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-			
а	· · · · · · · · · · · · · · · · · · ·			13a		<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O.						
a	b Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
	Enter the amount of reserves on hand	13c	I			X	
	Did the organization receive any payments for indoor tanning services during the tax year?			14a			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	еО		14b			

Form 990 (2	2016)
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Form	990	(2016)
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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 in Schedule O. See instructions.

Section A. Governing Body and Management 1a Entr tha number of voting members of the governing body at the end of the tax year 1a 13 13 13 1b Erist the number of voting members of the governing body, at the end of the tax year 1b 12 12 2 Did any officination directs, tracked on the sing halo some members of the governing body, at the governing the provided the tax of the governing body, at the sector the sing tax of the finance directs, tracked or have a family relationship or a busines relationship with any other other, director, tracked, or key employees to a management company or other person? 2 X 3 Dot the organization makes are significant charges to tax governing body? 3 3 X 5 Dot the organization have members, stockholders? 6 X 4 Dot the organization have members, stockholders? 7 X 5 Dot the organization have members or stockholders? 7 X 6 Dot the organization have members or stockholders? 7 X 7 Dot the organization have members of tax governing body? 8 8 X 9 Dat her organization have members of tax governing body? 8 8 X 9 <th></th> <th>Check if Schedule O contains a response or note to any line in this Part VI</th> <th></th> <th></th> <th>X</th>		Check if Schedule O contains a response or note to any line in this Part VI			X
1a Enter the number of voting members of the governing body at the end of the tax year 1a 13 1b 13 13 14 13 1c 13 15 12 1c 1c 12 12 1c 1c 12 12 1c 1c 12 1c 1c 2 0td any officer, director, trustee, or key employees 1c 12 2 2 0td any officer, director, trustee, or key employees 1c 2 X 3 0td the organization delegate control over management duties customarily performed by or under the direct supervision of the organization have and using thick action company or other person? 2 X 3 Did the organization have and using body? 3 X 4 Did the organization have members or stochholders? 6 X 7a Did the organization have members, stockholders? 7c X 7b be any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or proves of the organization have members or stochholders? 7c X 4 be any governance decisions of the organization have any belider in at 10, stochon appro	Sec				
there are material differences in voting rights among members of the governing body, or if the governing body delegated bread authority to an exacutive committee or similar committine, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent				Yes	No
between the momentse of volting members included in lie 1a, above, who are independent 11 1.2 2 Did any officar, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 2 X 3 Did the organization delegate control over management duties customally performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization backed set of supervising documents since the prior Form 990 was filed? 5 X 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X b Did the organization categorization are members or stockholders, or other persons other than the governing body? 8a X 5 Each commute with autionty to act on behalf of the governing body? 8a X 9 Is there any officer, director, trustee, or key employees lead in Part VII. Section A, who cannot be reached at the governing body? 8a X 9 Is there any officer, director, trustee, or key employees lead in Part VII. Section A, who cannot be reached at the governing body? 8a X 9 Is there any officer, dinstance the names and dac	1a	Enter the number of voting members of the governing body at the end of the tax year 13			
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14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 X a The organization's CEO, Executive Director, or top management official 15a X 15b X b Other officers or key employees of the organization 15b X 15b X 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 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a X Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶OR 16b 16b Section 6:104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 0 Own website Another's website X <th></th> <th></th> <th></th> <th></th> <th></th>					
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 1 a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b X if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a X 16a It avaable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b X Section C. Disclosure 16b It the states with which a copy of this Form 990 is required to be filed O R 16b 16b 17 List the states with which a copy of this Form 990 is required to be filed O R 0ther (explain in Schedule O) 19 18 Section 6.104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 0ther (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how)	13				
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20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► EMILY GILLILAND - (503) 224-7800	19		l finan	cial	
EMILY GILLILAND - (503) 224-7800					
	20				
TATT SW MORRISON STREET #300 PORTGAND OR 97705		1411 SW MORRISON STREET #300, PORTLAND, OR 97205			

Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	mployees,	Highest	Compensate	d
	Employees, and Independe	ent Contra	ctors					

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 report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B) (C)						(D)	(E)	(F)	
Name and Title	Average	(do	noto	Pos	ition	l than	one	Reportable	Reportable	Estimated
	hours per	box	do not check more than one ox, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of
	week		cer ar	10 a 0	recto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	ll trus		/ee	mpen		(** 2/1000 10100)		and related
	below	d ual t	Institutional trustee	5	Key employee	est co oyee	ы			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) TIA CHENAULT	1.00									
TREASURER		X		X				0.	0.	0.
(2) JOHN HALSETH	1.00									
SECRETARY		X		X				0.	0.	0.
(3) PAUL HAVEL	1.00									
DIRECTOR		X		X				0.	0.	0.
(4) JAKE KINDRACHUK	1.00									
CHAIR		X		X				0.	0.	0.
(5) LORETTA MABINTON	1.00									
DIRECTOR		X						0.	0.	0.
(6) CHAD MARRIOTT	1.00									
DIRECTOR		X		X				0.	0.	0.
(7) COLIN MURPHY	1.00									
DIRECTOR		X						0.	0.	0.
(8) KATIE PAULLIN	1.00									
VICE CHAIR		Х		X				0.	0.	0.
(9) MELYNDA RETALLACK	1.00									
DIRECTOR		Х						0.	0.	0.
(10) DANIELLE SCHNEIDER	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MATT THOMASON	1.00									
DIRECTOR		Х						0.	0.	0.
(12) HIROSHI YOSHIMORI	1.00									
DIRECTOR		X						0.	0.	0.
(13) EMILY GILLILAND	40.00								_	
PRESIDENT & CEO				Х				108,493.	0.	0.
(14) CHRISTOPHER RAYBORN	40.00									
CHIEF FINANCIAL OFFICER				Х				85,523.	0.	0.
		l								
										– – – – – – – – – –

