Form	9	9	0
Departm	nent of	fthe	Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

8 Open to Public

OMB No. 1545-0047

Inter	nal Reve	enue Service	,		Infor	mation	ı abou	it Form	990 a	nd its	instructio	ons i	satww	/w.irs.go	v/forn	n990.			Inspec	tion	
A F	or th	ne 2018 c	alen	dar year, or	tax yea	ar beg	inning	3			, 201	18, a	and er	ding				,	20		
		c	Name	of organization											D	Employer	identi	fication n	umber		
B c	heck if a			TESORO FC	UNDA	TION															
	Addr		Doina	Business As Ci	AMP F	IRE	FIRS	T TE	XAS	FOUN	IDATIO	N				75-27	794()4			
	chan	9° —		er and street (or									Room/su	ite	_	Telephon					
-	-	l return		0 MEACHAM							,				(8	317) 8	331-	2111			
-	-			r town, state or p			and 7	P or fore	ian nos	tal code	2					<u>, , , , , , , , , , , , , , , , , , , </u>					
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_	retur	n		and address of			7	ANN S	דיה הדדי	10					_	Is this a					_
	pend	ing									-					subordina	ates?	-	Yes		N
				E AS C AE											H(b)	Are all sul			Yes		N
		empt status		X 501(c)(3)	5	501(c) () ·	 (ins) 	sert no.))	4947(a)(1) or		527	_	lf "No," a	ttach a l	list. (see ins	tructions)		
J	Webs	ite: 🕨 N																n number	-		
_		of organizat	tion:	X Corporation	Tr	ust	Asso	ciation	0	ther 🕨	•		L Ye	ar of form	ation:	1998	M Sta	te of legal	domicile	:	ТΧ
P	art I	Sumn																			
	1	Briefly de	escrib	e the organiza	tion's m	nission	or mos	st signifi	icant a	ctivities	s: TO H	OLI) <u>,</u> MA	NAGE,	SOI	LICIT	, RE	CEIVE	,		
e		ADMIN	IST	ER AND IN	VEST	PROP	PERTY	Y FOR	R THE	E EX(CLUSIV	ΕE	BENEF	IT AN	D SI	JPPOR	Г				
Governance		OF CA	MP	FIRE FIRS	T TEX	KAS A	ND 7	TO BE	E RES	SPON	SIVE T	0]	THEIF	NEED	s.						
/err	2	Check th	is bo	(▶	e organi	ization	discor	ntinued	its ope	eration	ns or dispo	bsed	of more	e than 25°	 % of it	ts net as	sets.				
ģ	3	Number	of vot	ing members of	of the g	overnin	a body	(Part V	/I, line [·]	1a)							3				7.
ංජ	4	Number	of inc	ependent votir	na mem	bers of	the a	overnin	a bodv	(Part)	VI. line 1b))			• •		4	-			7.
ties	5	Total nur	nher	of individuals e	emplove	d in ca	lendar	vear 20)18 (Pa	art V li	ine 2a)	•••			• •		5	-			0.
Activities &	6			of volunteers (e														-			7.
Act	-	Total unr		d business reve	anua froi	m Part '		olumn ((C) line	12		• •	• • •				7a	-			0
				business taxal																	
		Net unite	aleu	business taxat				1990-1,	1116 3-	+				•••••		ior Year			urrent `	(ear	
	•	Contribu	liona	and granta (Day	rt \ / im	a 1h)								_ —			500.	_		1,0	131
iue	8	Contribu	lions	and grants (Par					• • •	• • •	cc	PY	FOR			Ξ,	0.	_		±,0	
Revenue	9	Program	servi	ce revenue (Pa	rt VIII, IIr	re 2g)				• • •	PUBLIC	INS	SPECTI	л —		438,		-	4.0	6,3	727
Re	10			come (Part VIII												157,					
	11			e (Part VIII, col																3,3	
	12			- add lines 8 t												597,				0,7	
	13			milar amounts p												777,		_	86	5,9	/3
	14			to or for memb													0.	-			
es	15			r compensatio													0.	-		8,5	31
Expenses	16a	Professio	onal f	undraising fees	(Part IX	(, colum	nn (A),	line 11e	e) <u>.</u>								0.	•			C
ă.	b			ing expenses (F																	
ш	17	Other ex	pense	es (Part IX, colu	umn (A),	, lines 1	1a-110	d, 11f-2	24e)							185,				9,2	
	18	Total exp	ense	s. Add lines 13	3-17 (mu	ust equa	al Part	IX, colu	umn (A), line 2	25)					963,	037.		1,32	3,7	90
	19			expenses. Sub												-365,	884.		-76	3,0	28
Net Assets or Fund Balances														Begi	inning	of Curre	nt Year	r E	nd of Ye	ar	
sets	20	Total ass	ets (F	Part X, line 16)											15	,843,	650.	-	4,77	2,5	29
Ass	21	Total liab	ilities	(Part X, line 26	5)				•••	•••		• •	•••	••		878,	921.		1,24	2,1	40
Net	22	Net asse	ts or	fund balances	Subtra	ct line 2	21 from	n line 20)						14	,964,	729.		13,53	0,3	89
Pa	art II			Block							<u></u>										
		nalties of p	erjury.	I declare that I	have exa	amined t	this retu	urn, inclu	uding a	ccomp	anying sche	edule	es and s	tatements,	and t	o the bes	t of my	v knowled	ge and b	elief,	it is
				Declaration of p															0		
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	Only	Firm's na	me	▶ BKD, L	LР										Firn	n's EIN 🕨	▶ 44	-0160	260		

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address 🕨 3200 RIVERFRONT DRIVE, SUITE 200 FORT WORTH, TX 76107

Use Only

817.332.2301

X Yes

Phone no

No

For	990 (2018)	Page 2
Pa	rt III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission:	
	THE MISSION OF THE FOUNDATION IS TO HOLD, MANAGE, SOLICIT, RECEIVE, ADMINISTER AND INVEST PROPERTY FOR THE EXCLUSIVE USE, BENEFIT AND	
	SUPPORT OF CAMP FIRE FIRST TEXAS AND TO BE RESPONSIVE TO THE NEEDS	
	AND DEMANDS OF CAMP FIRE FIRST TEXAS.	
	Did the organization undertake any significant program services during the year which were not listed on the	
2		No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services? Yes X If "Yes," describe these changes on Schedule O.	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$1,204,642. including grants of \$865,973.) (Revenue \$) THE PURPOSE OF EL TESORO FOUNDATION IS TO SUPPORT THE PROGRAMS OF	
	CAMP FIRE FIRST TEXAS. IN 2018 THE TRANSFER TO CAMP FIRE FIRST	
	TEXAS WAS \$865,973 IN SUPPORT OF ITS YOUTH DEVELOPMENT, OUTDOOR,	
	AND AND PROFESSIONAL GROWTH PROGRAMS.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.)	_
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses ► 1,204,642.	
JSA 8E1	20 1.000 Form 990	(2018)
		AGE 4

