

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

202006

OMB No. 1545-0047

2019

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Header section A-F: Name of organization (CAMP FIRE COLUMBIA), EIN (93-0386901), address (1411 SW MORRISON, NO. 300, PORTLAND, OR 97205), and group exemption number (1409).

H Enter the number of the organization's unrelated trades or businesses (1) Describe the only (or first) unrelated trade or business here (PARTNERSHIP K-1 INVESTMENT)

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No)

J The books are in care of (JOSHUA TODD) Telephone number (503) 224-7800

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13 showing gross receipts, cost of goods sold, and net income of 3,904.

Table for Part II: Deductions Not Taken Elsewhere. Rows 14-31 showing various deductions like compensation, salaries, repairs, interest, taxes, depreciation, and total deductions of 0.

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Part III Total Unrelated Business Taxable Income

Table with 2 columns: Description and Amount. Rows include: 32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 3,904; 33 Amounts paid for disallowed fringes 0; 34 Charitable contributions (see instructions for limitation rules) 0; 35 Total unrelated business taxable income before pro 2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33 3,904; 36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 0; 37 Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35 3,904; 38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 1,000; 39 Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 2,904.

Part IV Tax Computation

Table with 2 columns: Description and Amount. Rows include: 40 Organizations Taxable as Corporations Multiply line 39 by 21% (0.21) 610; 41 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from Tax rate schedule or Schedule D (Form 1041) 0; 42 Proxy tax See instructions 0; 43 Alternative minimum tax (Trusts only) 0; 44 Tax on Noncompliant Facility Income See instructions 0; 45 Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies 610.

Part V Tax and Payments

Table with 2 columns: Description and Amount. Rows include: 46a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 0; 46b Other credits (see instructions) 0; 46c General business credit. Attach Form 3800 0; 46d Credit for prior year minimum tax (attach Form 8801 or 8827) 0; 46e Total credits Add lines 46a through 46d 0; 47 Subtract line 46e from line 45 610; 48 Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 0; 49 Total tax Add lines 47 and 48 (see instructions) 610; 50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 0; 51a Payments: A 2019 overpayment credited to 2019 0; 51b 2019 estimated tax payments 0; 51c Tax deposited with Form 8868 0; 51d Foreign organizations' Tax paid or withheld at source (see instructions) 0; 51e Backup withholding (see instructions) 0; 51f Credit for small employer health insurance premiums (attach Form 8941) 0; 51g Other credits, adjustments, and payments. Form 2439 Other 98. Total 98; 52 Total payments. Add lines 51a through 51g 98; 53 Estimated tax penalty (see instructions). Check if Form 2220 is attached SEE STATEMENT 2 19; 54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed 531; 55 Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 0; 56 Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded 0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 2 columns: Question and Yes/No. Rows include: 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank securities or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here; 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file; 59 Enter the amount of tax-exempt interest received or accrued during the tax year \$.

Sign Here: Signature of officer: [Signature] Date: 12/22/20 Title: PRESIDENT & CEO. May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No. Paid Preparer Use Only: Preparer's name: ROBERT M. PRILL, Date: 12/21/20, Check self employed: [ ] PTIN: P00236613, Firm's name: HOFFMAN, STEWART & SCHMIDT, PC, Firm's EIN: 93-0743240, Firm's address: 3 CENTERPOINTE DRIVE, SUITE 300 LAKE OSWEGO, OR 97035-8663, Phone no: 503-220-5900.

**Schedule A - Cost of Goods Sold** Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b					
5	Total Add lines 1 through 4b	5					

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes** **No**

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1 Description of property

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total 0.		Total 0.

(c) Total income Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) Total deductions Enter here and on page 1, Part I, line 9, column (D) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted base or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 + column 6)	8 Allocable deductions (column 3 = total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) <b>0.</b>	Enter here and on page 1, Part I, line 7, column (B) <b>0.</b>
Total dividends-received deductions included in column 8			<b>0.</b>	<b>0.</b>

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

Exempt Controlled Organizations					
1 Name of controlled organization	2 Employer identification number	3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
<b>Totals</b>					
		Add columns 5 and 10 Enter here and on page 1 Part I, line 9, column (A)		Add columns 6 and 11 Enter here and on page 1 Part I, line 9, column (B)	
		0.		0.	

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set aside (attach schedule)	5 Total deductions and set asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1 Part I, line 9, column (A)		Enter here and on page 1 Part I, line 9, column (B)
		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, corporate code 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1 Part I, line 10, col. (A)		Enter here and on page 1 Part I, line 10, col. (B)		Enter here and on page 1 Part II, line 25
		0.		0.		0.

**Schedule J - Advertising Income** (see instructions)

**Part III Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, corporate code 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		0.		0.		0.

**Part III** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total	Enter here and on page 1, Part II, line 14		0.

MP FIRE COLUMBIA

93-0386901

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
MATISSE ABSOLUTE RETURN FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	-2,713.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-2,713.

FORM 990-T OTHER CREDITS AND PAYMENTS STATEMENT 2

DESCRIPTION	AMOUNT
CREDIT FROM THE TAX PERIOD ENDED JUNE 30, 2016	98.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 51G	98.

STATEMENT(S) 1, 2

**2019**

Name

**CAMP FIRE COLUMBIA**

Employer identification number

**93-0386901**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?

Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss

**Part I Short-Term Capital Gains and Losses** (See instructions)

See instructions for how to figure the amounts to enter on the lines below

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949 Part I line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				<b>1,544.</b>
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				<b>1,544.</b>

**Part II Long-Term Capital Gains and Losses** (See instructions)

See instructions for how to figure the amounts to enter on the lines below

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949 Part II line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				<b>5,073.</b>
11 Enter gain from Form 4797 line 7 or 9				11
12 Long-term capital gain from installment sales from Form 6252 line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				<b>5,073.</b>

**Part III Summary of Parts I and II**

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	<b>16</b>	<b>1,544.</b>
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	<b>17</b>	<b>5,073.</b>
18 Add lines 16 and 17. Enter here and on Form 1120, page 1 line 8, or the proper line on other returns. Note: If losses exceed gains, see Capital Losses in the instructions.	<b>18</b>	<b>6,617.</b>





Name(s) shown on return Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no 93-0386901

CAMP FIRE COLUMBIA

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part III LONG-TERM. Transactions involving capital assets you held more than 1 year are generally long term (see instructions). For short term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D line 8a. You aren't required to report those transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949 page 2 for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(F) Long term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Includes entry for MATISSE ABSOLUTE RETURN FUND, LP with a gain of 5,073.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked) line 9 (if Box E above is checked), or line 10 (if Box F above is checked). Total: 5,073.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.