Form 990		E COLUME	BIZ	A						93-03	869	01	Page 8
Part VI	Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees			ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title		(C) Position (do not check more than on box, unless person is both a officer and a director/trustee			than (is bot	n an	(D) Reportable compensation from	(E) Reportable compensation from related organizations		Estin amou oth	F) nated unt of her	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	W-2/1099-MISC	>)	from organ and re	nsation n the ization elated zations
									194,016.		0.		0.
	o-total al from continuation sheets to Part V al (add lines 1b and 1c)	II, Section A							0. 194,016.		0.		0.
	al number of individuals (including but r npensation from the organization	not limited to th	iose	liste	ed al	bove	e) wh	io r	eceived more than \$100	0,000 of reportable			1 es No
	the organization list any former officer 1a? If "Yes," complete Schedule J for s	,		·					highest compensated e			3	X
and	any individual listed on line 1a, is the si I related organizations greater than \$15	0,000? If "Yes,	le co " <i>co</i>	omp <i>mple</i>	ensa ete S	atior Sche	n and edule	l ot d J f	her compensation from for such individual	the organization		4	X
ren	any person listed on line 1a receive or dered to the organization? <i>If</i> "Yes," <i>con</i> B. Independent Contractors	•							•			5	X
1 Cor	nplete this table for your five highest co organization. Report compensation for								n the organization's tax		ensa		m
	(A) Name and business	address	N	ONI	Ξ			_	(B) Description of s	ervices	Сс	(C) ompensa	ation
								_					
								_					
2 Tota	al number of independent contractors (includina but n	ot li	mite	d to	tho	se lis	ster	d above) who received n	nore than			
	0 000 of compensation from the organ	•)		,				

Form 990 (20		CAMP	
Part VIII	Statement	of Reve	enue

CAMP FIRE COLUMBIA

		Check if Schedule O cont	ains a response	or note to any li	ne in this Part VIII			
		Check if Schedule O cont		<u></u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					
oun		Membership dues						
ا چې		Fundraising events		105,612.				
i i i i i i i i i i i i i i i i i i i		Related organizations						
ا تا گ		Government grants (contribut		363,593.				
<u>n</u> Si		All other contributions, gifts, gran						
pre		similar amounts not included abo		526,874.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines		40,234.				
a S		Total. Add lines 1a-1f		►	996,079.			
				Business Code				
8		SCHOOL PROGRAMS		900099	2,069,936.	2,069,936.		
Program Service Revenue		SUMMER CAMPS AN		900099	1,147,261.	1,147,261.		
en Se	с	MISC PROGRAM SE	RVICE I	900099	168.	168.		
lev ev	d							
<u>g</u>	е							
ב	f	All other program service reve	enue					
	g				3,217,365.			
	3	Investment income (including			00 115			00 115
		other similar amounts)			23,115.			23,115.
	4	Income from investment of ta		•				
	5	Royalties						
		. .	(i) Real	(ii) Personal	-			
		Gross rents						
		Less: rental expenses						
		()						
		Net rental income or (loss)		1				
	7 a	Gross amount from sales of	(i) Securities 174, 294.	(ii) Other 93,933.	-			
	h	assets other than inventory Less: cost or other basis	1/1,2940	55,555.	-			
	U	and sales expenses	147 902.	5 144.				
	~	and sales expenses	26,392	88,789				
	o h	Net gain or (loss)		<u> </u>	115,181.			115,181.
e		Gross income from fundraisin						
	• -	including \$ 105,6						
eve		contributions reported on line						
r. B		Part IV, line 18		17,850.				
Other Revenu	b	Less: direct expenses		79,638.				
0		Net income or (loss) from fund		►	-61,788.			-61,788.
		Gross income from gaming ac	-					
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam	-	►				
	10 a	Gross sales of inventory, less						
		and allowances		40,519.				
		Less: cost of goods sold		,	20 542			
-	С	Net income or (loss) from sale			32,743.			32,743.
		Miscellaneous Revenu		Business Code				0.2.0
		MISCELLANEOUS I	NCOME	900099	839.			839.
	b							
	C d							
	d	All other revenue		└ ▶	839.			
		Total. Add lines 11a-11d			4,323,534.	3,217,365	0	. 110,090.
620000	12	Total revenue. See instructions.		····· >	+,343,334.	5,41,303.	0	Form 990 (20

 Form 990 (2016)
 CAMP
 FIRE
 COLUMBIA

 Part IX
 Statement of Functional Expenses

(4)

