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Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2012

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CAMP FIRE NATIONAL HEADQUARTERS</b>		<b>D</b> Employer identification number <b>13-1623921</b>
	Doing Business As		<b>E</b> Telephone number <b>(816) 285-2010</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>3,899,261.</b>
	<b>1100 WALNUT STREET</b>	<b>1900</b>	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City, town, or post office, state, and ZIP code <b>KANSAS CITY, MO 64106-2197</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>CATHERINE TISDALE</b> <b>1100 WALNUT STREET, SUITE 1900, KANSAS CITY, MO</b>		<b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.CAMPFIRE.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1910</b>	<b>M</b> State of legal domicile: <b>MO</b>

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>SEE 990 PAGE 2, PART III, LINE 1.</b>				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>16</b>		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>15</b>		
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>62</b>		
	6	Total number of volunteers (estimate if necessary)	<b>100</b>		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>		
	7b	Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>		
Revenue			<b>Prior Year</b>	<b>Current Year</b>	
	8	Contributions and grants (Part VIII, line 1h)	<b>2,915,342.</b>	<b>1,516,091.</b>	
	9	Program service revenue (Part VIII, line 2g)	<b>1,683,809.</b>	<b>1,626,673.</b>	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>38,264.</b>	<b>-138,155.</b>	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>61,295.</b>	<b>59,620.</b>	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4,698,710.</b>	<b>3,064,229.</b>	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>204,430.</b>	<b>522,940.</b>
		14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,873,455.</b>	<b>2,141,743.</b>
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>152,559.</b>
			b Total fundraising expenses (Part IX, column (D), line 25)	<b>460,675.</b>	
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,662,266.</b>	<b>1,415,211.</b>
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,740,151.</b>	<b>4,232,453.</b>	
19		Revenue less expenses. Subtract line 18 from line 12	<b>958,559.</b>	<b>-1,168,224.</b>	
Net Assets or Fund Balances			<b>Beginning of Current Year</b>	<b>End of Year</b>	
	20	Total assets (Part X, line 16)	<b>5,835,210.</b>	<b>4,936,923.</b>	
	21	Total liabilities (Part X, line 26)	<b>686,334.</b>	<b>752,719.</b>	
22	Net assets or fund balances. Subtract line 21 from line 20	<b>5,148,876.</b>	<b>4,184,204.</b>		

## Part II Signature Block

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

Sign Here	Signature of officer <i>Patti J. Gardner, CFO</i>	Date <b>2/18/14</b>
	<b>PATTI J. GARDNER, CHIEF FINANCIAL OFFICER</b>	Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name <b>CARL L. BIRDELL, CPA</b>	Preparer's Signature <i>[Signature]</i>	Date <b>2/17/14</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00852768</b>
	Firm's name <b>CLIFTONLARSONALLEN LLP</b>	Firm's EIN <b>41-0746749</b>			
	Firm's address <b>2301 VILLAGE DRIVE ST. JOSEPH, MO 64506</b>	Phone no. <b>816-232-8441</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED MAR 10 2014

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [ ]

1 Briefly describe the organization's mission:
OUR PROMISE: YOUNG PEOPLE WANT TO SHAPE THE WORLD. CAMP FIRE PROVIDES THE OPPORTUNITY TO FIND THEIR SPARK, LIFT THEIR VOICE, AND DISCOVER WHO THEY ARE. IN CAMP FIRE, IT BEGINS NOW.

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 X No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes X No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 854,978. including grants of \$ 5,651.) (Revenue \$ 1,378,249.)
SERVICES TO COUNCILS: COUNCIL EFFECTIVENESS ASSISTS COUNCILS IN IMPROVING ORGANIZATIONAL PERFORMANCE SO THEY ARE BETTER EQUIPPED TO EFFECTIVELY DELIVER HIGH-QUALITY PROGRAMS AND ACHIEVE OUR CAMP FIRE PROMISE. STRATEGIES ARE DEVELOPED IN PARTNERSHIP WITH COUNCIL LEADERSHIP, TO INCREASE KNOWLEDGE, INTEREST AND SKILLS RELATED TO ENHANCING ORGANIZATIONAL EFFECTIVENESS.

