Form	990
Departm	nent of the 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.

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

OMB No. 1545-0047 G 8

Open to Public

Inter	nal Reve	nue Servie	се		Information	n about Forn	n 990 and it	s instruction	ns is at www.	.irs.gov/	/form990.		In	spection	on
A	or th	e 2018	3 cale	ndar year, or ta	x year beg	inning		, 20 1	8, and endi	ing			, 20)	
_			C Nam	e of organization							D Employer id	entifi	cation num	ber	
Bo	heck if ap	plicable:	CA	MP FIRE FIR	ST TEXAS	5									
	Addre		Doin	g Business As							75-0851	120	1		
		change	Num	ber and street (or P	.O. box if mail i	s not delivered	to street addr	ess)	Room/suite		E Telephone n	umbe	er		
	Initial	return	27	00 MEACHAM	BLVD.						(817) 83	1-2	2111		
	Termi	nated	City	or town, state or pro	vince, country,	, and ZIP or for	eign postal co	de							
	Amen		FO	RT WORTH, T	X 76137						G Gross receip	ots \$	5,	862,	,912.
	Applic	ation	F Nam	e and address of pri	ncipal officer:	ANN S	SHEETS				H(a) Is this a gro		urn for	Yes	XNC
	pendi	ng	SA	ME AS C ABO	VE, FORT	r worth,	TX 761	37			subordinates H(b) Are all subord		included?	Yes	No
ī	Tax-ex	empt sta	tus:	X 501(c)(3)	501(c) () 🖌 (ir	nsert no.)	4947(a)(1)) or 5	27			st. (see instruc		
J				CAMPFIREFW.		/ ("		1017(u)(1)		21	H(c) Group exem			,	
ĸ				X Corporation	Trust	Association	Other	•	I Year	of format	tion: 1914 M			micile [.]	TX
	art I		nmary		Truor	710000101011		-		orionna		Olulo	or rogar ao	intene.	
				be the organization	n'e mission	or most signi	ficant activiti	ee YOUNG	PEOPLE	WANT	TO SHAPE	ТН	IE WORT	D.	
đ				RE PROVIDES											
uc.				AND DISCOVE											
ern 8	2			\rightarrow if the ϕ							of its not assot				
Governance	2				0		•	•				1 1	l		34.
ي م				oting members of								3			32.
es				dependent voting											$\frac{32.}{194.}$
viti				r of individuals em								5			452.
Activities	6			r of volunteers (est	imate if nece	ssary)						6			,721
				ed business reven								7a			,939
	d	Net un	related	d business taxable	e income from	n Form 990-1	, line 34 🔒			<u></u>		7b	C	ent Ye	
											Prior Year				
ne	8	Contrib	outions	and grants (Part	/III, line 1h)			· co	PY FOR	—–וֹר	3,403,16				,305
Revenue	9			vice revenue (Part					INSPECTION	ıl	2,256,38		2		,528
Re	10			ncome (Part VIII, o				. L		┛┝───	12,22				,461
				ie (Part VIII, colun							76,30				,222
				e - add lines 8 thr	•			. , ,		_	5,748,07		5		,516
				imilar amounts pa							187,39			.78	,864
				to or for members								0.			0
es	15			er compensation,							3,888,93		3	,993	,147
Expenses	16a	Profes	sional	fundraising fees (F	Part IX, colum	nn (A), line 11	e)			-		0.			0
, N	b	Total f	undrai	sing expenses (Pa	rt IX, column	(D), line 25)	▶	405,03	1.						
	17			ses (Part IX, colum						• –	1,701,74				,569
				es. Add lines 13-1						.	5,778,07		5	·	,580
	19	Reven	ue les	s expenses. Subtra	act line 18 fro	om line 12				•	-29,99	98.		-31	,064
Net Assets or Fund Balances										Begin	ning of Current			of Yea	
sset	20			Part X, line 16)						•	2,735,34				,443
dB	21			es (Part X, line 26)							1,672,65		1		,440
				r fund balances. S	Subtract line 2	21 from line 2	0				1,062,69	96.		901	,003
	art II			e Block											
				y, I declare that I ha e. Declaration of pre								f my	knowledge	and be	lief, it is
									non proporori	ide dirij id					
Sig	'n														
He			Signatu	re of officer							Date				
ne		-													
				print name and title											
Pai	ч	Print/T	ype pr	eparer's name	Λ.	Preparer's s	· · ·	0.11	Date		Check	if	PTIN		
	u parer	ALIS	SON	WILLIAMS	alis	inter	el Wi	lians	11/01	1/19	self-employ		P00509		
	e Only	Firm's	name	▶ BKD, LLE							Firm's EIN 🕨		016026		
		Firm's	address	s ▶ 3200 RIVERF	RONT DRIVE,	SUITE 200	FORT WORTH	, TX 76107			Phone no.	817	.332.2	301	
Ma	the II	RS disc	cuss th	is return with the	preparer show	wn above? (s	ee instructio	ns)	<u></u>	<u></u>	<u></u> .		. X Y	es	No
For	Paper	work F	Reduc	tion Act Notice, s	ee the separa	ate instructio	ns.						Forr	n 990	(2018)