Sect	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 response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21											
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22											
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
	individuals. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees	212,585.	58,759.	118,571.	35,255.							
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)											
7	Other salaries and wages	2,340,667.	2,065,036.	178,079.	97,552.							
8	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)	23,523.	21,483.	1,605. 15,908.	435.							
9	Other employee benefits	174,831.	150,774.	15,908.	8,149.							
10	Payroll taxes	214,718.	179,170.	24,515.	11,033.							
11	Fees for services (non-employees):											
а	Management											
b	Legal	2,040. 19,293.		2,040.								
С	Accounting	19,293.		19,293.								
d	Lobbying											
е	Professional fundraising services. See Part IV, line 17											
f	Investment management fees											
g	Other. (If line 11g amount exceeds 10% of line 25,											
	column (A) amount, list line 11g expenses on Sch 0.)	373,543.	170,494.	179,183.	<u>23,866.</u> 1,703.							
12	Advertising and promotion	24,830.	23,127.		1,703.							
13	Office expenses											
14	Information technology											
15	Royalties		101 600									
16	Occupancy	213,796.	191,628.	13,178.	8,990.							
17	Travel											
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials		10 450	27 000	2 4 2 7							
19	Conferences, conventions, and meetings	60,786.	19,459.	37,890.	3,437.							
20	Interest	9,853.		9,853.								
21	Payments to affiliates	57,990.	57,972.	18.								
22	Depreciation, depletion, and amortization	176,840.	159,156. 72,505.	17,684. 3,101.	476.							
23		76,082.	12,303.	3,101.	4/0.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	107 401	100 076	0 201	F 0.24							
а	SUPPLIES	197,481.	182,276.	9,281.	5,924.							
b	FOOD	176,802.	171,027.	5,315.	460.							
c	OTHER OPERATING EXPENSE	64,178.	25,840.	37,377.	961.							
d	TRANSPORTATION	59,030.	55,759.	2,847.	424.							
	All other expenses	149,345.	133,421.	10,704.	5,220.							
25	Total functional expenses. Add lines 1 through 24e	4,628,213.	3,737,886.	686,442.	203,885.							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											

Check here

______ if following SOP 98-2 (ASC 958-720)

0.

Check if Schedule O contains a response or note to any line in this Part X ... (A) (B) Beginning of year End of year 285,367. 280,082. Cash - non-interest-bearing 1 1 2,086. 1,880. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 289,769. 260,854. Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 193,172. 7 Notes and loans receivable, net 7 23,387. 42,495. 8 8 Inventories for sale or use 188,140. 167,269. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 4,983,520. basis. Complete Part VI of Schedule D 10a 3,292,501. 1,709,815. 1,691,019. b Less: accumulated depreciation 10b 10c 1,552,585. 1,293,865. Investments - publicly traded securities 11 11 287,331. Investments - other securities. See Part IV, line 11 12 298,671. 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 217,419. 226,643. 15 Other assets. See Part IV, line 11 15 4,490,351. 4,521,498. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 192,201. 17 263,822. 17 Accounts payable and accrued expenses 18 18 Grants payable 1,015,955. 1,157,721. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24

Unsecured notes and loans payable to unrelated third parties 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 44,051. 7,480. 25 Schedule D 1,215,636. 1,465,594. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 2,997,777. 2,722,370. 27 Unrestricted net assets 27 59,519. 106,891. 28 28 Temporarily restricted net assets 217,419. 226,643. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 3,274,715. 3,055,904. Total net assets or fund balances 33 33 4,490,351. 4,521,498. Total liabilities and net assets/fund balances 34 34

Form **990** (2016)

Form 990 (2016)

Assets

_iabilities

Part X Balance Sheet

Form	990 (2016) CAMP FIRE COLUMBIA	93-	0386901	Pag	ge 12
Par	t XI Reconciliation of Net Assets				
_	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,323		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,628		
3	Revenue less expenses. Subtract line 2 from line 1	3	-304		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,274		
5	Net unrealized gains (losses) on investments	5	232	2,7	52.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-146	5,8	84.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
-	column (B))	10	3,055	5,9	04.
Par	t XII Financial Statements and Reporting				
_	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e basis	,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			200	

Form **990** (2016)

SC	HE	DU	LE	Α

(F	o	m	99	90	or	99	0-	ΕZ

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

2016	
Open to Public Inspection	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

►	Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Nan	me of the organization Employer identification number									
			FIRE COLU						3-0386901	
Pa	rt I	Reason for Public	Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instruction	S.		
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 12, o	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)(*	1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)				
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental (unit descrik	oed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local go	vernment or governn	mental unit described in	section 17	70(b)(1)(A)	(v).			
7	Х	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
		section 170(b)(1)(A)(vi). (Complete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state o	f the colleg	je or	
		university:								
10		An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from	
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment	
		income and unrelated busin	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	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	afety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to c	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	509(a)(3). (Check the box in	
		lines 12a through 12d that	• •			-		-		
а		Type I. A supporting orga	-	-	•					
		the supported organization		• • • •	a majority (of the dire	ctors or truste	ees of the s	supporting	
		organization. You must c	-							
b		Type II. A supporting org	-				-		-	
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported	
		organization(s). You mus	-							
с		☐ Type III functionally integration						illy integrate	ed with,	
		its supported organizatio	. , .	· ·						
d		J Type III non-functionally	• • •					· ·		
		that is not functionally int	0	• •			•	d an attent	iveness	
		requirement (see instruct								
е		☐ Check this box if the orga					а Туре I, Туре	e II, Type III		
,	E.t.	functionally integrated, or								
T		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	inization listed	(v) Amount of	fmonetary	(vi) Amount of other	
		organization		(described on lines 1-10	Yes	No	support (see ir	nstructions)	support (see instructions)	
				above (see instructions))						
Tota	ıl									