4b (Code: ) (Expenses \$ 1,896,213. including grants of \$ 517,289.) (Revenue \$ 248,424.)
PROGRAMS FOR YOUTH: RESEARCH, DEVELOPMENT, AND EVALUATION OF PROGRAMS FOR YOUTH AND FAMILIES THROUGH OUTDOOR EDUCATION, OUT OF SCHOOL TIME, AND TEEN LEADERSHIP; ACCESS TO PROGRAM QUALITY INTERVENTION TOOLS AND SUPPORTS FOR COUNCILS; PROGRAM DESIGN, TESTING, AND INNOVATION; AND REGIONAL AND NATIONAL TRAINING IN SUPPORT OF EFFECTIVE PROGRAM DELIVERY.

4c (Code: ) (Expenses \$ 516,652. including grants of \$ ) (Revenue \$ )
COMMUNITY RELATIONS: PUBLIC RELATIONS AND MEDIA SUPPORT TO INCREASE AWARENESS OF THE ORGANIZATION'S PROGRAMS AND SERVICES; DEVELOPMENT OF PRODUCTS AND MATERIALS THAT SUPPORT PROGRAMS AND SERVICES.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,267,843.

**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)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? .....	<b>2</b> X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	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? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b> X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	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? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	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? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b> X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b> X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b>	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b> X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> .....	<b>20b</b>	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c 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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a through 9 regarding governing body members, relationships, and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No responses. Includes questions 10a through 16b regarding local chapters, conflict of interest, whistleblower policy, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY
18 Section 6104 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.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PATTI J. GARDNER - 816-285-2020
1100 WALNUT STREET, SUITE 1900, KANSAS CITY, MO 64106-2197

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARLSON STACY, DEANNA TRUSTEE	1.00	X					0.	0.	0.	
(2) CULBERTSON, STEVEN A. TRUSTEE	1.00	X					0.	0.	0.	
(3) CROSSLAND STAMPS, QUANAH TRUSTEE	1.00	X					0.	0.	0.	
(4) FAVARA, WILLIAM TRUSTEE	1.00	X					0.	0.	0.	
(5) GOLDFARB, RICHARD M. TRUSTEE	1.00	X					0.	0.	0.	
(6) KING, ERIN TRUSTEE	1.00	X					0.	0.	0.	
(7) LAMPE, LAUREN TRUSTEE	1.00	X					0.	0.	0.	
(8) MATTHEWS, ORION TRUSTEE	1.00	X					0.	0.	0.	
(9) NEILL, ZEM TRUSTEE	1.00	X					0.	0.	0.	
(10) ROJAS, CICI TRUSTEE	1.00	X					0.	0.	0.	
(11) SMITH, MARIANNE TRUSTEE	1.00	X					0.	0.	0.	
(12) ZECY, KAREN TRUSTEE	1.00	X					0.	0.	0.	
(13) DARLING, LIZ CHAIR	5.00	X		X			0.	0.	0.	
(14) MCMILLIAN, DENNIS VICE CHAIR	5.00	X		X			0.	0.	0.	
(15) SWEARINGEN, JACOB TREASURER/SECRETARY	5.00	X		X			0.	0.	0.	
(16) TISDALE, CATHERINE A. CHIEF EXECUTIVE OFFICER	40.00	X		X			214,297.	0.	10,967.	
(17) GARDNER, PATTI J. CHIEF FINANCIAL OFFICER	40.00			X			103,880.	0.	7,233.	