EL TESORO FOUNDATION

-	90 (2018)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Х	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2		X
3	Did the organization required to complete Schedule D, Schedule O, Commodify (see instructions):	-		
Ū	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			37
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
-	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines 1c and 822 /f "Ves." complete Schedule G. Part //	10		х
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		- 22
19	If "Yes," complete Schedule G, Part III	19		х
20 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
JSA		· · · · ·		

Form **990** (2018) PAGE 5

EL TESORO FOUNDATION

Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
-	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ŭ	to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		
D D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	250		
26				
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Ves" complete Schedule I. Part II.	26		х
27	disqualified persons? If "Yes," complete Schedule L, Part II. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		- 22
27				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		х
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	00-		х
	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	0.01		х
	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			17
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		v	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				37
	Check if Schedule O contains a response or note to any line in this Part V.			X
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	000	
JSA		Form	aa 0	(2018)

Form 990 (2018) Part IV

Form 990 (2018)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
39	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
40		4a		х
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
U				
5.0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	50 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		x
	solicit any contributions that were not tax deductible as charitable contributions?	Ua		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
-	gifts were not tax deductible?	00		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		x
	and services provided to the payor?	7a 75		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		x
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	-		х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Form §	990 (2018) EL TESORO FOUNDATION 75-277	9404	F	Page 6
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.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	7		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
-	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:			
а	The governing body?.	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	「(Sec	tion 5	601(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interview.	erest	policy	/, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record ANN SHEETS 2700 MEACHAM BLVD FORT WORTH, TX 76137	ls 🕨		
			900	(2018)
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Part VII	Compensation of	Officers,	Directors,	Trustees,	ney	Employees,	Hignest	Compensated	Employees,	and
	Independent Contr	actors								
	Check if Schedule O	contains a r	esponse or n	ote to any line	e in this	s 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.

LX 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 dotted line)	box, office or direct	not ch unles	s pe	ition more rson	e than c is both or/trust employee	an	(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
(1) ADELAIDE LEAVENS	1.00									
DIRECTOR	0.	x						0.	0.	0.
(2)BOB FERGUSON	1.00									
DIRECTOR	0.	x						0.	0.	0.
(3)BRANDON CHASE	1.00									
SECRETARY/TREASURER	0.	Х		Х				0.	0.	0.
(4)DREW SPRINGER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(5)KEVIN GARMEN	1.00									
CHAIRMAN	0.	x		Х				0.	0.	0.
(6)LINDA JACOBSON	1.00									
DIRECTOR	0.	X						0.	0.	0.
(7)NINA HUTTON	1.00									
VICE-CHAIRMAN	0.	Х		Х				0.	0.	0.
(8) ^{ANN} SHEETS	2.00									
PRESIDENT/CEO	50.00			Х				0.	179,799.	30,935.
(9)LINDA RAMOZ	2.00									
CHIEF FINANCIAL OFFICER	50.00			Х				0.	93,946.	17,687.
<u>(10)</u>		-								
(11)		-								
(12)		-								
(13)		-								
(14)		<u> </u>								

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Ра	t VII Section A. Officers, Directors, Tru		ey En	nplo			and H	ligl	-		lees (co	ontinue	<i>,</i>	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle:	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reporta compensatio related organizat	on from d	am	(F) timate iount other pensa	of
		related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		om the anizati d relate	e ion ed	
			_											
			-											
			-											
1b	Sub-total							►	0.	273,	745.		48,	622.
	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)			•••	•••	•••			0.	273,	0.		48,	0.
2	Total number of individuals (including but not reportable compensation from the organization	limited to t	hose				e) who	o re	ceived more than	\$100,000 c	of			
													Yes	No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3		X
4	For any individual listed on line 1a, is the sorganization and related organizations groups													
5	<i>individual</i>			• •	• •	• •					• •	4	Х	
	for services rendered to the organization? If "Ye											5		Х
	tion B. Independent Contractors													
1	Complete this table for your five highest com compensation from the organization. Report c year.													
	(A) Name and business add	lress							(B) Description of se	rvices	Co	(C) ompens	ation	
	Total number of independent contractors (ir		it per	- 11-	nito	d +~	thee		stad above) whe	received				
2	more than \$100,000 in compensation from the				me	0		e II	sieu abuvej wilo	receiveu				

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				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns					
iran oun	b	Membership dues					
Ano,	c	Fundraising events					
Sift: ar /		Related organizations					
Contributions, Gifts, Grants and Other Similar Amounts	d						
r Si	e						
the	f	All other contributions, gifts, grants, and similar amounts not included above 1	11,031.				
d O L			11,0011				
aŭ	g h	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	►	11,031.			
e			Business Code	11,001.			
/eni		-					
Rev	2a						
ice	b						
erv	C						
nS	d						
grar	e						
Program Service Revenue	f	All other program service revenue		0.			
<u> </u>	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividence		02.056			02.056
		and other similar amounts)		93,956.			93,956.
	4 5	Income from investment of tax-exempt bond					142.204
	5	Royalties	(ii) Personal	143,394.			143,394.
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	_d	Net rental income or (loss)	(ii) Other	0.			
	7a						
		assets other than inventory 1,021,990.					
	b	Less: cost or other basis					
		and sales expenses 709,159.					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u></u>	312,381.			312,381.
an	8a	Gross income from fundraising					
		events (not including \$					
Rev		of contributions reported on line 1c).					
Other Reven		See Part IV, line 18 a	0.				
đ	b	Less: direct expenses	0.				
	c	Net income or (loss) from fundraising events	<u></u> ▶	0.			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a	0.				
	b	Less: direct expenses	0.				
	c	Net income or (loss) from gaming activities.	<u></u>	0.			
	10a	Gross sales of inventory, less					
		returns and allowances a	0.				
	b	Less: cost of goods sold b	0.				
	c	Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	с						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.	►	560,762.			549,731.
ISA							Form 990 (2018)

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

Form 990 (2018)

Statement of Revenue

Part VIII

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EL TESORO FOUNDATION

o not include amounts reported on lines 6b, 7b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations	96E 072	965 072		
and domestic governments. See Part IV, line 21	865,973.	865,973.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	0.			
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	8,531.		8,531.	
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
	0.			
	0.			
0 Payroll taxes				
1 Fees for services (non-employees):	0.			
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.			22 424	
f Investment management fees	33,434.		33,434.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	0.			
2 Advertising and promotion				
3 Office expenses	0.			
4 Information technology	0.			
5 Royalties	0.			
6 Occupancy	0.			
7 Travel	0.			
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	0.			
0 Interest	0.			
1 Payments to affiliates	0.			
2 Depreciation, depletion, and amortization	386,858.	338,669.	46,465.	1,72
3 Insurance	0.			
4 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.)				
aEQUIPMENT	9,536.		9,536.	
bMISCELLANEOUS	19,458.		19,458.	
c				
d e All other expenses				
5 Total functional expenses. Add lines 1 through 24e	1,323,790.	1,204,642.	117,424.	1,72
6 Joint costs. Complete this line only if the organization reported in column (B) joint costs	_,,	_,,,	,	
from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