Schedule A (Form 990 or 990-EZ) 2016 CAMP FIRE COLUMBIA

93-0386901 Page 2

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

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

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	509,605.	939,604.	369,985.	1373998.	996,079.	4189271.		
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								
Ũ	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	509,605.	939,604.	369,985.	1373998.	996,079.	4189271.		
5	The portion of total contributions	,	/						
Ŭ	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)						128,259.		
6	Public support. Subtract line 5 from line 4.						4061012.		
	ction B. Total Support						4001012.		
	ndar year (or fiscal year beginning in)	(a) 2012	(h) 2012	(a) 2014	(d) 2015	(a) 2016			
	Amounts from line 4	(a) 2012 509,605.	(b) 2013 939,604.	(c) 2014 369,985.	(d) 2015 1373998.	(e) 2016 996,079.	(f) Total 4189271.		
		505,005.	JJJ,004.	505,505.	1373550.	550,075.	4107271.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties	264,762.	245,573.	242,213.	176,001.	159,271.	1087820.		
•	and income from similar sources	204,702.	243,373.	242,213.	1/0,001.	1,2,2/1.	1007020.		
9	Net income from unrelated business								
	activities, whether or not the	831.	2,746.	4,822.	642.	0.	9,041.		
	business is regularly carried on	031.	2,/40.	4,022.	042.	0.	9,041.		
10	Other income. Do not include gain								
	or loss from the sale of capital	13,885.	0 212			839.	24 027		
	assets (Explain in Part VI.)	13,005.	9,313.			039.	<u>24,037.</u> 5310169.		
	Total support. Add lines 7 through 10					15	,417,400.		
	Gross receipts from related activities,	•	,				,41/,400.		
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)			
<u>S_</u>	organization, check this box and stor ction C. Computation of Publ	o nere	rcontado				>		
				(7)			76.48 %		
	Public support percentage for 2016 (14	00.00		
	Public support percentage from 2015					15	,		
168	33 1/3% support test - 2016. If the c	-					x and ► X		
	stop here. The organization qualifies		•						
b	33 1/3% support test - 2015. If the c								
<i></i>	and stop here. The organization qual								
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac		•	-	•	•			
	meets the "facts-and-circumstances"								
b	10% -facts-and-circumstances tes								
	more, and if the organization meets the				• •				
	organization meets the "facts-and-cire								
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 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	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
F							
Э	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	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						
	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
	a 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						
Ċ	Add lines 10a and 10b						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>					
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) orgar	nization,
	check this box and stop here						>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2016 (I	line 8, column (f) d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	16 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2016. If the	organization did r				33 1/3%, and line	e 17 is not
	more than 33 1/3% , check this box a 33 1/3% support tests - 2015. If the	nd stop here. The	e organization qua	ifies as a publicly	supported organiz	zation	
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
20	i mate roundation. It the organizatio	T did fiot check a	557 011 1116 14, 13	a, or 100, oneoK t			

Schedule A (Form 990 or 990-EZ) 2016

1..

1 ...

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 (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.)

	Yes	No
1		
2		
3a		
01-		
3b		
20		
3c		
4a		
τa		
4b		
4c		
5a		
5b		
5c		
-		
6		
7		
7		
8		
5		
9a		
9b		
9c		
10a		
10b		

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations	•		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	· · · · · · · · · · · · · · · · · · ·	-		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
	supervised, or controlled the supporting organization.	2		
Sec	ction 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	ction 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		
800		3		
	ction 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 yea(see instructions).			
a				
b			,	
c		ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
-				

Schedule A (Form 990 or 990 EZ) 2016 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.

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

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

Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		(Current Year
1	Amounts paid to supported organizations to accomplish exe			
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 organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sacti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
0000			FIE-2010	
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
	From 2013			
d	From 2014			
-	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
8	and 4c Breakdown of line 7:			
-				
<u>a</u>	Excess from 2013			
	Excess from 2013			
	Excess from 2014 Excess from 2015			
-				
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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 Form 990) Form 990) Form 10, part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				
Depart	ment of the Treasury		Attach to Form 990.		Open to Public
	I Revenue Service		rm 990) and its instructions is at www.irs.gov		Inspection
Nam	e of the organizat	ON CAMP FIRE COLUMBIA			er identification number 93-0386901
Pa	rt I Organiz		ed Funds or Other Similar Funds or		
		on answered "Yes" on Form 990, Part IV, lir			
			(a) Donor advised funds	(b) Funds a	and other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3	Aggregate value of	of grants from (during year)			
4	Aggregate value a	at end of year			
5	Did the organizati	on inform all donors and donor advisors in	writing that the assets held in donor advised fu	inds	
			exclusive legal control?		🔛 Yes 🔛 No
6			advisors in writing that grant funds can be used		
			or donor advisor, or for any other purpose conf	erring	
Der	impermissible priv		· · · · · · · · · · · · · · · · · · ·		Ves No
Pa		•	ganization answered "Yes" on Form 990, Part I	V, line 7.	
1		servation easements held by the organizat	· _ · · · ·	:	
		n of land for public use (e.g., recreation or o of natural habitat	education) Preservation of a historica Preservation of a certified		
		n of open space		listone stru	clure
2			ified conservation contribution in the form of a	conservation	essement on the last
2	day of the tax yea	0 0 1			d at the End of the Tax Year
а					
b					
c	•		ructure included in (a)		
d			after 8/17/06, and not on a historic structure		
			·	2d	
3			eleased, extinguished, or terminated by the organization	anization du	ring the tax
	year 🕨				
4	Number of states	where property subject to conservation ea	asement is located		
5	Does the organiza	ation have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and en	forcement of the conservation easements	it holds?		🔛 Yes 🔛 No
6	Staff and voluntee	er hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserva	tion easeme	ents during the year
	▶				
7	Amount of expense	ses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	easements o	during the year
	▶\$				
8			ve satisfy the requirements of section 170(h)(4)		
•					L Yes No
9	-	•	ion easements in its revenue and expense stat		
			ttion's financial statements that describes the c	rganization	s accounting for
Pa	conservation ease		of Art, Historical Treasures, or Othe	Similar	<u>Assets</u>
1 41		f the organization answered "Yes" on Forn			
1a			SC 958), not to report in its revenue statement	and halance	sheet works of art
iu	•		hibition, education, or research in furtherance		
		thote to its financial statements that descr			-, <u></u> ,,,,,,
b			SC 958), to report in its revenue statement and	balance she	eet works of art, historical
	-		ducation, or research in furtherance of public s		
	relating to these it		,	, F. S.	J
	-			🕨 \$	
				▶ \$	
2	If the organization		easures, or other similar assets for financial gair	n, provide	
		unts required to be reported under SFAS 1			
а	Revenue included	on Form 990 Part VIII line 1		▶ \$	