**Part VIII** Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	136,630.					
	b	Membership dues						
	c	Fundraising events						
	d	Related organizations						
	e	Government grants (contributions)						
	f	All other contributions, gifts, grants, and similar amounts not included above	1,379,461.					
	g	Noncash contributions included in lines 1a-1f: \$	37,178.					
	h	<b>Total.</b> Add lines 1a-1f		1,516,091.				
	Program Service Revenue	2 a	<b>CHARTER &amp; PARTNER FEES</b>	561499	1,378,249.	1,378,249.		
		b	<b>CONTRACTUAL SERVICES</b>	561499	173,665.	173,665.		
c		<b>PROGRAM SERVICE REV</b>	561499	74,759.	74,759.			
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		1,626,673.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		56,828.		56,828.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		22,013.		22,013.		
	6 a	Gross rents	(i) Real	67,798.				
			(ii) Personal					
			b	Less: rental expenses	73,338.			
			c	Rental income or (loss)	-5,540.			
	d	Net rental income or (loss)		-5,540.		-5,540.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	454,581.				
			(ii) Other	60,720.				
			b	Less: cost or other basis and sales expenses	457,414.	252,870.		
			c	Gain or (loss)	-2,833.	-192,150.		
	d	Net gain or (loss)		-194,983.		-194,983.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a	86,376.					
b	Less: cost of goods sold	b	51,410.					
c	Net income or (loss) from sales of inventory			34,966.		34,966.		
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
11 a	<b>MISCELLANEOUS INCOME</b>	900099	8,181.			8,181.		
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d		8,181.					
12	<b>Total revenue.</b> See instructions.		3,064,229.	1,626,673.	0.	-78,535.		

**Part IX** Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the United States. See Part IV, line 21	522,940.	522,940.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	559,425.	221,032.	234,370.	104,023.
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	1,291,194.	1,166,455.	27,593.	97,146.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,832.	11,926.	2,231.	1,675.
9 Other employee benefits	106,659.	80,341.	15,031.	11,287.
10 Payroll taxes	168,633.	127,200.	23,574.	17,859.
11 Fees for services (non-employees):				
a Management				
b Legal	80,162.	56,164.	17,699.	6,299.
c Accounting	54,715.		54,715.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	152,559.			152,559.
f Investment management fees	6,681.		6,681.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	208,931.	194,409.	956.	13,566.
12 Advertising and promotion				
13 Office expenses	51,966.	41,046.	8,789.	2,131.
14 Information technology				
15 Royalties				
16 Occupancy	201,549.	159,365.	29,555.	12,629.
17 Travel	192,539.	167,112.	15,146.	10,281.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	148,174.	128,606.	11,656.	7,912.
20 Interest	32,897.		32,897.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63,568.	58,964.	2,319.	2,285.
23 Insurance	29,584.	23,010.	3,311.	3,263.
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 O.)				
a <b>BAD DEBT AND CHARTER FE</b>	176,682.	176,682.		
b <b>PUBLICATIONS &amp; PRINTING</b>	58,028.	54,375.	996.	2,657.
c <b>DUES &amp; MEMBERSHIPS</b>	40,974.	22,861.	8,818.	9,295.
d <b>TELEPHONE &amp; ONLINE FEES</b>	36,973.	33,263.	1,823.	1,887.
e All other expenses	31,788.	22,092.	5,775.	3,921.
25 Total functional expenses. Add lines 1 through 24e	4,232,453.	3,267,843.	503,935.	460,675.
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 88-2 (ASC 858-720)