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EL TESORO FOUNDATION

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	53,595.	1	51,60
2	Savings and temporary cash investments	446,835.	2	374,67
3	Pledges and grants receivable, net	0.	3	
4	Accounts receivable, net	1.	4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
		0.	5	
6	Complete Part II of Schedule L 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 instructions). Complete Part II of Schedule L	0.	6	
7	Notes and loans receivable, net	0.	7	
7 2000 8		0.	8	
(° 9	Inventories for sale or use Prepaid expenses and deferred charges	0.	9	
-	Land, buildings, and equipment: cost or		9	
IVa	other basis. Complete Part VI of Schedule D 10a 15,584,442.			
h	Less: accumulated depreciation	9,880,620.	100	9,624,39
11	Investments - publicly traded securities	5,462,599.	11	4,721,85
12	Investments - other securities. See Part IV, line 11	0.		_,,,
13	Investments - program-related. See Part IV, line 11	0.		
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	0.	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	15,843,650.	16	14,772,52
17	Accounts payable and accrued expenses	0.		, , , -
18	Grants payable	0.	18	
19	Deferred revenue	0.	19	
20	Tax-exempt bond liabilities	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	-	
	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	0.	22	
j 23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.		
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	878,921.	25	1,242,14
26	Total liabilities. Add lines 17 through 25	878,921.	26	1,242,14
	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	14,633,510.	27	13,217,26
28	Temporarily restricted net assets	174,431.	28	145,30
2 29	Permanently restricted net assets	156,788.	29	167,81
27 28 28 29	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
8 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32 33	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	14,964,729.	33	13,530,38
34	Total liabilities and net assets/fund balances	15,843,650.	34	14,772,52

EL TESORO FOUNDATION

Form 99	90 (2018)				Pa	ge 12	
Part							
	Check if Schedule O contains a response or note to any line in this Part XI.					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			60,		
2	Total expenses (must equal Part IX, column (A), line 25)	2			23,7 63,0		
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4]		64,7		
5	Net unrealized gains (losses) on investments	5		- 8	01,9		
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1	30,6	529.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	1	.3,5	30,3	389.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversio	aht				
	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e						
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in				
	the Single Audit Act and OMB Circular A-133?			3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo 1	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 G

		evenue Service		Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	nformation.	Inspection	
Nam	e of th	he organization						Employer identifi	cation number	
ΕL	TES	SORO FOUND	ATION					75-27794	04	
Ра	rt I	Reason for	r Public Cha	rity Status (All o	organizations must o	complet	e this pa	art.) See instructions		
The	orga		•		t is: (For lines 1 through	•		,		
1					tion of churches desc					
2										
	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the										
_		hospital's nam								
5		-	-		a college or universit	ty owne	d or ope	rated by a governme	ental unit described in	
 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 										
6			•	•						
7		-		-		ipport fr	om a go	vernmental unit or tro	om the general public	
•				(1)(A)(vi). (Compl	-					
8 9					b)(1)(A)(vi). (Complete			Lin contunction with a	land grant collage	
9		-		-	ed in section 170(b)(1 griculture (see instruct		-	-		
		university:		grant conege of a		10113). L		name, ony, and state o	The college of	
10 11		An organization receipts from support from acquired by the	activities rela gross investme ne organizatio	ited to its exempt for the tincome and u an after June 30, 1	ore than 331/3 % of its functions - subject to nrelated business tax 975. See section 509 usively to test for publi	certain e able inco (a)(2). (0	exception ome (les: Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3 %of its	
12	Х	An organizatio	on organized	and operated excl	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes	
		of one or mor	re publicly su	pported organizati	ions described in sec t	tion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).	
		Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g.	
а		X Τγρε Ι. Α sι	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving	
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the	
	_	_ supporting c	organization. `	You must complet	te Part IV, Sections A	and B.				
b		Type II. A s	upporting org	anization supervis	ed or controlled in co	nnectior	n with its	supported organizati	on(s), by having	
		control or m	nanagement c	of the supporting c	organization vested in	the sam	ne persor	is that control or man	age the supported	
	_		. ,	•	, Sections A and C.					
С					ng organization opera				lly integrated with,	
_			-		ns). You must comple					
d		••			porting organization o	•			• • • • •	
			-		nization generally mus	-		-	d an attentiveness	
-		-	-	-	omplete Part IV, Sect				U. T	
е			-		a written determinatic ionally integrated sup				п, туре пі	
f	En	•	•	•••	ionally integrated sup		organizai	юп.	1	
a				0	orted organization(s).					
		ame of supported of	-	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
	.,				(described on lines 1-10		our governing	support (see	other support (see	
1	ATTA	ACHMENT 1			above (see instructions))	Yes	ment? No	instructions)	instructions)	
(
(A)										
(B)										
(C)										
(D)										
(E)										
Tot								865,973.		
For	Paper	work Reduction A	ct Notice. see th	e Instructions for Form	1 990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2018	

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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).						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support		1		1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>					
	tion C. Computation of Public Sup		•				
14	Public support percentage for 2018 (li						%
15	Public support percentage from 2017						%
16a	331/3% support test - 2018. If the org	-					
	box and stop here. The organization q						
D	331/3% support test - 2017. If the org						
170	this box and stop here. The organization 10%-facts-and-circumstances test - 2			•			
17a	10% or more, and if the organization		-				
	Part VI how the organization meets t					-	
	organization			-	-		
h	10%-facts-and-circumstances test - 2						
U U	15 is 10% or more, and if the orga		-				
	Explain in Part VI how the organizati						-
	supported organization				•	•	
18	Private foundation. If the organization						
	instructions						
							••••

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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