For	n 990 (2018) Page 2
Pa	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	YOUNG PEOPLE WANT TO SHAPE THE WORLD. CAMP FIRE PROVIDES THE
	OPPORTUNITY TO FIND THEIR SPARK, LIFT THEIR VOICE, AND DISCOVER WHO
	THEY ARE. IN CAMP FIRE, IT BEGINS NOW. LIGHT THE FIRE WITHIN.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
-	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
-	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
42	(Code:) (Expenses \$ 784,006. including grants of \$ 75,245.) (Revenue \$ 219,740.)
. a	ATTACHMENT 1
4b	(Code:) (Expenses \$ 1,186,252. including grants of \$ 1,547.) (Revenue \$ 888,049.)
	ATTACHMENT 2
4c	(Code:) (Expenses \$1,133,488. including grants of \$2,045.) (Revenue \$1,322,274.)
	ATTACHMENT 3
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 3,103,746.
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Part	IV Checklist of Required Schedules		Yes	N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
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		
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		
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		
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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	Х	
1	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,"			
u	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	110		
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		
-1	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		-
a		44.1	Х	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	A	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
5	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		
6	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		
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
0	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			F
3	If "Yes," complete Schedule G, Part III	19		
9				-
		202		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			

Part	Checklist of Required Schedules (continued)			<u> </u>
			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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V.			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 117			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
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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 194			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
32	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	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
vu	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
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			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders.			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
-	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	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			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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		X
	If "Yes," complete Form 4720, Schedule O.			

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Form §	290 (2018) CAMP FIRE FIRST TEXAS 75-085	201	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.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
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 1a 34			
	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 Q.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 32			
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	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			37
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		A
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		x
	one or more members of the governing body?	7a		A
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		x
-	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?			<u> </u>
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		x
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	.)	L
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
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	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
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-T	(Sec	tion 5	601(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X 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 int	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 817-881-2111	s 🕨		
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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								
	Check if Schedule	<u>) O (</u>	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.

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

(A) (B) Position (D) (E) (F) (F) Name and Tile Average (do not check motel than one) Reportable Compensation related compensation related organizations related organizations related organizations (W-2/1099-MISC) related organizations organizations </th <th></th> <th></th> <th></th> <th></th> <th>(0</th> <th>C)</th> <th></th> <th></th> <th></th> <th></th> <th></th>					(0	C)					
Number of Numberhour par week uits permon is both an week uits for motined organizations place of the and a director/turned to the a director/turned to the a director/turned organizations of the and a director/turned organizations (W-21099-MISC)compensation for method organizations (W-21099-MISC)amount of organizations organizations (W-21099-MISC)(1)ANNE CARVALHO DIRECTOR2.00 0.x00.0.0.(1)ANNE CARVALHO DIRECTOR2.00 0.xx0.0.0.(2)BILL MCCOY CHAIRMAN4.00 0.xx0.0.0.(2)JERCTOR CHAIRMAN0.xx0.0.0.(4)JACK YABDOROUCH VICE CHAIR, ADMINISTRATION DIRECTOR0.xx0.0.0.(4)JACK YABDOROUCH TREASURER DIRECTOR0.xx0.0.0.0.(5)COURTNEY GRADIER LEWIS TREASURER DIRECTOR0.xx0.0.0.0.(7)JASCN HELTON2.00 DIRECTOR0.xx0.0.0.0.(6)KATTE BRIGGS SECRETARY0.xx0.0.0.0.0.(1)JARER MEMBER EXEC COMMITTEE DIRECTOR0.xx0.0.0.0.0.(1)JARED COBB SECRETARY0.xx0.0.0.0.0.0.(1)JARED COBB DIRECTOR0.xx0.0.0.0.0.0.	(A)	(B)							(D)	(E)	(F)
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(1)ANNE CARVALHO 2.00 0			or u	nalt		loye	eom				
(1)ANNE CARVALHO 2.00 0		inte)	Istee	trust		e	pens				organizations
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(3) JERRI AKERS 4.00 x x x 0. 0. 0. VICE CHAIR FINANCIAL DEVELOPME 0. x x x 0. 0. 0. (4) JACK YARBOROUGH 4.00 x x x 0. 0. 0. (4) JACK YARBOROUGH 4.00 x x 0. 0. 0. 0. (5) COURTNEY GARDNER LEWIS 4.00 x x 0. 0. 0. (6) KATIE BRIGGS 2.00 . . 0. 0. 0. 0. DIRECTOR 0. x 0.	(2)BILL MCCOY	4.00									
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(4)JACK YARBOROUGH 4.00 x x 0.		4.00									
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(5)COURTNEY GARDNER LEWIS 4.00 X X X 0. 0	(4) JACK YARBOROUGH	4.00									
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(6)KATIE BRIGGS 2.00 X 0. 0. 0. 0. DIRECTOR 0. X 0. <td>(5)COURTNEY GARDNER LEWIS</td> <td>4.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(5)COURTNEY GARDNER LEWIS	4.00									
DIRECTOR 0. x 0. <t< td=""><td></td><td>0.</td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>		0.	Х		Х				0.	0.	0.
(7) JASON HELTON 2.00 x 0.	(6)KATIE BRIGGS	2.00									
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(10)RANDI MITCHELL4.004.000.0.0.AT LARGE MEMBER EXEC COMMITTEE0.X0.0.0.(11)JARED COBB2.00X0.0.0.DIRECTOR0.X0.0.0.(12)JIM DEBAKER2.00X0.0.0.DIRECTOR0.X0.0.0.(13)KIMBERELY DEWOODY4.00X0.0.0.AT LARGE MEMBER EXEC COMMITTEE0.X0.0.0.(14)DIANNA FLORES2.004.004.000.0.	(9)KELLI WALTER	4.00									
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(12)JIM DEBAKER 2.00 0.	(11)JARED COBB	2.00									
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(13)KIMBERELY DEWOODY4.00AT LARGE MEMBER EXEC COMMITTEE0.(14)DIANNA FLORES2.00	(12)JIM DEBAKER	2.00									
AT LARGE MEMBER EXEC COMMITTEE 0. 0. 0. 0. (14) DIANNA FLORES 2.00 0 0 0	DIRECTOR	0.	Х						0.	0.	0.
(14)DIANNA FLORES 2.00	(13)KIMBERELY DEWOODY	4.00									
	AT LARGE MEMBER EXEC COMMITTEE	0.	Х						0.	0.	0.
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	DIRECTOR	0.	X						0.	0.	0.