LHA	For Paperwork	Reduction Act Noti	ce, see the Instruct	tions for Form 990.
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632051 08-29-16

b Assets included in Form 990, Part X

Schedule D (Form 990) 2016

▶ \$

Sche		RE COLUMBI						93-03			<u>ge</u> 2
Par	t III Organizations Maintaining (Collections of A	rt, Histo	rical Tre	easures,	or Othe	er Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check a	ny of the f	following tha	at are a si	gnificant	use of its	collectio	n items	3
	(check all that apply):										
а	Public exhibition	d			nange progra						
b	Scholarly research	e	Otl	ner							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how they	further th	ne organizati	on's exer	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of							_	-		
	to be sold to raise funds rather than to be m							L	Yes		No
Par	t IV Escrow and Custodial Arran		ete if the or	ganizatior	n answered	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								-		i
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	ole:							
									Amount		
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
t	Ending balance						. 1 f		N		
	Did the organization include an amount on F						• • • • • • • • • •		Yes		No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete										
1 0		(a) Current year			(c) Two yea			oare back	(a) Four	voarek	
10	Paginning of year balance		(b) Prio	ryear	(C) 100 yea	IS DALK	(a) Thee y	Cais Dack	(e) i oui	years i	Jaun
	Beginning of year balance										
b	Contributions										
	Grants or scholarships										
	Other expenditures for facilities										
e											
f	Administrative expenses										
g 2	End of year balance Provide the estimated percentage of the cur		e (line 1 a	column (a)) hold as:						
a	Board designated or quasi-endowment	Terre year end balane	%	column (a	<i>))</i> ficia as.						
	Permanent endowment	%									
	Temporarily restricted endowment	%									
•	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	-	ation that a	are held ar	nd administe	ered for th	ne organiz	ation			
	by:	5					5		Г	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	ed "Yes" on Form 990), Part IV, li	ine 11a. S	ee Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	d	(d) Bool	value	,
		basis (investr	ment)	basis (preciation				
1a	Land				1,035.					L,03	
	Buildings				5,907.		234,62		1,42	L,29)1.
	Leasehold improvements				4,860.		204,80				0.
	Equipment				8,456.	8	353,02	25.		5,43	
	Other			10	3,262.					3,26	
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), line 1	0c.)				1,69:	L,01	9.

Schedule D (Form 990) 2016

Part VII Investments - O	ther Sec	urities.	
Schedule D (Form 990) 2016	CAMP	FIRE	COLUMBIA