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

Caler	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
ec	tion B. Total Support						
aler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
0 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly corride on						
	activities not included in line 10b, whether or not the business is regularly carried on						
	activities not included in line 10b, whether or not the business is regularly carried on						
	activities not included in line 10b, whether or not the business is regularly carried on						
2	activities not included in line 10b, whether or not the business is regularly carried on						
2	activities not included in line 10b, whether or not the business is regularly carried on						
2	activities not included in line 10b, whether or not the business is regularly carried on	or the organiza	tion's first seco	nd third fourth	or fifth tax ve	ear as a section	501(c)(3)
2 3	activities not included in line 10b, whether or not the business is regularly carried on	-			•		
2 3 4	activities not included in line 10b, whether or not the business is regularly carried on				•		
2 3 4 Sec	activities not included in line 10b, whether or not the business is regularly carried on	oort Percenta	ige				
2 3 4 5 5	activities not included in line 10b, whether or not the business is regularly carried on	column (f), divid	ige ded by line 13, colu	mn (f))	·····	. 15	· · · · ▶ □ %
2 3 4 <u>6</u> ec 5 6	activities not included in line 10b, whether or not the business is regularly carried on	column (f), divid dule A, Part III, li	i ge ded by line 13, colu ne 15	mn (f))	·····		
2 3 4 <u>ec</u> 5 6 <u>ec</u>	activities not included in line 10b, whether or not the business is regularly carried on	column (f), divid dule A, Part III, li t Income Per	age ded by line 13, colu ne 15 centage	mn (f))		. 15 16	· · · · ▶ □ %
2 3 4 5 6 6 7	activities not included in line 10b, whether or not the business is regularly carried on	column (f), divid dule A, Part III, li Income Per ne 10c, column	ded by line 13, colu ne 15 centage (f), divided by line	mn (f))	· · · · · · · · · · · · · · · · · · ·	. 15 16 17	· · · · ▶ □ % %
2 3 4 5 6 6 7 8	activities not included in line 10b, whether or not the business is regularly carried on	column (f), divid dule A, Part III, li Income Per ne 10c, column Schedule A, Part	led by line 13, colu ne 15 centage (f), divided by line : III, line 17	mn (f))	· · · · · · · · · · · · · · · · · · ·	. 15 16 17 18	· · · · ▶ □ % % %
2 3 4 5 6 6 7 8	activities not included in line 10b, whether or not the business is regularly carried on	column (f), divid dule A, Part III, li t Income Per ne 10c, column Schedule A, Part ganization did n	age ded by line 13, colu ne 15 centage (f), divided by line (III, line 17 ot check the box	mn (f)) 13, column (f))	d line 15 is more	15 16 17 18 21/3 %, 2	▶
2 3 4 5 6 6 7 8 9 a	activities not included in line 10b, whether or not the business is regularly carried on	column (f), divid dule A, Part III, li t Income Per he 10c, column Schedule A, Part ganization did n s box and sto	age ded by line 13, colu ne 15 centage (f), divided by line (f), divid	mn (f)) 13, column (f)) c on line 14, and anization qualifies	l line 15 is more a s a publicly	15 16 17 18 e than 331/3%, a supported organi	· · · · ► □ % % % and line ization . ► □
2 3 4 5 6 6 5 7 8 9 9 a	activities not included in line 10b, whether or not the business is regularly carried on	column (f), divid dule A, Part III, li tincome Per ne 10c, column Schedule A, Part ganization did no s box and sto nization did not	Ige ded by line 13, colu ne 15 centage (f), divided by line i III, line 17 ot check the box p here. The orgatic check a box on	mn (f)) 13, column (f)) a on line 14, and anization qualifies line 14 or line 19	l line 15 is more s as a publicly a, and line 16 is	15 16 17 18 2 than 331/3%, is supported organia more than 331/3	▶ % % % % and line ization . ▶ 3%, and
15 16 Sec 17 18 19 a	activities not included in line 10b, whether or not the business is regularly carried on	column (f), divid dule A, Part III, li Income Per ne 10c, column Schedule A, Part ganization did no s box and sto nization did not this box and s	ded by line 13, colu ne 15 centage (f), divided by line III, line 17 ot check the box p here. The orgatic check a box on top here. The orgatic	mn (f)) 13, column (f)) 3 on line 14, and anization qualifies line 14 or line 19 ganization qualifie	I line 15 is more as a publicly a, and line 16 is as as a publicly	15 16 17 18 e than 331/3 %, a supported organic more than 331/2 supported organic	% % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % <

Yes No

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

75-2779404

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

10b Schedule A (Form 990 or 990-EZ) 2018

Schodu	le A (Form 990 or 990-EZ) 2018	PIOI		⊃age 5
Part				age J
rart			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Section	on D. All Type III Supporting Organizations	1		
Secu			Vaa	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
·	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instru		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	~		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported ergenizations? <i>Bravida details in Part VI</i>	20		
	trustees of each of the supported organizations? Provide details in Part VI.	<u>3a</u>		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
 3b

Schedule A (Form 990 or 990-EZ) 2018

JSA

Schedule A (Form 990 or 990-EZ) 2018 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	Page
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organiz	-		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2018

	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	0
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex		J	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ea	
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.			
7	Distributions to attentive supported organizations to which	the organization is reen	oncivo	
0	(provide details in Part VI). See instructions.	the organization is resp	OUSIVE	
0	Distributable amount for 2018 from Section C, line 6			
9				
10	Line 8 amount divided by line 9 amount		(**)	<i>(</i>)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2014			
b	Excess from 2015			
<u>د</u>	Excess from 2016			
d	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2018

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Page 8

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

		ATTACHMENT 1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED ORGANIZATIO	1S
	(III) TYPE OF	(IV) (V) AMOUNT OF (VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN ORGANIZATION	YES NO SUPPORT SUPPORT AMOUNT
CAMP FIRE FIRST TEXAS	75-0851201 7	X 865,973. 0.
TOTAL AMOUNT OF SUPPORT		865,973.

Schedule A (Form 990 or 990-EZ) 2018

SCHEE	DULE	D
(Form	990)	