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Form 990 (2018)

	art VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	nplo	yee	es, a	and H	ligł	hest Compensat	ed Employ	ees (co	ontinued)
	(A) Name and title	(B) Average hours per	(do r	not ch	(C Posi neck	;) ition more	than o	ne	(D) Reportable compensation	(E) Reportab compensation	le	(F Estin amou	-) nated unt of
		week (list any hours for related organizations below dotted line)			ladi		is both a or/truster employee		from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M		oth compe from organi and ru organi	nsatio the ization elated
5) GOLDIE RHONE	2.00	-										
_	DIRECTOR	0.	X						0.		0.		
6) DONNA JAMES-HARVEY	2.00	-								-		
_	DIRECTOR	0.	X						0.		0.		
.7) LISA MARES	2.00											
_	DIRECTOR	0.	X						0.		0.		
8) JOHN MOLYNEAUX	2.00											
_	DIRECTOR	0.	X						0.		0.		
9) CLAY HOOPER	2.00											
_	DIRECTOR	0.	X						0.		0.		
0) TRAVIS PATTERSON	2.00											
1	DIRECTOR	0.	X						0.		0.		
Ţ) ROBERT REEB III	2.00											
_	DIRECTOR	0.	X						0.		0.		
2) EVELYN RICHARDSON	2.00											
_	DIRECTOR	0.	X						0.		0.		
3) JENENE SCHAFFER	2.00	37										
1	DIRECTOR	0.	X						0.		0.		
4) JAY JACKSON DIRECTOR	2.00	v						0.		ο.		
F) JARED TREESH	2.00	X						0.		0.		
5	DIRECTOR	0.	x						0.		ο.		
		0.	Λ						0.		0.		
	Sub-total								464,975.		0.		2,7
	Total from continuation sheets to Part VII, S					• •	• • •		464,975.		0.		2,7
2	I Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	limited to t				bove	e) who	re		\$100,000 of			<u> </u>
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											Y 3	′es
4	For any individual listed on line 1a, is the sorganization and related organizations grain individual.	eater than	\$15	50,00	00?	lf	"Yes	," (nd other compension complete Schedu	sation from Ile J for si	the uch	4	x
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5	
	Complete this table for your five highest com compensation from the organization. Report c year.												
1	-							-					
1	(A) Name and business add	dress							(B) Description of se	ervices	Co	(C) ompensat	tion

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

	rt VII Section A. Officers, Directors, Tr	<u>ustees, Ke</u>	<u>y En</u>	nplo	yee	es,	and F	ligi	nest Compensat	ea Employ	ees (co	ontinued)
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	erson	e than of is both	an	(D) Reportable compensation from	(E) Reportal compensatio related	n from	(F) Estimated amount of other
		hours for related organizations below dotted line)	or director	Institutional trustee		Key employee	or/truste Highest compensated employee	Former	- the organization (W-2/1099-MISC)	organizati (W-2/1099-		compensation from the organization and related organizations
6	RUSS MORRIS DIRECTOR	2.00	Х						0.		0.	
7	BRETT WEEKS	2.00										
0,	DIRECTOR	0.	X						0.		0.	
<u> </u>	COREY WEEKS DIRECTOR	0.	Х						0.		ο.	
9	KAY WEST	2.00	- 77	$\left \right $					0.		0.	
	DIRECTOR	0.	Х						0.		ο.	
0)	DRENDA WILLIAMS WITT	4.00										
	VICE CHAIR OF PLANNING	0.	Х		Х				0.		0.	
1)	ROLAND SCHAFER	2.00										
	DIRECTOR	0.	Х						0.		0.	
2	MICHELLE CLARK	2.00										
2	DIRECTOR DERRICK THOMAS	0.	X						0.		0.	
5	DIRECTOR	2.00	Х						0.		0.	
4	CARLOS WALKER	2.00	А						0.		0.	
	DIRECTOR	0.	х						0.		Ο.	
5)	ANN SHEETS	50.00										
	PRESIDENT/CEO	2.00			Х				179,799.		0.	30,93
6	LINDA RAMOZ	50.00										
	CHIEF FINANCIAL OFFICER	2.00			Х				93,946.		0.	17,68
С	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organizatio	limited to tl				bove	e) who	re	ceived more than	\$100,000 c	f	
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	cer, directo										Yes 3
4	For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	P If	"Yes	,"	nd other compens complete Schedu	sation from Ile J for s	the such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y ction B. Independent Contractors											5
<u>5e</u> 1	Complete this table for your five highest com compensation from the organization. Report of year.											