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	300.	1	16,702.
	2	Savings and temporary cash investments	525,657.	2	611,875.
	3	Pledges and grants receivable, net	1,983,246.	3	1,222,159.
	4	Accounts receivable, net	295,558.	4	363,572.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified 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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	31,415.	8	75,720.
	9	Prepaid expenses and deferred charges	17,318.	9	25,790.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 265,393.		
	b	Less: accumulated depreciation	10b 158,451.		
			983,834.	10c	106,942.
	11	Investments - publicly traded securities	729,812.	11	612,504.
	12	Investments - other securities. See Part IV, line 11	710,500.	12	781,370.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	557,570.	15	1,120,289.	
16	<b>Total assets. Add lines 1 through 15 (must equal line 34)</b>	<b>5,835,210.</b>	<b>16</b>	<b>4,936,923.</b>	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	401,393.	17	358,563.
	18	Grants payable		18	
	19	Deferred revenue	12,019.	19	10,119.
	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	
	23	Secured mortgages and notes payable to unrelated third parties	200,000.	23	384,037.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	72,922.	25	0.
	26	<b>Total liabilities. Add lines 17 through 25</b>	<b>686,334.</b>	<b>26</b>	<b>752,719.</b>
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,031,508.	27	1,738,226.
	28	Temporarily restricted net assets	2,401,642.	28	1,664,608.
	29	Permanently restricted net assets	715,726.	29	781,370.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	<b>5,148,876.</b>	<b>33</b>	<b>4,184,204.</b>	
34	<b>Total liabilities and net assets/fund balances</b>	<b>5,835,210.</b>	<b>34</b>	<b>4,936,923.</b>	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,064,229.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,232,453.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,168,224.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,148,876.
5	Net unrealized gains (losses) on investments	5	146,233.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	57,319.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,184,204.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2012)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,142,212.	2,052,663.	1,827,961.	2,915,342.	1,516,091.	10,454,269.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 Total. Add lines 1 through 3 .....	2,142,212.	2,052,663.	1,827,961.	2,915,342.	1,516,091.	10,454,269.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						2,356,166.
6 Public support. Subtract line 5 from line 4.						8,098,103.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 .....	2,142,212.	2,052,663.	1,827,961.	2,915,342.	1,516,091.	10,454,269.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	151,484.	90,523.	139,143.	163,052.	146,639.	690,841.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....				3,262.	8,181.	11,443.
11 Total support. Add lines 7 through 10 .....						11,156,553.
12 Gross receipts from related activities, etc. (see instructions) .....					12	3,578,301.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	14	72.59	%
15 Public support percentage from 2011 Schedule A, Part II, line 14 .....	15	76.14	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
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 .....	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6</b> Total. Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8</b> Public support (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						

**14** First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a** 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b** 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2012**

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

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization <b>CAMP FIRE NATIONAL HEADQUARTERS</b>	Employer identification number <b>13-1623921</b>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?	X		
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			0.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**  
Open to Public Inspection

Name of the organization

**CAMP FIRE NATIONAL HEADQUARTERS**

Employer identification number

**13-1623921**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10.		10.
b Buildings				
c Leasehold improvements		8,047.	5,018.	3,029.
d Equipment		197,419.	131,087.	66,332.
e Other		59,917.	22,346.	37,571.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				106,942.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) <b>BENEFICIAL INTEREST</b>	<b>781,370.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶</b>	<b>781,370.</b>	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶</b>		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>INTANGIBLE ASSET - BRANDING</b>	<b>207,535.</b>
(2) <b>LONG TERM CHARTER FEES RECEIVABLE</b>	<b>254,754.</b>
(3) <b>REAL ESTATE HELD FOR SALE</b>	<b>658,000.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶</b>	<b>1,120,289.</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶</b>	

2. FIN 48 (ASC 740) Footnote. 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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements		1	3,335,938.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2a	146,233.	
	b Donated services and use of facilities	2b	58,819.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-6,681.	
	e Add lines 2a through 2d		2e	198,371.
3	Subtract line 2e from line 1		3	3,137,567.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	-73,338.	
	c Add lines 4a and 4b		4c	-73,338.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,064,229.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements		1	4,300,610.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	1,500.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	66,657.	
	e Add lines 2a through 2d		2e	68,157.
3	Subtract line 2e from line 1		3	4,232,453.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c 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	4,232,453.