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

(Form 990)			▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					20	18
		Part IV, line 6, 7,	Attach to Form 9		11, 12a, or	120.		Open to	Public
	artment of the Treasury nal Revenue Service	Go to www.irs.gov	/Form990 for instruction		latest inforn	Inspectio			
	e of the organization						ployer identifica		
EL	TESORO FOUNDA	ATION					75-27794	04	
Ра	rt I Organiza	tions Maintaining Donor Adv	vised Funds or Othe	r Similar	Funds or	Acc	ounts.		
		e if the organization answered							
	•	č	(a) Donor adv				(b) Funds and	l other accoun	ts
1	Total number at e	end of year							
2		of contributions to (during year)							
3		of grants from (during year)							
4		at end of year							
5		tion inform all donors and donor	r advisors in writing f	hat the as	sets held	in do	nor advised		
•	-	anization's property, subject to th	-					Yes	No
6	-	ion inform all grantees, donors,	-	-					
•	-	e purposes and not for the bene		-	-				
	•	nissible private benefit?				•		Yes	No
Ра		ation Easements.							
		e if the organization answered	l "Yes" on Form 990	, Part IV,	line 7.				
1	Purpose(s) of cor	nservation easements held by the	e organization (check a	II that apply	/).				
	Preservatio	on of land for public use (e.g., rec	creation or education)	Pr€	eservation	of a h	istorically im	portant land	area
		of natural habitat		Pre	eservation	of a c	ertified histo	ric structure	
	Preservatio	on of open space							
2	Complete lines 2a	a through 2d if the organization h	eld a qualified conser	vation con	tribution in	the f	orm of a con	servation	
	easement on the	last day of the tax year.					Held at the	End of the T	ax Year
а	Total number of c	onservation easements				2a			
b		tricted by conservation easement				2b			
с		rvation easements on a certified				2c			
d		ervation easements included in (
		listed in the National Register				2d			
3		ervation easements modified, tra				nated	by the orgai	nization dur	ing the
	tax year 🕨								
4	Number of states	where property subject to conse	ervation easement is lo	cated ►_					
5	Does the organized	zation have a written policy re	garding the periodic	monitorin	g, inspect	ion, ł	nandling of		
	violations, and en	forcement of the conservation ea	sements it holds?					Yes	l No
6	Staff and volunteer	hours devoted to monitoring, inspe-	cting, handling of violati	ons, and er	forcing con	servat	ion easements	s during the y	/ear
	▶								
7	Amount of expense	ses incurred in monitoring, inspec	ting, handling of violat	ions, and e	nforcing c	onser	vation easem	nents during	the year
	▶\$								
8	Does each conser	vation easement reported on line	2(d) above satisfy the	requireme	nts of secti	on 17	0(h)(4)(B)(i)		
	and section 170(h	n)(4)(B)(ii)?						Yes	l No
9		ibe how the organization reports							
		nd include, if applicable, the text		organizatio	on's financ	ial sta	tements that	describes th	е
		counting for conservation easeme							
Pa		tions Maintaining Collection				r Sim	ilar Assets		
	•	e if the organization answered							
1a	If the organizatio works of art, his	n elected, as permitted under S torical treasures, or other simil ovide, in Part XIII, the text of the f	FAS 116 (ASC 958), ar assets held for pu	not to rep ublic exhit	ort in its bition, edu	reven catior	ue statemer , or researce these items	nt and balan ch in furthe	ce sheet rance of
b		on elected, as permitted under							
~	works of art, his	torical treasures, or other simil byide the following amounts relat	ar assets held for pu	iblic exhib	pition, edu	catior	, or researc	ch in furthe	rance of
		ided on Form 990, Part VIII, line ²							
	(ii) Assets include	ed in Form 990, Part X					▶\$		

2	If the organization received or held works of art, historical treasures, or other similar asse	ets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990. Part VIII, line 1	► ¢

Fo	r Paperwork Reduction Act Notice, see the Instructions for Form 990.	Scl	nedule D (Form 990) 2018
b	Assets included in Form 990, Part X	▶ 9	
a		- 1	

OMB No. 1545-0047

EL TESORO FOUNDATION

-	dule D (Form 990) 2018	or Collections of	Art Wisterical Tr		Other Si	miler Acceto /	ontinuos	Page 2
	rt III Organizations Maintaini	-						,
3	Using the organization's acquisitio collection items (check all that appl			-	_	g that are a sigr	lificant us	e of its
а	Public exhibition			or exchange	programs			
b	Scholarly research		e Other					
С	Preservation for future gener							
4	Provide a description of the organ XIII.	ization's collections	and explain how	they further	the orgar	nization's exempt	t purpose	in Part
5	During the year, did the organizatio	n solicit or receive o	onations of art, hist	orical treasu	ures, or oth	er similar		
	assets to be sold to raise funds rath	er than to be mainta	ained as part of the	organization	n's collectio	n? [Yes	No
Ра	rt IV Escrow and Custodial A	rrangements.						
	Complete if the organiza 990, Part X, line 21.	tion answered "Ye	es" on Form 990, F	Part IV, line	9, or repo	orted an amour	nt on For	m
1a	Is the organization an agent, truste							
	included on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in	Part XIII and comp	plete the following tal	ole:				
						Amount		
С	Beginning balance							
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an am						Yes	No No
	If "Yes," explain the arrangement in	Part XIII. Check h	ere if the explanatior	i has been p	rovided on	Part XIII		
Pa	rt V Endowment Funds.				10			
	Complete if the organiza					.		
	-	(a) Current year	(b) Prior year	(c) Two yea		d) Three years back	(e) Four ye	
1a	Beginning of year balance	5,084,109.	4,908,416.	5,162		6,083,338.	5,96	50,345.
b	Contributions	11,031.	8,592.	22	,122.	8,923.		2,500.
С	Net investment earnings, gains,							
	and losses	-252,210.	1,007,847.	659	,508.	35,778.	66	58,600.
d	Grants or scholarships							
е	Other expenditures for facilities				254	000 500		
	and programs	865,973.	777,806.		,374.	878,588.		77,272.
f	Administrative expenses	70,959.	62,940.		,933.	87,358.		70,835.
g	End of year balance	3,905,998.	5,084,109.	4,908	,416.	5,162,093.	6,08	33,338.
2 a	Provide the estimated percentage Board designated or quasi-endowm			column (a))	held as:			
b	Permanent endowment 4.3	000 %						
С	Temporarily restricted endowment	· · · · · · · · · · · · · · · · · · ·						
	The percentages on lines 2a, 2b, a							
3a	Are there endowment funds not in t	he possession of the	ne organization that	are held an	d administe	ered for the	_	
	organization by:						Y	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	0					3b	
4	Describe in Part XIII the intended u		tion's endowment fu	nds.				
Ра	rt VI Land, Buildings, and Equ Complete if the organiza	l ipment. ation answered "Yo	es" on Form 990	Part IV line	a 11a See	- Form 990 Pa	rt X line	10
	Description of property	(a) Cost or		or other basis	(c) Accum) Book valu	
		(inves	tment) (c	other)	deprecia		•	
1a	Land			778,884.	E 0.60	0.5.1		3,884.
b	Buildings		14,8	305,558.	5,960	,051.	8,845	5,507.
С	Leasehold improvements							
d	Equipment.							
e Tota	Other I. Add lines 1a through 1e. <i>(Column</i>	(d) must equal Form	n 990 Part X colum	n (B) lino 1()c)		9.624	1,391.
. 510				(<i>D</i>), into TC	~-/		ule D (Form	

Schedule D (F	Form 990) 2018			Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Pa	rt 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 va	alue
(1) Financia	al derivatives			
	-held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		"Vaa" on Farm 000	Dort IV line 11e See Form 000 De	rt V line 10
	Complete if the organization answered			rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	alue
(1)				
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990	. Part IV. line 11d. See Form 990. Pa	rt X. line 15.
	· · ·	cription	, ,	(b) Book value
(1)				(
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) lii	ne 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 9	90, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book valu	e	
	al income taxes			
. ,	UNTS PAYABLE		731.	
()	TO AFFILIATE	1,235,4	409.	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶
 1,242,140.