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► JSA 8E1055 1.000

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nploy	yee	es, a	and H	igl	hest Compensat	ed Emplo	yees (c	ontinue	d)
(A) Name and title	(B) Average hours per week (list any hours for	box, office	not ch unless er and	s per a di	tion more rson i irecto	than on s both a pr/truste	an e)	(D) Reportable compensation from the	(E) Reportable compensation fror related organizations	on from ed	Esti amo o comp	(F) imated ount of ther ensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	orga and	m the nization related nizations
7) LISA COOK CHIEF FACILITIES AND TECHN.	50.00 0.	-		x				88,692.		0.	-	17,723
8) LYN LUCAS CHIEF PROGRAM OFFICER	50.00 0.	-		x				102,538.		0.		6,391
		-		_								
				_								
		-		+								
		-										
		_										
		-										
		-										
							<u> </u>					
Ib Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A											
2 Total number of individuals (including but not reportable compensation from the organization)		hose 4	-	d ab	ove) who	re	ceived more than	\$100,000	of		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched.											3	Yes No X
For any individual listed on line 1a, is the sorganization and related organizations grain individual.	eater than	\$15	50,00)0?	lf	"Yes,	"(complete Schedu	le J for	the such	4	X
 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye 	accrue co	mpen	satio	n fi	rom	any	uni	related organization	on or indiv		5	X
Section B. Independent Contractors												·
I Complete this table for your five highest com compensation from the organization. Report of year.												
(A) Name and business add	Iress							(B) Description of se	ervices	C	(C) Compensi	ation
2 Total number of independent contractors (in more than \$100,000 in compensation from th				ited	l to	those	e li	sted above) who	received			

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			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from t under sections 512-514
1a	Federated campaigns	1a 21,800.				
b	Membership dues	1b 24,525.				
c	Fundraising events	1c 273,845.				
d	Related organizations	1d 865,973.				
e	Government grants (contributions)	1e 102,770.				
f	All other contributions, gifts, grants,					
	and similar amounts not included above	1f 1,912,392.				
g	Noncash contributions included in lines 1a-1f:	\$				
h	Total. Add lines 1a-1f	<u></u>	3,201,305.			
		Business Code				
2a	PROGRAM SERVICE FEES	900099	1,737,494.	1,737,494.		
b	CAMP FEES	900099	664,034.	664,034.		
c						
d						
е						
f	All other program service revenue					
g	Total. Add lines 2a-2f		2,401,528.			
3	Investment income (including c		10 461			10.4
	and other similar amounts)		10,461.			10,4
4	Income from investment of tax-exempt		0.			
	Royalties		0.			
6a	Gross rents					
b	Less: rental expenses					
c d	Rental income or (loss)		0.			
7a	Gross amount from sales of (i) Securi					
	assets other than inventory					
Ь	Less: cost or other basis					
	and sales expenses					
c	Gain or (loss)					
d	Net gain or (loss)		0.			
8a	Gross income from fundraising					
	events (not including \$					
	of contributions reported on line 1c).					
	See Part IV, line 18	a 71,817.				
b	Less: direct expenses	b 157,332.				
c	Net income or (loss) from fundraising e	vents	-85,515.			-85,5
9a	Gross income from gaming activities.					
	See Part IV, line 19	. a0.				
b	Less: direct expenses	. b 0.				
c	Net income or (loss) from gaming acti	vities 🕨	0.			
10a	Gross sales of inventory, less					
	returns and allowances					
b c	Less: cost of goods sold Net income or (loss) from sales of invent	b 39,064.	14 401			1 4 4
	Miscellaneous Revenue	Business Code	14,481.			14,4
	CATERING REVENUE	722230	95,721.		95,721.	
11a	MISCELLANEOUS REVENUE	900099	28,535.	28,535.		+
b			20,333.	20,333.		+
C d						+
d	All other revenue		124,256.			
e	Total. Add lines 11a-11d	· · · · · · · · · · 🚩 🛓	121,255.			