**Part XIII Supplemental Information**

Complete this part to 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 CONSIDERED UNCERTAIN TAX POSITIONS**

**UNDER FIN 48 (ASC 740) AND DETERMINED THAT NO LIABILITY FOR UNCERTAIN TAX POSITIONS SHOULD BE RECORDED AS OF JUNE 30, 2013. THEREFORE, THERE IS NO FOOTNOTE REGARDING SUCH LIABILITY IN THE ORGANIZATION'S FINANCIAL STATEMENTS.**

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

**INVESTMENT FEES -6,681.**

**Part XIII** Supplemental Information (continued)

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

**RENTAL EXPENSES** -73,338.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**RENTAL EXPENSES** 73,338.

**INVESTMENT FEES** -6,681.

**TOTAL TO SCHEDULE D, PART XII, LINE 2D** 66,657.

Multiple horizontal lines for supplemental information.



**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" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open To Public  
Inspection

Name of the organization **CAMP FIRE NATIONAL HEADQUARTERS** Employer identification number **13-1623921**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CAPACITY BUILDERS - PO BOX 1512 MISSION, KS 66222	SOLICITATION		X	86,345.	52,875.	33,470.
ORR ASSOCIATES - 2801 M STREET NW, WASHINGTON, DC	SOLICITATION		X	0.	105,000.	-105,000.
<b>Total</b>				<b>86,345.</b>	<b>157,875.</b>	<b>-71,530.</b>

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, WI, MN, MI, MA, MD, WV, WA, VA, UT, TN, SC, RI, PA, OR, OK, OH, ND, NC, NY, NM, NJ, NH, MO, MS

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			( )
	11	Net income summary. Combine line 3, column (d), and line 10 .....			( )

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue .....		
Direct Expenses	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
8	Net gaming income summary. Combine line 1, column d, and line 7 .....				( )

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

<b>13a</b>		%
<b>13b</b>		%

  - a The organization's facility
  - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b 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:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

**(I) NAME OF FUNDRAISER: ORR ASSOCIATES**

**(I) ADDRESS OF FUNDRAISER: 2801 M STREET NW, WASHINGTON, DC 20007**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