 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2018

Schedu	le D (Form 990) 2018		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	-1,107,152.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-1,667,914.
3	Subtract line 2e from line 1	3	560,762.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	560,762.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	457,817.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-865,973.
3	Subtract line 2e from line 1	3	1,323,790.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	1,323,790.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, l		
∠; ⊬ar	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr	nation	

SEE PAGE 5

JSA 8E1271 1.000

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 EL TESORO FOUNDATION 75-2779404 Part XIII Supplemental Information (continued) SCHEDULE D, PART V, LINE 4 THE FUNDS ARE FOR THE BENEFIT AND SUPPORT OF CAMP FIRE FIRST TEXAS AND TO BE RESPONSIVE TO THE NEEDS AND DEMANDS OF CAMP FIRE FIRST TEXAS. SCHEDULE D, PART XI, LINE 2D RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH RETURN: PAYMENT TO SUPPORTED ORGANIZATION (\$865,973) SCHEDULE D, PART XII, LINE 4B RECONCILIATION OF EXPENSES PER AUDITED FIANCIAL STATEMENTS WITH THE **RETURN:** PAYMENT TO SUPPORTED ORGANIZATION \$865,973 SCHEDULE D, PART X, LINE 2 ASC 740 FOOTNOTE: MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Page 5

SCHEDULE I (Form 990)			nd Other A nts, and Ir	-	омв No. 1545-0047 20 18			
	Comp	olete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			•	tach to Form 990				Open to Public
Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the I	atest information).		Inspection
Name of the organization							Employer identificat	
EL TESORO FOUNI	nformation on Grants and	Accistance					75-277940	14
•	zation maintain records to su eria used to award the grants			•		• • •		X Yes No
	IV the organization's proced							
Part II Grants an	nd Other Assistance to D ne 21, for any recipient th	omestic Org	ganizations ar	nd Domestic Gov	vernments. Com			es" on Form 990,
	d address of organization 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 noncash assistance	(h) Purpose of grant or assistance
(1) CAMP FIRE FIRST 1	EXAS							TO SUPPORT CAMP FIRE
2700 MEACHAM BLVI	FORT WORTH, TX 76137	75-0851201	501(C)(3)	865,973.				OUTDOOR & EDUCATION
(2)		-						
(3)		_						
(4)		_						
(5)		-						
(6)		-						
(7)		_						
(8)		_						
(9)		-						
(10)		_						
(11)		_						
(12)		-						
	per of section 501(c)(3) and goer of other organizations list	•	•					1.
	on Act Notice, see the Instructi					<u></u>		nedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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
Image: Sector of the sector						
in and the second secon						
4	3					
5 <u>6</u>	4					
6	5					
	5					
7	7					

information. SCHEDULE I, PART I, LINE 2

PROCEDURES TO MONITOR USE OF FUNDS IN THE U.S.:

EL TESORO FOUNDATION ONLY PROVIDES GRANTS TO ITS SUPPORTED ORGANIZATION,

CAMP FIRE FIRST TEXAS. DUE TO THE ORGANIZATION'S RELATIONSHIP WITH THE

SUPPORTED ORGANIZATION, IT IS UNNECESSARY TO MONITOR THE USE OF FUNDS

GIVEN. HOWEVER, EL TESORO FOUNDATION DOES REVIEW CAMP FIRE FIRST TEXAS

AUDIT REPORT.