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus		. All other organization	ns must complete colun	nn (A).
Check if Schedule O contains a resp				
Do not include amounts reported on lines 6b, 7b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	78,864.	78,864.		
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	537,711.	247,683.	268,954.	21,07
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	2,857,213.	1,381,429.	1,209,006.	266,778
8 Pension plan accruals and contributions (include				•
section 401(k) and 403(b) employer contributions)	124,765.	59,974.	46,370.	18,42
9 Other employee benefits	209,029.	74,175.	112,810.	22,04
0 Payroll taxes	264,429.	175,417.	67,118.	21,89
1 Fees for services (non-employees):		-		
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	288,944.	172,402.	113,083.	3,45
2 Advertising and promotion	14,913.	11,023.	3,890.	
3 Office expenses	406,415.	363,474.	39,232.	3,70
4 Information technology	0.			
5 Royalties	0.			
6 Occupancy	355,066.	247,667.	93,750.	13,64
7 Travel	68,479.	61,565.	5,234.	1,68
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	26,218.	23,267.	1,376.	1,57
0 Interest	35,575.		9,104.	26,47
1 Payments to affiliates	68,079.		68,079.	
2 Depreciation, depletion, and amortization	69,369.	66,546.	2,727.	9
3 Insurance	51,820.	2,759.	49,061.	
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.)				
aMEMBERSHIP & DUES	40,665.	29,577.	10,086.	1,00
bPROGRAM SUPPLIES	36,181.	13,481.	21,951.	74
c ^{EQUIPMENT}	33,119.	26,065.	5,176.	1,87
dBAD DEBT EXPENSE	41,333.		41,333.	
e All other expenses	89,393.	68,378.	20,463.	55
5 Total functional expenses. Add lines 1 through 24e	5,697,580.	3,103,746.	2,188,803.	405,03
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)				

0.

JSA

following SOP 98-2 (ASC 958-720)

Form 990 (2018)

Form 990 (2018)

Part X	Balance Sheet Check if Schedule O contains a response or note to any line in this Particular sectors.	ort Y		
	Gheck in Schedule O contains a response of note to any line in this P			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	579,692.	1	57,037
2	Savings and temporary cash investments	0.	2	0
3	Pledges and grants receivable, net	530,866.	3	403,383
4	Accounts receivable, net	52,572.	4	49,702
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L	0.	5	C
6	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L	0.	6	C
Assets 8 2	Notes and loans receivable, net	0.		C
	Inventories for sale or use	66,294.	8	63,542
₹ 9	Prepaid expenses and deferred charges	46,971.	9	43,657
-	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 1,859,692.			
h	Less: accumulated depreciation	580,030.	100	532,713
11		0.		C C
12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11	0.		0
13	Investments - program-related. See Part IV, line 11	0.	12	0
		0.	15	0
14	Intangible assets	878,921.	17	1,235,409
15	Other assets. See Part IV, line 11	2,735,346.	15	2,385,443
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,735,340.	16	2,385,443
17	Accounts payable and accrued expenses			203,701
18	Grants payable	0.	10	
19	Deferred revenue	93,291.	19	109,659
20	Tax-exempt bond liabilities	0.	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	C
<u>ດ</u> 22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and	-		
	disqualified persons. Complete Part II of Schedule L	0.		C
23	Secured mortgages and notes payable to unrelated third parties	0.	23	С
24	Unsecured notes and loans payable to unrelated third parties	1,366,608.	24	1,091,000
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	0.	25	0
26	Total liabilities. Add lines 17 through 25	1,672,650.	26	1,484,440
ses	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
UB 27	Unrestricted net assets	230,553.	27	314,476
28	Temporarily restricted net assets	832,143.	28	586,527
29	Permanently restricted net assets	0.	29	C
27 28 29 29 29 30 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
× 32	Retained earnings, endowment, accumulated income, or other funds		32	
102 SZ	Total net assets or fund balances	1,062,696.	33	901,003
2 33	Total liabilities and net assets/fund balances	2,735,346.	33	2,385,443
		_,,55,510.	J4	Form 990 (20 ²

Form **990** (2018)

Page **11**

CAMP	FIRE	FIRST	TEXAS
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Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI. X 1 Total expenses (must equal Part VII, column (A), line 12) 1 5,665,516 2 Total expenses (must equal Part IX, column (A), line 25) 2 5,667,580 3 Revenue less expenses. Subtract line 2 from line 1 3 -31,064 4 1,062,696 3 -31,064 5 0 6 0 0 6 Donated services and use of facilities 5 0 0 7 0. 6 0 0 0 9 Other changes in net assets or fund balances (explain in Schedule 0) 8 0 0 -130, 629 9 Other changes in net assets or fund balances (explain in Schedule 0) 8 0 0 -130, 629 9 Other changes in net assets and Reporting 10 901, 003 901, 003 0 -130, 629 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 10 901, 003 2a X Were the organization changed its method of accountin	Form 99	90 (2018)			Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 5, 666, 516. 2 Total expenses (must equal Part IX, column (A), line 25) 2 5, 667, 580. 3 Revenue less expenses. Subtract line 2 from line 1. 3 -31, 064. 4 1, 062, 696. 5 6 0. 5 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1, 062, 696. 5 Net unrealized gains (losses) on investments 5 0. 6 0. 6 Donated services and use of facilities 7 0. 7 0. 7 0. 7 0. 7 0. 8 Prior period adjustments 8 0. 9 -130, 629. 9 Other changes in net assets or fund balances (explain in Schedule O) 8 0. 9 -130, 629. 10 901, 003. 9 Other 10 901, 003. 9 -130, 629. 10 901, 003. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other - 120 901, 003. 11<	Part					
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	b		lerao the			
				3b		

Form **990** (2018)