**CAMP FIRE NATIONAL HEADQUARTERS**

Employer identification number  
**13-1623921**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP FIRE ALASKA 161 KLEVIN STREET, SUITE 100 ANCHORAGE, AK 99508	92-0029613	501(C)(3)	36,690.	0.			CAMPERSHIPS & THRIVE FOUNDATION
CAMP FIRE BALCONES 1603 EAST 38TH 1/2 STREET AUSTIN, TX 78722	74-1552713	501(C)(3)	37,450.	0.			CAMPERSHIPS & THRIVE FOUNDATION
CAMP FIRE CENTRAL ALABAMA 106 OXMOOR ROAD, SUITE 152 BIRMINGHAM, AL 35209	63-0498347	501(C)(3)	36,500.	0.			CAMPERSHIPS & THRIVE FOUNDATION
CAMP FIRE CENTRAL PUGET SOUND 4241 21ST AVENUE WEST, SUITE 200 SEATTLE, WA 98199	91-0575953	501(C)(3)	37,430.	0.			CAMPERSHIPS & THRIVE FOUNDATION
CAMP FIRE FIRST TEXAS 2700 MEACHAM BOULEVARD FORT WORTH, TX 76137	75-0851201	501(C)(3)	37,090.	0.			CAMPERSHIPS & THRIVE FOUNDATION
CAMP FIRE GREEN COUNTRY 706 BOSTON AVENUE TULSA, OK 74119	73-0579231	501(C)(3)	36,400.	0.			CAMPERSHIPS & THRIVE FOUNDATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP FIRE HEART OF THE HAWKEYE 5615 HICKMAN ROAD DES MOINES, IA 50310	42-0680459	501(C)(3)	36,735.	0.			CAMPERSHIPS & THRIVE FOUNDATION
CAMP FIRE LONG BEACH 7070 EAST CARSON STREET LONG BEACH, CA 90808	95-1690969	501(C)(3)	36,000.	0.			THRIVE FOUNDATION
CAMP FIRE SNOHOMISH 4312 RUCKER AVENUE EVERETT, WA 98203	91-0608531	501(C)(3)	36,850.	0.			CAMPERSHIPS & THRIVE FOUNDATION
CAMP FIRE WEST MICHIGAN 1257 EAST BELTLINE AVENUE NE GRANDS RAPIDS, MI 49525	38-1359501	501(C)(3)	36,000.	0.			THRIVE FOUNDATION
CAMP FIRE GEORGIA 92 CAMP TOCCA DRIVE TOCCOA, GA 30577	58-0603138	501(C)(3)	14,500.	0.			CAMPERSHIPS & THRIVE FOUNDATION
CAMP FIRE NORTH SHORE 2 CAIN ROAD SALEM, MA 01970	04-2104042	501(C)(3)	13,500.	0.			THRIVE FOUNDATION
CAMP FIRE MINNESOTA 4829 MTKA BLVD., SUITE 202 ST. LOUIS PARK, MN 55416	41-0706116	501(C)(3)	14,400.	0.			CAMPERSHIPS & THRIVE FOUNDATION
CAMP FIRE NEW JERSEY 535 EAST FRANKLIN ST. TRENTON, NJ 08610	21-0646544	501(C)(3)	13,500.	0.			THRIVE FOUNDATION
CAMP FIRE PANHANDLE PLAINS 310 W. WALL ST., SUITE 810 MIDLAND, TX 79701	75-1298543	501(C)(3)	13,500.	0.			THRIVE FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP FIRE NORTHWEST OHIO PO BOX 374 FINDLAY, OH 45839	34-4433241	501(C)(3)	14,125.	0.			CAMPERSHIPS & THRIVE FOUNDATION
CAMP FIRE LONESTAR 4411 SKILLMAN ST. DALLAS, TX 75206	75-0939904	501(C)(3)	13,500.	0.			THRIVE FOUNDATION
CAMP FIRE INLAND NORTHWEST 524 N. MULLAN ROAD SPOKANE VALLEY, WA 99206	91-0567727	501(C)(3)	14,625.	0.			CAMPERSHIPS & THRIVE FOUNDATION
CAMP FIRE PATUXENT AREA 12005 WHITEHALL DRIVE BOWIE, MD 20715	76-0704763	501(C)(3)	15,288.	0.			CAMPERSHIPS & THRIVE FOUNDATION

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**SCHEDULE I, PART I, LINE 2: GRANTS ARE MADE TO MEMBER COUNCILS AS PASS-THROUGH GRANTS TO FULFILL SPECIFIC GRANT PROGRAM REQUIREMENTS AND AS CAPACITY BUILDING GRANTS FOR COUNCILS. COUNCILS THAT RECEIVE PASS-THROUGH GOVERNMENT GRANTS ARE REQUIRED TO SUBMIT PERIODIC PROGRAM DELIVERY REPORTS AND ANNUAL FEDERAL FINANCIAL REPORTS. COUNCILS THAT RECEIVE CAPACITY BUILDING GRANTS ARE REQUIRED TO SUBMIT QUARTERLY PROGRAM REPORTS AND FINANCIAL REPORTS TO ENABLE THE NATIONAL HEADQUARTERS TO MONITOR THE COUNCIL'S PROGRESS.**

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2012**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CAMP FIRE NATIONAL HEADQUARTERS**

Employer identification number  
**13-1623921**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2012



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.  
 For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).  
 Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) TISDALE, CATHERINE A.	197,647.	15,000.	1,650.	8,614.	2,353.	225,264.	0.
(ii) CHIEF EXECUTIVE OFFICER	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
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(ii)							
(i)							
(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

Open to Public Inspection

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.