_ _

Complete if the organization answerd 'Yes' on Form 980, Part X, line 12. (a) Distribution (a) Mighting boundary more at reaching (b) Book value (1) Financial derivatives (a) Mighting boundary more at reaching (b) Book value (b) Mighting boundary more at reaching (b) Book value (a) Codely-hold equipy interests (b) Mighting boundary more at reaching (b) Book value (c) Mighting boundary more at reaching (b) Book value (b) LIMITED PARTNERSHIP (c) Mighting boundary more at reaching boundary more at reaching (c) Mighting boundary more at reaching boun	Complete if the organization answered "Vec"	on Form 000 Part IV lin	o 11b Soc Form 990 Part X line 12	
(1) Francial derivatives (1) Enancial derivatives (2) Other (2) Other (a) Other (2) INTREST (b) INTREST (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)				nd-of-vear market value
(2) Cossely-heid equity interests (3) Other (4) LIMTPED PARTNERSHIP (5) (7) (6) (7) (7) (7) (8) (7) (9) (7) (9) (7) (9) (7) (9) (7) (9) (7) (9) (7) (9) (7) (9) (7) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (10) (9) (11) (12) (12) (13) (14) (14) (15) (14) (16) (15) (17) (16) (18) (17) (19) (10) (10) (10) (11) <td>(d) Financial devivativas</td> <td>(0) 20011 10.00</td> <td></td> <td></td>	(d) Financial devivativas	(0) 20011 10.00		
(a) LIMITED PARTNERSHIP (b) INTEREST 298,671. END-OF-YEAR MARKET VALUE (c) (c) (c) (c) (d) (c) (c) (c) (d) (c) (c) (c) (e) (c) (c) (c) (e) (c) (c) (c) (c) (f) (c) (c) (c) (c)				
(A) LIMITED PARTNERSHIP (B) INTEREST 298,671. (C) (C) (C) (D) (C) (C) (E) (C) (C) (F) (C) (C) <td></td> <td></td> <td></td> <td></td>				
(g) INTEREST 298, 671. END-OF-YEAR MARKET VALUE (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (c) (c) (d) (c) (c) <td>(A) LIMITED PARTNERSHIP</td> <td></td> <td></td> <td></td>	(A) LIMITED PARTNERSHIP			
		298,671	• END-OF-YEAR MARKE	T VALUE
(D) (E) (E) (D) (F) (D) (G) (D) (H) (D) (D)		/ -		-
(B) (G) (G)				
(F) (3) (3) (4) (4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (2) (2) (3) (2) (4) (2) (3) (2) (4) (2) (5) (2) (6) (2) (7) (2) (6) (2) (7) (2) (6) (2) (7) (2) (6) (2) (6) (2) (7) (2) (1) (2) (2) (2) (3) (2) (2) (2) (2) (2) (3) (3) (4) (4) (5) (2) (6) (2) (7) (2) (6) (2) (7)				
(6)				
(b) 298,671. Total: (Col. (b) must equal Form 990, Part X, col. (B) line 12.) > 298,671. Part VIII investments - Program Related. (a) Description of investment (b) Book value (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) (c) (c) (c) (a) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (e) (c) (c) (c) (c) (f) (c) (c) (c) (c) (c) (g) (c) (c) (c) (c) (c) (g) (c) (c) (c) (c) (c) (c)				
Total. (col. (b) must equal Form 990, Part X, col. (B) line 12.) 298, 671. Part Will 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 (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) (2) (c) (c) (a) (c) (c) (b) (c) (c) (c) (c) (c) (a) (c) (c) (b) (c) (c) (c) (c) (c) <t< td=""><td></td><td></td><td></td><td></td></t<>				
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) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) (c) (c) (c) (a) (c) (c) (c) (b) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (a) (c) (c) <th< td=""><td></td><td>298,671</td><td>•</td><td></td></th<>		298,671	•	
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 (a) (c) (c) (c) (a) (c) (c) (c) (a) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c)		•		
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) (c) (c		on Form 990, Part IV, lin	e 11c. See Form 990. Part X. line 13.	
(2) (3) (3) (4) (6) (5) (6) (7) (8) (9) (9) (1) (9) (1) (9) (1) (1) (2) (1) BENEFICIAL INTEREST IN TRUST (2) (2) (3) (3) (4) (4) (5) (6) (7) (2) (9) (2) (1) BENEFICIAL INTEREST IN TRUST (2) (3) (4) (4) (5) (5) (6) (7) (7) (6) (7) (2) (9) (2) (1) Bescription of liability (1) Description of liability (2) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 111. See Form 990, Part X, line 25. (1) (2) CAPITAL LEASE OBLIGATION (2) CAPITAL LEASE OBLIGATION (4) (3) (6) (6) (7)				nd-of-year market value
(2) (3) (3) (4) (6) (5) (6) (7) (8) (9) (9) (1) (9) (1) (9) (1) (1) (2) (1) BENEFICIAL INTEREST IN TRUST (2) (2) (3) (3) (4) (4) (5) (6) (7) (2) (9) (2) (1) BENEFICIAL INTEREST IN TRUST (2) (3) (4) (4) (5) (5) (6) (7) (7) (6) (7) (2) (9) (2) (1) Bescription of liability (1) Description of liability (2) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 111. See Form 990, Part X, line 25. (1) (2) CAPITAL LEASE OBLIGATION (2) CAPITAL LEASE OBLIGATION (4) (3) (6) (6) (7)	(1)			
(3)				
(4) (4) (6) (6) (7) (7) (8) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (a) Description (b) Eock value (b) Eock value (1) BENEFICIAL INTEREST IN TRUST 226, 643. (2) (a) (3) (b) (4) (c) (6) (c) (7) (c) (a) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (d) (c) (e) (c) (f) (c) (b) (c) (c) (c) (f) (c) (g) (c) (h) (c) (g) (c) (h) (c) (h) (c) (h) (c) (
(6)				
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) BENEFICIAL INTEREST IN TRUST 226, 643. (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (226, 643. (9) (1) Ederal increme taxes (1) (2) (20, 643. (1) (3) (20, 643. (20, 643. (9) (226, 643. (20, 643. (9) (226, 643. (20, 643. (9) (226, 643. (20, 643. (1) Federal increme taxes (20, 643. (2) CAPITAL LEASE OBLIGATION (44, 051. (3) (3) (44, 051. (4) (5) (6) (7) (7) (7) (8) (9) (9)				
(7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)▶ (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (9) (1) BENEFICIAL INTEREST IN TRUST 226, 643. (2) (3) (4) (6) (7) (8) (9) (9) 226, 643. (9) 226, 643. (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (1) 226, 643. (9) 226, 643. (2) (3) (10) Equal Form 990, Part X, col. (B) line 15.) (4) (5) (6) (11) Federal income taxes (9) 226, 643. (9) (11) Federal income taxes (1) (2) CAPITAL LEASE OBLIGATION 44, 051. (3) (4) (6) (7) (6) (7) (7) (3) (9) (9) (9) (9) (9) (9)				
(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. (b) Book value (1) BENEFICIAL INTEREST IN TRUST 226,643. (2) (3) (4) (6) (7) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 226,643. (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 226,643. (9) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 226,643. (1) Federal income taxes (9) (1) (2) CAPITAL LEASE OBLIGATION 44,051. (3) (3) (4) (5) (6) (7) (6) (7) (6) (7) (7) (7) (8) (9) (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) BENEFICIAL INTEREST IN TRUST 226, 643. (2) (a) (3) (b) Book value (6) (c) (7) (c) (8) (c) (9) 226, 643. Yes 226, 643. (9) 226, 643. Yes (c) Yes <td< td=""><td></td><td></td><td></td><td></td></td<>				
Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) BENEFICIAL INTEREST IN TRUST 226, 643. (2) (3) (4) (6) (7) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 226, 643. Yes" on Form 990, Part X, col. (B) line 15.) 226, 643. 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) (1) Federal income taxes (2) (2) CAPITAL LEASE OBLIGATION 44, 051. (3) (4) (6) (6) (7) (7) (8) (9) (9)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) BENEFICIAL INTEREST IN TRUST 226,643. (2) (3) (4) (3) (4) (5) (6) (7) (8) (9) (1) Description Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) > 226, 643. (9) (1) 226, 643. (9) (2) (2) (1) Instead Form 990, Part X, col. (B) line 15.) > 226, 643. (9) (2) (2) (3) (4) (1) Federal income taxes (2) (2) (4) (5) (2) CAPITAL LEASE OBLIGATION 44,051. (3) (4) (4) (5) (6) (7) (8) (9) (4) (4) (5) (6) (7) (7) (7) (8) (9) (4) (4) (4) (5) (6) (7) (7) (7)				
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(2) (3) (4) (5) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) > 226, 643. 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 (b) Book value (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION 44,051. (3) (4) (5) (6) (6) (7) (8) (9)				(b) Book value
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(7) (8) (9) 70 total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 226, 643. 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) Federal income taxes				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) > 226, 643. 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. > 226, 643. 1. (a) Description of liability (b) Book value (1) Federal income taxes				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 226, 643. Part X Other Liabilities. > 226, 643. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. > 226, 643. 1. (a) Description of liability (b) Book value (1) Federal income taxes >				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 226, 643. 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. (a) Description of liability (b) Book value (c) CAPITAL LEASE OBLIGATION 44, 051. (c) <li(c)< li=""></li(c)<>				
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 (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) (4) (5) (5) (6) (7) (8) (9)		e 15.)		226,643.
1. (a) Description of liability (b) Book value (1) Federal income taxes (a) (2) CAPITAL LEASE OBLIGATION 44,051. (3) (b) Book value (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c)		,		
1. (a) Description of liability (b) Book value (1) Federal income taxes (a) (2) CAPITAL LEASE OBLIGATION 44,051. (3) (b) Book value (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c)	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	ie 11e or 11f. See Form 990, Part X, line 2	25.
(2) CAPITAL LEASE OBLIGATION 44,051. (3) (4) (4) (5) (5) (6) (7) (7) (8) (9)	1. (a) Description of liability		(b) Book value	
(2) CAPITAL LEASE OBLIGATION 44,051. (3) (4) (4) (5) (5) (6) (7) (7) (8) (9)				
(4) (5) (6) (7) (8) (9)			44,051.	
(4) (5) (6) (7) (8) (9)	(3)			
(5) (6) (7) (8) (9)				
(6) (7) (8) (9)				
(7) (8) (9)				
(8) (9)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 44,051.		e 25.) ►	44,051.	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Sche	edule D (Form 990) 2016 CAMP FIRE COLUMBIA			93-	0386901	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With	n Revenue per R	leturr	۱.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin					
1	Total revenue, gains, and other support per audited financial statements			1	4,556	,286.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	232,752.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		<u>,752.</u>
3	Subtract line 2e from line 1			3	4,323	<u>,534.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	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	4,323	<u>,534.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin		h Expenses per	Retu	rn.	
1	Total expenses and losses per audited financial statements			1	4,628	,213.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b						
с	Other losses					
d						
е				2e		Ο.
3	Subtract line 2e from line 1			3	4,628	,213.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
	Add lines 4a and 4b	-		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	4,628	,213.
Pa	rt XIII Supplemental Information.			· · · ·		