 SCHEDULE A (Form 990 or 990-EZ)
 Public Charity Status and Public Support

 Department of the Treasury
 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 6 72

		nt of the Treasury evenue Service		Go to www.irs.gov	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection
Nam	e of t	he organization						Employer identifi	cation number
CA	MP 1	FIRE FIRST						75-08512	
	rt I				-			art.) See instructions	i.
The	orga		-		is: (For lines 1 throug	-	-		
1				•	ion of churches desc				
2					. (Attach Schedule E				
3			-		rganization described				
4		A medical res	earch organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's nam							
5		•	•		a college or universit	y owned	d or ope	rated by a governme	ental unit described in
				Complete Part II.)					
6					mmental unit describe				
7	Х	-		=		pport fro	om a go	vernmental unit or fro	om the general public
				(1)(A)(vi). (Compl					
8		-)(1)(A)(vi). (Complete	-			
9		-		-			-	I in conjunction with a	
		or university o	or a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:							
10 11		receipts from support from acquired by th	activities rela gross investme organizatio	ted to its exempt f nent income and up n after June 30, 1	unctions - subject to a	certain e able inco (a)(2). (0	exception ome (less Complete		n 331/3 % of its
12		An organizatio	on organized a	and operated exclu	sively 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	ons described in sect	ion 509	(a)(1) or	section 509(a)(2). S	See 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				-				orted organization(s),	-
						-		the directors or truste	
			-		e Part IV, Sections A		- , , -		
b			-	-			with its	supported organizati	on(s), by having
								is that control or man	
			-		Sections A and C.				
с				-		ited in co	onnectio	n with, and functional	llv integrated with.
-				- · ·	s). You must comple				
d			-					ection with its suppor	ted organization(s)
			-			-		oution requirement and	- · ·
			-		mplete Part IV, Sect	-		-	
е				,	•			nat it is a Type I, Type I	I. Type III
			-		ionally integrated sup				., ., .,
f	En	•	-	lorganizations					
g				-	orted organization(s).				
		ame of supported of	-	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No	matractions)	
(A \									
(A)									
(B)									
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
(C)									
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(D)									
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⊢or ∣	raper	work Reduction A	CT NOTICE. See th	e Instructions for Form	990 OF 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2018