Name of the organization **CAMP FIRE NATIONAL HEADQUARTERS** Employer identification number **13-1623921**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....	X		18,038.	FMV
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
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 .....	X	2	1,325.	FMV
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( TRAVEL ) .....	X	14	8,666.	FMV
26 Other ▶ ( OFFICE EQUIPE ) .....	X	2	7,950.	FMV
27 Other ▶ ( TELEPHONE ) .....	X	1	1,200.	FMV
28 Other ▶ ( ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

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

**SCHEDULE M, PART I, COLUMN (B): THE NUMBER OF CONTRIBUTIONS EQUALS THE TOTAL NUMBER OF DONORS.**

Lined area for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

**CAMP FIRE NATIONAL HEADQUARTERS**

Employer identification number

**13-1623921**

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**CAMP FIRE (THE ORGANIZATION) IS A YOUTH DEVELOPMENT ORGANIZATION  
HEADQUARTERED IN KANSAS CITY, MISSOURI PROVIDING 20 MILLION PROGRAM  
HOURS ANNUALLY TO OVER 210,000 YOUTH AND 70,000 FAMILIES IN 31 STATES  
THROUGH A 71 COUNCIL NETWORK. FOUNDED IN 1910 BY LUTHER GULICK, M.D.  
AND HIS WIFE, CHARLOTTE, CAMP FIRE WAS THE FIRST NON-SECTARIAN  
ORGANIZATION FOR GIRLS IN THE UNITED STATES. DR. GULICK CHOSE THE NAME  
"CAMP FIRE" BECAUSE CAMPFIRES WERE THE ORIGIN OF THE FIRST COMMUNITIES  
AND DOMESTIC LIFE. THE ORGANIZATION BEGAN WITH NO BARRIERS TO  
NATIONALITY, RACE, CREED, OR ECONOMIC STATUS, WHICH WAS UNIQUE IN 1910  
AND REMAINS A MODEL FOR OTHERS EVEN TODAY. WITH THAT SPIRIT OF  
INCLUSIVENESS, CAMP FIRE EXPANDED PROGRAMMING TO INCLUDE BOYS IN 1975  
AND TODAY EMBRACES ALL CHILDREN AND YOUTH, REGARDLESS OF RACE, CREED,  
RELIGION, GENDER, SOCIAL STATUS, DISABILITY OR SEXUAL ORIENTATION.**

**CAMP FIRE IMPACTS THOUSANDS OF COMMUNITIES NATIONWIDE THROUGH PROGRAMS  
THAT MEET OR EXCEED NATIONALLY RECOGNIZED QUALITY STANDARDS, INCLUDING:**

- OUT-OF-SCHOOL TIME PROGRAMS**
- OUTDOOR EDUCATION**
- TEEN PROGRAMS**
- CUSTOMIZED PROGRAMS TO MEET THE NEEDS OF YOUTH AND FAMILIES**

**CAMP FIRE CURRICULUM AND FRAMEWORKS ARE PORTABLE AND CUSTOMIZABLE FOR  
SPECIFIC YOUTH AND FAMILY AUDIENCES. THE BENEFIT OF THIS APPROACH IS  
THAT (1) CAMP FIRE COUNCILS DO NOT RELY ON MANAGING AND FUNDING THE  
OVERHEAD FOR MULTIPLE PROGRAM DELIVERY FACILITIES, AND (2) PROGRAMS**

Name of the organization <b>CAMP FIRE NATIONAL HEADQUARTERS</b>	Employer identification number <b>13-1623921</b>
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**"MOVE" WHERE YOUTH AND THEIR FAMILIES ARE, DELIVERED IN NEIGHBORHOOD-BASED FACILITIES ALREADY FAMILIAR TO PARTICIPANTS. THIS ALSO ENSURES THAT COUNCILS ENGAGE IN TRUE OPERATIONAL PARTNERSHIPS WITH SCHOOL DISTRICTS, COMMUNITY ORGANIZATIONS AND FAITH INSTITUTIONS - ALL TYPICAL LOCATIONS FOR CAMP FIRE PROGRAMS.**