JSA

(Form 990) For cortain Officers. Directors, Trustes, Key Employees, and Highest Compensation answered "Yes" on Form 990, Part IV, line 21. Director 1000000000000000000000000000000000000						/IB No.	1545-0	047
	(Form	990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		୬ଲ	10	
Department with treating the state information. Point De Volice Texnore Action to Form 990. Point De Volice Texnore Texnore Point De Volice Texnore Point De Volice Texnore Point De Volice Texnore Texnore Point De Volice Texnore Texnore Point De Volice					3.	<u>K</u>	10	
Name of the organization Employe identification number 75-2779404 EL TBSORO FOUNDATION 75-2779404 Tax Questions Regarding Compensation 75-2779404 Tax Questions Regarding Compensation provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such a smal, chartfeur, chef) 10 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a ⁷ 10 2 Did the organization require substaniiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, trustees, and officers, including the CEO/Executive Director, busing the Part III. 10 2 Did the organization are subplement contract. Compensation committee Organization or a related organization: a Receive a severance payment from, an equiv-based compensation normittee 10 Participate in, or receive payment from, an equiv-based compensation pay or accrue any compensation contingent on the revenues of: a The organization?			· · · · •	Attach to Form 990.	Ο			
EL TESORO FOUNDATION 75-2779404 PartI Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Travel for compensation or equify substantiation provide or compensation or the Travel for compensation committe Travel for compensation committe Torme 900 of the organization Travel for compensation committe Travel for compensation committe Travel for one part or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retimement plan?, Th verganization? Th			Go to www.irs.gov/Forms					n
Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms. Image: Compension Part VII, Section A, line 1a, did the organization provide any relevant information regarding these to the filling organization require substantiation provide any relevant information regarding these thems. Image: Compension Part VII, Section A, line 1a, did the organization provide any relevant or provide and part VII. Section A, line 1a, did the organization provide any relevant or provide and part VII. Section A, line 1a, did the organization provide any relevant or provide and part VII. Section A, line 1a, did the organization provide any recent part VII. Section A, line 1a, did the organization provide any recent part vestion for the applicable and part VII. Section A, line 1a, did the organization provide any recent part vestion for the organization in the eater and the applicable and part VII. Section A, line 1a, did the organization provide any recent part vestion for the organization in the revenues of: Image: Vestion VII. Section A, line 1a, did the organization provide any reference part vestion in part III. 0 Did section Part VII. Section A, line 1a, did the organization provide any recurse any compensation contract the vestion in part VII. Section A, line 1a, did the organization part VII. Section A, line 1a, did the organization provide any recurse any compensation contract the vestion in Part III. 0 During the year, did any person listed of Part VII. Section A, line 1a, did the organization part VII. Section A, line 1a, did the organization part VII. Image: Ve		•	NDATTON			numbe		
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Section A, line 1a, did the organization regarding the items checked on line far any of the following the filing organization used to establish the compensation committee and organization's CEO/Executive Director, but explain in Part III. 2 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization committee for payment from, a supplemental nonquelified retirement plan? 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 5a X 5 For persons insted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation ontimes of: 5a X 6 During the year, did any person listed or Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingend or the revenues of: 5a X		For certain Officers. Dictors. Transmitter for Employees, and Highest Complete if the organization answered Yes' on Form 990, Part IV, line 23. >> Go to www.irs.gow/Form990 for instructions and the latest information. >>>>>>>>>>>>>>>>>>>>>>>>>>>>						
990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use items. Travel for companions Payments for business use of personal residence for personal residence for personal residence for personal residence for personal services (such as maid, chauffeur, chel) 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 in an explored above? If "No," complete Part III to explain in an explored above? If "No," complete Part III to explain in an explored above? If "No," complete Part III to explain in part III. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors. Trustees, and officers, including the CEO/Executive Director, tregarding the items checked on line 1a? 1b 2 Indicate which, if any, of the following the filing organization used to establish the compensation or the CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation committee Written employment contract a Receive a severance payment from, a supplemental nonqualified retirement plan?. 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation ontime or bb, describe in Part III. 5a X	i art i	Quoonon					Yes	No
First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line ta? 3 Indicate which, if any, of the following the filing organization used to establish che compensation of the organization to establish compensition of the CEO/Executive Director, but explain in Part III. Compensation consultant Compensation survey or study Approval by the board or compensation on the complex dorganization. Aga X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? Aga X b Participate in, or receive payment from, an equity-based compensation arrangement? Aga X d Trave for persons listed organization Sob X fl "Yes" on line 5a or 5b, describe i	1a (Check the app	propriate box(es) if the organization pro	ovided any of the following to or for a perso	on listed on Form			
Image: Travel for companions Travelet for the companions the companion of the companiation or a related organization. 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: Approval by the board or compension committee Approval by the board or companion committee Companion to the revenues of: The organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any companisation? Any related organization? For persons listed on Form 990, Part VI								
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chaffeur, chef) 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 1b 1 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. 2 1 Indicate which, if any, of the following the filing organization used to establish compensation of the CEO/Executive Director, but explain in Part III. 1 2 Compensation committee Written employment contract 2 1 Indicate which, if any, of the following the filing organization used to establish compensation of the organization? 2 2 Compensation committee Written employment contract 2 1 Indicate which, if any, or the following the filing organization? 2 2 Compensation committee Written employment contract 2 2 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pany or accrue any compensation cont	[First-cla	ss or charter travel	Housing allowance or residence for	personal use			
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked. did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 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. Compensation committee Written employment contract Compensation committee Written employment contract A During the year, did any person listed on Form 990, Part VII. Section A, line 1a, with respect to the filing organization or a related organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII. Section A, line 1a, with respect to the filing organization or a related organizations Approval by the board or compensation committee A participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X B Participate in, or receive payment or change-of-control payment? 4a X B Parti		Travel fo	or companions	Payments for business use of person	al residence			
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		Tax inde	mnification and gross-up payments	Health or social club dues or initiatio	n fees			
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	[Discretio	onary spending account	Personal services (such as maid, cha	uffeur, chef)			
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. 2 4 Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 5 Compensation committee Written employment contract 6 Compensation committee Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 Tree is exerance payment or change-of-control payment? 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization arrangement? 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the nearnings of: 5a	(or reimburse	ment or provision of all of the ex	penses described above? If "No," com	olete Part III to			
directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 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. 2 Compensation committee Written employment contract 2 Compensation committee Written employment contract 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 4 X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 4 X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 4 X 4 Terreceive payment from, an explemental nonqualified retirement plan? 4 X 5 Participate in, or receive payment from, an explemental nonqualified retirement plan? 4 X 4 Terreceive payment from, an explemental nonqualified retirement plan? 5 4 X 6 The organization? 5 5 For persons listed on Form 990, Part VII, Se	(explain				1b		
1a? 2 3 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. Compensation committee Written employment contract Compensation committee Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 4a X 4 Tyees' on line 5a or 5b, describe in Part III. 5b X 6 The organization? 5a X 7 Yes' on line 5a or 5b, describe in Part III. 5b X		-			-			
3 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. Compensation committee Written employment contract Independent compensation consultant Written employment contract Compensation are related organization: Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4b X 4 Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5b X 6 The organization? 5b X 1 Y'ves' on line 5a or 5b, describe in Part III. 6a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X 5 For persons listed on Form 990, Part VII. Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5a X			· · · · · · · · · · · · · · · · · · ·		checked on line			
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. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? A Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X 4b X c Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the revenues of: a X a The organization? 5a X b Any related organization? 5a X f "Yes" on line 6a or 5b, describe in Part III. 6a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5b X a The organization? 6a X 5b X f "Yes" on line 6a or 6b, describe in Part III. 6a X 5b X <td></td> <td></td> <td></td> <td></td> <td></td> <td>2</td> <td></td> <td></td>						2		
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 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, an equity-based compensation arrangement? c Participate in, or receive payment from, an equity-based compensation arrangement? d ta X d b X d b X d c X d c X d b X d c X d x d x d The organization? d Yes" on line 6a or 5b, describe in Part III. f Yes" on line 6a or 6b, describe in Part III. f Yes" on line 8, did the organization form 900, 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. g If "Yes" on line 8, did the organization also follow the rebuttable pr			•		ion committee			
organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X d If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6a X b Any related organization? 6a X <td>4</td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td>	4		-					
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?					the imig			
c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 6a X 6b Any related organization? 6a X b Any related organization? 6a X b Any related organization? 6a X compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X f" Yes" on line 6a or 6b, describe in Part III. 6b X 7 X 6b X 8 Were any amounts reported on 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						4a		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. 6 The organization? b Any related organization? a The organization? b Any related organization? a The organization? b Any related organization? compensation contingent on the net earnings of: 6a a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on 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. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 8 <td></td> <td></td> <td></td> <td></td> <td></td> <td>4b</td> <td></td> <td></td>						4b		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X b May related organization? 6a X b May related organization? 7 X b Mere any amounts reported on Form 9		-		· -		4c		X
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? The organization? The organization? Any related organization? The organization? Any related organization? The organization? Any related organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe in Part III. Were any amounts reported on 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. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 	I	If "Yes" to any	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each ite	em in Part III.			
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? The organization? The organization? Any related organization? The organization? Any related organization? The organization? Any related organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe in Part III. Were any amounts reported on 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. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 		Only soction	501(c)(3) $501(c)(4)$ and $501(c)(20)$ or	ragnizations must complete lines 5-9				
compensation contingent on the revenues of:aThe organization?5aXbAny related organization?5bXIf "Yes" on line 5a or 5b, describe in Part III.5bX6For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a6aXaThe organization?6aXbAny related organization?6aXbAny related organization?6bXif "Yes" on line 6a or 6b, describe in Part III.6bX7For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.78Were any amounts reported on 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 a89If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?9		-						
a The organization? 5a X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X compensation contingent on the net earnings of: 6b X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on 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. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		•			arry			
 b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? c 6a c 6b c 6b c 6b c 7 c 6b c 7 c 7 c 7 c 8 Were any amounts reported on 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. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 						5a		х
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? c 6a if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 For persons listed on 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. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		-						
 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on 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 Regulations section 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 		-	-					
compensation contingent on the net earnings of: 6a a The organization? 6b b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 6b 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 8 Were any amounts reported on 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. 7 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 8			-	, line 1a, did the organization pay or accrue a	any			
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on 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. 7 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? X 9								
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on 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. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	a	The organizati	ion?			6a		Х
 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on 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. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 	b /	Any related or	rganization?			6b		X
payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on 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. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	I	lf "Yes" on lin	e 6a or 6b, describe in Part III.					
 8 Were any amounts reported on 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 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 								
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9						7		X
in Part III								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?						_		37
Regulations section 53.4958-6(c)? 9						8		X
						_		
								0) 2010