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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.")	5,537,097.	4,506,520.	3,395,383.	3,403,166.	3,201,305.	20,043,471.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	5,537,097.	4,506,520.	3,395,383.	3,403,166.	3,201,305.	20,043,471.
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)						3,487,204.
$\frac{6}{8}$	Public support. Subtract line 5 from line 4						16,556,267.
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(a) 2016	(4) 2017	(e) 2018	(f) Total
		(a) 2014 5,537,097.	(b) 2015 4,506,520.	(c) 2016	(d) 2017 3,403,166.	3,201,305.	(f) Total 20,043,471.
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	66,875.	16,377.	14,677.	12,226.	10,461.	120,616.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>		19,008.	54,538.	53,032.	14,481.	141,059.
11	Total support. Add lines 7 through 10						20,305,146.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	11,060,989.
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2018 (li		,				81.54%
15	Public support percentage from 2017						81.85 %
16a	331/3% support test - 2018. If the org	-					
	box and stop here. The organization qu			-			
b	331/3% support test - 2017. If the org						
	this box and stop here. The organization	•		-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			-	-		
	organization						
b	10%-facts-and-circumstances test - 2	-	•				
	15 is 10% or more, and if the organization						-
18	Explain in Part VI how the organization supported organization Private foundation. If the organization						
10	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	(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						
	Amounts included on lines 1, 2, and 3						
74	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						
-	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
800	line 6.)						
		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(6) 2010	(0) 2010	(0) 2017	(6) 2010	(1) 10tai
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
IUU	payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12							
	Other income. Do not include gain or						
	Other income. Do not include gain or loss from the sale of capital assets						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
13	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax ve	ear as a sectio	n 501(c)(3)
13	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f	0					
13 14	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here						
13 14 Sec	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f	port Percenta	ige				
13 14 <u>Sec</u> 15	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here . tion C. Computation of Public Supp Public support percentage for 2018 (line 8)	p ort Percenta , column (f), divid	i ge led by line 13, colu	mn (f))		· · · · · · · · · · · ·	▶
13 14 <u>Sec</u> 15 16	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Schere	oort Percenta , column (f), divid dule A, Part III, lii	i ge led by line 13, colu	mn (f))		. 15	▶
13 14 <u>Sec</u> 15 16 Sec	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Scher tion D. Computation of Investment	port Percenta , column (f), divic dule A, Part III, lin t Income Perc	ige led by line 13, colu ne 15 centage	mn (f))		. 15	· · · · ▶ □ % %
13 14 <u>Sec</u> 15 16 <u>Sec</u> 17	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Scher tion D. Computation of Investment Investment income percentage for 2018 (line	oort Percenta , column (f), divic dule A, Part III, lin t Income Perc ne 10c, column	led by line 13, colu ne 15 centage (f), divided by line	mn (f)) 13, column (f))	· · · · · · · · · · · · · · · · · · ·	. 15 16 17	· · · · ▶ □ %
13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Scher tion D. Computation of Investment Investment income percentage from 2018 (line Investment income percentage from 2017 Scher Investment income percentage from 2017 Scher Investment income percentage from 2017 Scher Investment income percentage from 2017 Scher Scher	port Percenta , column (f), divid adule A, Part III, lin t Income Perc ne 10c, column Schedule A, Part	ied by line 13, colu ne 15 Centage (f), divided by line III, line 17	mn (f))	· · · · · · · · · · · · · · · · · · ·	. 15 16 17 18	· · · · · ► □ % % %
13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (line 331/3% support tests - 2018. If the org	port Percenta , column (f), divid dule A, Part III, lin t Income Perc ne 10c, column (Schedule A, Part ganization did n	led 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 e than 331/3%,	▶ % % % and line
13 14 <u>Sec</u> 15 <u>Sec</u> 17 18 19 a	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage for 2018 (line 8, Public support percentage for 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (line 331/3% support tests - 2018. If the org 17 is not more than 331/3%, check th	port Percenta , column (f), divic adule A, Part III, lin t Income Perc ne 10c, column (Schedule A, Part ganization did n is box and sto	led by line 13, columne 15 centage (f), divided by line III, line 17 ot check the box p here. The orga	mn (f)) 13, column (f)) c on line 14, and anization qualifies	d line 15 is more s as a publicly	. 15 16 17 18 e than 331/3%, supported organ	· · · · · ► % % % and line nization . ►
13 14 <u>Sec</u> 15 <u>Sec</u> 17 18 19 a	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Scher tion D. Computation of Investment Investment income percentage for 2018 (line 17 is not more than 331/3%, check th 331/3% support tests - 2017. If the organization, and the support best of the support best of the support test of test	port Percenta column (f), divided adule A, Part III, lin t Income Perc ne 10c, column of Schedule A, Part ganization did not nis box and sto nnization did not	led by line 13, colume 15 centage (f), divided by line III, line 17 ot check the box p here. The organ check a box on	mn (f)) 13, column (f)) a on line 14, and anization qualified ine 14 or line 15	d line 15 is more s as a publicly Da, and line 16 is	15 16 17 18 e than 331/3 %, supported organs smore than 331	► % % % and line nization .► /3 %, and
13 14 <u>Secc</u> 15 16 <u>Secc</u> 17 18 19 a	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage for 2018 (line 8, Public support percentage for 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (line 331/3% support tests - 2018. If the org 17 is not more than 331/3%, check th	port Percenta column (f), divice dule A, Part III, lin t Income Perc ne 10c, column of Schedule A, Part ganization did not sis box and sto unization did not this box and s	led by line 13, colume 15 centage (f), divided by line III, line 17 ot check the box p here. The orgatic check a box on litop here. The orgatic top h	mn (f)) 13, column (f)) to n line 14, and anization qualifies line 14 or line 15 ganization qualifie	d line 15 is more s as a publicly 9a, and line 16 is es as a publicly	15 16 17 18 e than 331/3 %, supported organs s more than 331 supported organs	<pre>% % % % % and line hization . ► //3%, and hization ►</pre>

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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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

-	le A (Form 990 or 990-EZ) 2018		I	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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. on B. Type I Supporting Organizations	11c		
Secu	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	Tes	
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? <i>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.</i>	2		
Secti	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).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			L
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insomethic the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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? <i>If "Yes," explain in</i> 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 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2018 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	e	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 organized			,
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

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-	Ile A (Form 990 or 990-EZ) 2018		iene (continued)	Page 7
Part		Supporting Organizat	ions (continued)	Current Year
	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish ex		a d	
2	Amounts paid to perform activity that directly furthers exer organizations, in excess of income from activity			
		and of ourported organiz		
3	Administrative expenses paid to accomplish exempt purpo	ises of supported organi	zations	
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. Distributions to attentive supported organizations to which	the organization is room		
8	(provide details in Part VI). See instructions.	the organization is resp	UNSIVE	
	Distributable amount for 2018 from Section C, line 6			
9				
10	Line 8 amount divided by line 9 amount			
	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			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	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: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	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:			
a	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Page 8

Schedule A (Form 990 or 990-EZ) 2018

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.)

SCHEDULE A, PART II -	OTHER INCOM	C			ATTACHMENT 1	
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
SALE OF INVENTORY		19,008.	54,538.	53,032.	14,481.	141,059.
TOTALS		19,008.	54,538.	53,032.	14,481.	141,059.

Schedule A (Form 990 or 990-EZ) 2018

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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

75-0851201

CAMP FIRE FIRST TEXAS

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Part I

(a)

No.

(a)

No.

(a)

No.

(a)

No.

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

253 1.000					
4035NQ	A87C	11/1/2019	2:08:50	ΡM	V 18-7.5

Page 2 TEXAS Employer identification number 75-0851201 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Х Person Payroll 90,000. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution Х Person Payroll 112,500. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 Х Person Payroll 275,000. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Х Person Payroll 196,119. \$ Noncash (Complete Part II for noncash contributions.)

(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Х Person Payroll 261,635. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution б Х Person Payroll 250,000. \$ Noncash (Complete Part II for noncash contributions.)