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

PART 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.

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Department of the Treasury Information about Schedule G (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.								OMB No. 1545-0047
Name of the organization			<u>j unu na</u>			E	mployer id	entification number
		RE COLUMBIA		(- Fauna 000, Daut IV/		93-038	
Part I required to comple		Complete if the organization answert.	ered "Y	es" o	n Form 990, Part IV,	line 17.	Form 990-E	Z filers are not
 a X Mail solicitations b X Internet and emails c X Phone solicitations d X In-person solicitation 2 a Did the organization have key employees listed in Formation 	olicitation: ns a written o orm 990, F t paid indi	s f X Solicita g X Special or oral agreement with any individua Part VII) or entity in connection with p ividuals or entities (fundraisers) pursu	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, tru: undraising services?	stees, c ?	X Ye	
(i) Name and address of ind or entity (fundraiser)	ividual	(ii) Activity	(iii) fundr have c or cor contrib	aiser ustody trol of	(iv) Gross receipts from activity	to (or fu	mount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
SWAIM STRATEGIES - P.O E		STRATEGIC PLANNING AND	Yes	No				
17191, PORTLAND, OR 972	217	EVENT MANAGEMENT		X	123,462.		19,016	. 104,446.
								-
			ļ					
			1					
Total					123,462.		19,016	. 104,446.
3 List all states in which the or licensing.	organizatio	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is e	xempt from	registration
OR								