**THE CORE OF CAMP FIRE'S SUCCESS IS THE "HOW" OF WHAT WE DO. WE OFFER YOUTH AND FAMILIES AN EXPERIENCE THAT IS INCLUSIVE AND OPEN TO EVERYONE. YOUTH CHART THEIR COURSE WITH ADULT GUIDANCE AND SUPPORT. CAMP FIRE HELPS YOUTH DEVELOP ABILITIES NOW, EMPOWERING YOUTH FOR THEIR FUTURE BUT, EQUALLY AS IMPORTANT, THEIR TODAY.**

**FORM 990, PART VI, SECTION A, LINE 6: CHARTERED COUNCILS ARE VOTING MEMBERS OF CAMP FIRE NATIONAL HEADQUARTERS.**

**FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS A CONGRESS THAT IS HELD EVERY TWO YEARS WHERE THE COUNCILS OF THE ORGANIZATION VOTE ON CERTAIN MATTERS. FOR EXAMPLE, CONGRESS HAS TO VOTE ON THE ELECTION OF OFFICERS.**

**FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS; A COMMENT/QUESTION PERIOD IS AVAILABLE TO THE BOARD OF DIRECTORS PRIOR TO FILING THE FORM 990 WITH THE INTERNAL REVENUE SERVICE.**

**FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST**

Name of the organization <b>CAMP FIRE NATIONAL HEADQUARTERS</b>	Employer identification number <b>13-1623921</b>
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POLICY BY MAKING THE POLICY KNOWN IN BOARD ORIENTATION AND ENSURING THAT ALL TRUSTEES READ THE POLICY AND SIGN THE ANNUAL CONFLICT OF INTEREST POLICY DISCLOSURE STATEMENTS. THE BOARD OF TRUSTEES OR EXECUTIVE COMMITTEE WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. IF A CONFLICT OF INTEREST EXISTS IN CONNECTION WITH A PROPOSED TRANSACTION, THE BOARD OR EXECUTIVE COMMITTEE WILL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES WHETHER THE PROPOSED TRANSACTION IS (I) IN THE ORGANIZATION'S BEST INTEREST, (II) FOR THE ORGANIZATION'S OWN BENEFIT, AND (III) FAIR AND REASONABLE TO THE ORGANIZATION. IN CONFORMITY WITH THE DETERMINATION, THE BOARD OR EXECUTIVE COMMITTEE WILL MAKE ITS DECISION AS TO WHETHER THE ORGANIZATION MAY ENTER INTO THE PROPOSED TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15A: THE CEO'S COMPENSATION IS SET VIA A WRITTEN CONTRACT AS APPROVED BY THE BOARD OF DIRECTORS. OTHER OFFICERS OR KEY EMPLOYEES COMPENSATION IS SET VIA CURRENT MARKET RATES, BY THE CEO.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND  
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: CAMP FIRE'S AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

<u>CAPITALIZED DONATED SERVICES</u>	<u>57,319.</u>
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FORM 990, PART XII, LINE 2C:

Name of the organization

CAMP FIRE NATIONAL HEADQUARTERS

Employer identification number

13-1623921

**AUDIT RESPONSIBILITY AND SELECTION OF AN INDEPENDENT ACCOUNTANT**

**THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE  
AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THERE HAS BEEN NO  
CHANGE IN THIS PROCESS FROM THE PRIOR YEAR.**

Multiple horizontal lines for additional text entry.



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

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>CAMP FIRE NATIONAL HEADQUARTERS</b>	Employer identification number (EIN) or <b>13-1623921</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1100 WALNUT STREET, NO. 1900</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>KANSAS CITY, MO 64106-2197</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**PATTI J. GARDNER - 1100 WALNUT STREET, SUITE 1900 -**

- The books are in the care of ▶ **KANSAS CITY, MO 64106-2197**  
 Telephone No. ▶ **816-285-2020** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.