Schedule J (Form 990) 2018

Page **2**

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ANN SHEETS	(i)	0.	0.	0.	0.	0.	0.	
1PRESIDENT/CEO	(ii)	179,799.	0.	0.	13,278.	17,657.	210,734.	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

JSA

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 3

PROCESS TO ESTABLISH CEO COMPENSATION:

CAMP FIRE FIRST TEXAS, A RELATED ORGANIZATION, PROVIDES COMPENSATION TO THE CEO. THE EXECUTIVE COMMITTEE OF CAMP FIRE FIRST TEXAS SERVES AS THE COMPENSATION COMMITTEE AND IS CHARGED WITH SETTING COMPENSATION FOR THE PRESIDENT/CEO ON AN ANNUAL BASIS. THEY ARE PROVIDED WITH A HISTORY OF THE CEO'S COMPENSATION AND BENEFITS ON AN ANNUAL BASIS WHEN REVIEWING PROPOSED COMPENSATION FOR THE FOLLOWING YEAR. IN ADDITION, THEY ARE ALSO PROVIDED INFORMATION DERIVED FROM IRS 990 FORMS ABOUT THE COMPENSATION OF COMPARABLE LOCAL NON-PROFIT CEOS AND COMPARABLE CEOS OF OTHER CAMP FIRE COUNCILS OF SIMILAR SIZE AND SCOPE WITHIN THE UNITED STATES. INFORMATION DERIVED FROM SALARY STUDIES OF NON-PROFIT PROFESSIONALS IN THE DALLAS/FORT WORTH AREA IS ALSO USED TO ASSIST IN DETERMING COMPENSATION. THE COMPENSATION PACKAGE IS APPROVED THROUGH THE BUDGETING PROCESS BY THE BOARD OF DIRECTORS OF CAMP FIRE. Page 3

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization EL TESORO FOUNDATION

Employer identification number 75-2779404

FORM 990, PART VI, SECTION A, LINE 6 MEMBERS OR STOCKHOLDERS: CAMP FIRE FIRST TEXAS, THE FOUNDATION'S SUPPORTED ORGANIZATION, IS THE SOLE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A MEMBERS WITH POWER TO APPOINT ONE OR MORE MEMBERS OF THE BOARD: CAMP FIRE FIRST TEXAS' BOARD OF DIRECTORS ELECTS THE FOUNDATION'S BOARD. THE FOUNDATION'S BOARD OF DIRECTORS THEN ELECTS ITS OFFICERS.

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

REVIEW OF FORM 990: THE IRS FORM 990 IS EMAILED TO THE BOARD OF DIRECTORS FOR REVIEW AND COMMENTS PRIOR TO FILING. THE BOARD IS SCHEDULED TO MEET WITH MANAGEMENT FOR FURTHER REVIEW OF THE IRS 990 AFTER IT IS FILED. EACH PAGE WILL BE REVIEWED AND QUESTIONS ANSWERED BY MANAGEMENT. IF NECESSARY, QUESTIONS MAY BE REFERRED TO THE CAMP FIRE FIRST TEXAS' ACCOUNTING FIRM, WHO PREPARED THE FORM 990 WITH THE INFORMATION PROVIDED BY MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 12C PROCESS TO MONITOR AND ENFORCE CONFLICT OF INTEREST POLICY: THE BOARD OF DIRECTORS ARE REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICT OF INTEREST IN A WRITTEN STATEMENT TO THE BOARD. FURTHER, WHERE THERE IS A CONFLICT OR POTENTIAL CONFLICT, THE BOARD MEMBER IS REQUIRED TO ABSTAIN FROM ANY VOTE RELATED TO SUCH CONFLICT. FORM 990, PART VI, SECTION C, LINE 19 AVAILABILITY OF DOCUMENTS: THE FOUNDATION'S IRS FORM 990 IS MADE AVAILABLE UPON REQUEST. AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, INCLUDING THE ARTICLES OF INCORPORATION, BYLAWS, AND COUNCIL POLICIES, ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART I, LINE 1

Schedule O (Form 990 or 990-EZ) 2018

EL TESORO FOUNDATION

Name of the organization

DESCRIPTION OF ORGANIZATION:

(CONTINUED FROM PAGE 1) ... SUPPORT OF ITS YOUTH DEVELOPMENT, OUTDOOR AND PROFESSIONAL GROWTH PROGRAMS.

FORM 990, PART XI, LINE 9 TRANSFER BETWEEN RELATED PARTIES: THE FOUNDATION RECEIVED IMPROVEMENTSOF \$130,629 FROM CAMP FIRE FIRST

TEXAS.

Schedule O (Form 990 or 990-EZ) 2018

139-1178937-1178936

JSA

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

Part I

EL TESORO FOUNDATION

Employer identification number 75-2779404

OMB No. 1545-0047

Open to Public

Inspection

8

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	(f) Direct controlling
warne, address, and Env (ii applicable) of disregalized entity	I minary activity	or foreign country)			entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti	g) 512(b)(13) rolled ity?
						Yes	No
(1) EL TESORO 75-0851201							
2700 MEACHAM BLVD FORT WORTH, TX 76137	YOUTH ORG	TX	501(C)(3)	7	N/A		Х
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

JSA 8E1307 1.000

Schedule R (Form 990) 2018

Page **2**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		1	•	· · ·		(L)	(1)		(1)	(1-)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)	_											
(2)	_											
(3)	-											
(4)												
(5)	_											
(6)	_											
(7)												
<u>. , , , , , , , , , , , , , , , , , , ,</u>	1											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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lote	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				`	Yes	N
	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
	Gift, grant, or capital contribution to related organization(s)				1b	Х	
	Gift, grant, or capital contribution from related organization(s)				1c		
	oans or loan guarantees to or for related organization(s)				1d		
	oans or loan guarantees by related organization(s)				1e		_
f	Dividends from related organization(s)				1f		
	Sale of assets to related organization(s)				1g		
_	Purchase of assets from related organization(s)				1h		
	Exchange of assets with related organization(s).			• • • • • ⊢	1i		
				⊢	1j		_
j	ease of facilities, equipment, or other assets to related organization(s).			•••••	<u>יי</u>		1
k	ease of facilities, equipment, or other assets from related organization(s)			⊢	1k		
I	Performance of services or membership or fundraising solicitations for related organization(s)			L	11		
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
•				••••	-		1
n	Reimbursement paid to related organization(s) for expenses.				1p	Х	
-	Reimbursement paid to related organization(s) for expenses				1q		
1				••••			
r	Other transfer of cash or property to related organization(s)				1r		
5	Dther transfer of cash or property from related organization(s)				1s		
-	f the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cov	ered relationships and transa	action thresh			-
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction	Amount involved	Method of amount			J
		type (a-s)		amoun		vea	
)							
)							_
)							_
)							
)							-

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	Yes No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
11)													
12)													
13)													
14)													
15)													
16)													

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Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.