Schedule G (Form 990 or 990 EZ) 2016 CAMP FIRE COLUMBIA

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-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990		events with gross receip	ots greater than \$5,000.
			(a) Event #1 YOUTH TALENT SHOW	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	123,462.			123,462.
	2	Less: Contributions	105,612.			105,612.
	3	Gross income (line 1 minus line 2)	17,850.			17,850.
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	31,263.			31,263.
	8 9	Entertainment Other direct expenses				48,375.
- 1		Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	79,638.
_	11 rt I	Net income summary. Subtract line 10 from I III Gaming. Complete if the organization		000 Part IV lipo 10 or		-61,788.
-		\$15,000 on Form 990-EZ, line 6a.	answered res on on	1330,1 att 10, inte 13, of	reported more trian	
Hevenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
_	1	Gross revenue				
NC N	2	Cash prizes				
	3	Noncash prizes				
הוופרו באהפוואפא	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	└── Yes % └── No	Yes%	
	0	Volunteer labor	No		No No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	<u>r from line 1, column (</u> d)	<u></u>		
а	Ent Is t	ter the state(s) in which the organization condi the organization licensed to conduct gaming a No," explain:	ucts gaming activities: ctivities in each of these	states?		Yes No
0a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	year?	Yes No
		Yes," explain:				
b						
b						

Sch	nedule G (Form 990 or 990-EZ) 2016 CAMP FIRE COLUMBIA 93-	0386	901	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		Yes	No No
13	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:		162	
	a The organization's facility	13a		%
	• An outside facility			<u> </u>
	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?	🗀	Yes	└── No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
	of gaming revenue retained by the third party ▶ \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	└── No
k	D 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 Part III, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	lines 9,	9b, 10)b, 15b,
sc	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:		
<u></u>				
(1) NAME OF FUNDRAISER: SWAIM STRATEGIES			
(1) ADDRESS OF FUNDRAISER: P.O BOX 17191, PORTLAND, OR 97217			
PA	NTI, COLUMN (V)			
	E PROFESSIONAL FUNDRAISER ITEMIZED REIMBURSEMENT REQUESTS ON	тянт	R	
		<u></u>	<u> </u>	
RE	CEIPTS.			

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047 2016

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	orgar	nizatior

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

COLUMBIA	

Employer identification number
93-0386901

CAMP	FIRE	COLUMBIA	

Pa	rt I Types of Property							
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		1,026.	FAIR MARKET	VA	LUE	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	38,913.	FAIR MARKET	VA	LUE	
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							
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	37	1	205		773		
25	Other (SPORTS TICKET)	X	1	295.	FAIR MARKET	VA	LUE	
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			Vee	
20-	During the year did the experimentary reactive h	voortributie	n on or proporti v	aartad in Dart L linaa 1 thrau	ab 00 that it		Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the dat					200		x
h	exempt purposes for the entire holding period If "Yes," describe the arrangement in Part II.	۰				30a		
ы 31	Does the organization have a gift acceptance	nolicy that r	equires the review	of any nonstandard contribu	itions?	31		x
	Does the organization have a gift acceptance Does the organization hire or use third parties					31		
JZd			-			32a		x
h	contributions? If "Yes," describe in Part II.					02a		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	v for which column (a) is che	cked			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

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

Internal Revenue Service Name of the organization

(Form 990 or 990-EZ) Department of the Treasury Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

CAMP FIRE COLUMBIA

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

MOTIVATION, AND FEELINGS OF 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 AND TIME IS ALLOCATED AT FINANCE COMMITTEE

MEETING FOR QUESTIONS/DISCUSSIONS.

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 ALL 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 EVERY OTHER YEAR. THE BOARD CHAIR COMPARES THE CEO'S COMPENSATION AGAINST SIMILAR-SIZED ORGANIZATIONS WITHIN THE LOCAL MARKET TO ENSURE THAT COMPENSATION IS REASONABLE AND FAIR.

OMB No 1545-0047

Open to Public

Inspection

Employer identification number 93 - 0386901

16

Name of the organization

CAMP FIRE COLUMBIA

Employer identification number 93-0386901

Schedule O (Form 990 or 990-EZ) (2016)

NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART XII, LINE 2C.

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

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

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

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

						ing number
Type or	Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) of	
print	CAMP FIRE COLUMBIA	93-0386901				
File by the		see instruc	tions	Social se		
due date for filing your return. See	1411 SW MORRISON, NO. 300			Social security number (SSN		
instructions	City, town or post office, state, and ZIP code. For a f PORTLAND, OR 97205					
Enter the	Return Code for the return that this application is for (fi	le a separa	ate application for each return)			01
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	D-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	D-T (trust other than above)	06	Form 8870			12
 If this box 1 1 refor 6 	equest an automatic 6-month extension of time until the organization named above. The extension is for the or tax year beginning JUL 1, 2016 he tax year entered in line 1 is for less than 12 months, of	Group Exe and atta MA organizatio , an	emption Number (GEN) ach a list with the names and EINs o Y 15, 2018, to file on's return for: ad ending JUN 30, 2017	f this is fo f all memb e the exen	r the whole g pers the exter npt organizat	nsion is for.
	Change in accounting period					
	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any	3a	\$	0.
	nrefundable credits. See instructions.	O enter en		Ja	э	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069		•	26	¢	0.
-	timated tax payments made. Include any prior year over			3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pausing EFTPS (Electronic Federal Tax Payment System).	-		3c	¢	0.
	: If you are going to make an electronic funds withdrawa				ud Form 887	
instructio						o co ioi payment
LHA F	For Privacy Act and Paperwork Reduction Act Notice	. see instr	uctions.		Form 8	868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

Enter filer's identifying number