F

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 3							
Name of organization	CAMP	FIRE	FIRST	TEXAS		Employer identification number	
						75-0851201	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Schedule B (Form 990, 9	990-EZ, or 9	990-PF) (2018)		Page
Name of organization	CAMP	FIRE	FIRST	TEXAS	Employer identification number
					75-0851201

Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	the year from any one ons completing Part III, e year. (Enter this inforr	e contributor. Contributor c	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ft	(d) Description of how gift is held					
		(e) Transfer of	gift						
	Transferee's name, address, an	d ZIP + 4	Relatio	nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ft	(d) Description of how gift is held					
	Transferee's name, address, an	(e) Transfer of d ZIP + 4	Relationship of transferor to transferee						
from Part I	(b) Purpose of gift	(c) Use of g	ft	(d) Description of how gift is held					
		(e) Transfer of gift							
	Transferee's name, address, an	d ZIP + 4	Relation	nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ft	(d) Description of how gift is held					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
				Schedule B (Form 990, 990-EZ, or 990-PF) (2018)					

SCHEE	DULE	D
(Form	990)	

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

No

2

OMB No. 1545-0047

18

		Part IV, line 6, 7, 8	, 9, 10, 11a, 11b, 11c, 11d, 1	11e, 11f, 12a, or	120.			<u> </u>
Dep	artment of the Treasury		Attach to Form 990.				Open to	
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest infor							Inspect	ion
Nam	ne of the organization				Emp	loyer identific	ation number	
CA	MP FIRE FIRST	TEXAS				75-08512	201	
Pa	art I Organiza	tions Maintaining Donor Advis	sed Funds or Other Sin	nilar Funds or	Acco	unts.		
	Complete	e if the organization answered '	'Yes" on Form 990, Par	t IV, line 6.				
			(a) Donor advised f	funds	()	o) Funds and	d other accou	nts
1	Total number at e	nd of year						
2	Aggregate value c	of contributions to (during year)						
3		of grants from (during year)						
4	Aggregate value a	at end of year						
5		ion inform all donors and donor	advisors in writing that t	he assets held	in don	or advised		
	funds are the orga	anization's property, subject to the	organization's exclusive le	egal control?			Yes	No
6	Did the organizati	on inform all grantees, donors, ar	nd donor advisors in writi	ng that grant fu	inds ca	an be used	l	
	only for charitable	e purposes and not for the benefi	it of the donor or donor a	advisor, or for a	ny oth	er purpose		
	conferring imperm	nissible private benefit?	<u></u>				Yes	No
Pa		tion Easements.						
		e if the organization answered '						
1	Purpose(s) of con	servation easements held by the	organization (check all that	apply).				
	Preservatio	n of land for public use (e.g., recre	eation or education)	Preservation	of a his	storically in	nportant land	d area
	Protection of	of natural habitat		Preservation	of a ce	ertified histo	oric structure	Э
		n of open space						
2	Complete lines 2a	a through 2d if the organization he	Id a qualified conservation	n contribution in	the fo			
		last day of the tax year.				Held at the	e End of the	Fax Year
а		onservation easements			2a			
b	Total acreage res	tricted by conservation easements			2b			
С	Number of conser	vation easements on a certified h	istoric structure included in	n (a)	2c			
d		rvation easements included in (c)	•					
		isted in the National Register			2d			
3	Number of conse	rvation easements modified, trans	sferred, released, extingui	shed, or termin	ated b	by the orga	inization du	ring the
	tax year 🕨							
4	Number of states	where property subject to conser	vation easement is located	l 🕨				
5	Does the organiz	ation have a written policy requ	arding the periodic mon	itorina inspecti	on ha	andling of		

Э	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement	s during the year

	▶
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	24

8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)			_
	and section 170(h)(4)(B)(ii)?	L Yes	; L	

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of
public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

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

For	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018
b	Assets included in Form 990, Part X	▶\$
а	Revenue included on Form 990, Part VIII, line 1.	▶\$

	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Schee	dule D (Form 990) 2018										Р	Page 2
Ра	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures	s, or	Other	Similar A	ssets (c	ontinue	ed)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its											
collection items (check all that apply):												
а	Public exhibition		d	Loan c	or excha	ange	prograi	ms				
b	Scholarly research		e	Other		•						
с	Preservation for future gene	rations										
4	Provide a description of the organ		and expla	ain how t	hev fur	rther	the or	anization's	exempt	purpos	e in	Part
	XIII.				.,			J				
5	During the year, did the organization	on solicit or receive d	lonations of	fart histo	orical tr	easu	res or	other simila	r			
•	assets to be sold to raise funds rath									Yes		No
Pa	rt IV Escrow and Custodial A				- gan <u>-</u>				•••			
1 01	Complete if the organiza		s" on Forr	m 990 P	Part IV	line	9 or r	eported ar	amoun	t on Ec	orm	
	990, Part X, line 21.				artr,		0, 0	oportou ai	announ			
1a	Is the organization an agent, truste	e custodian or othe	r intermed	iary for c	ontribut	tions	or othe	r assets not				
īa										Yes		No
h	included on Form 990, Part X? If "Yes," explain the arrangement i	n Part XIII and comr	lata tha fal	lowing tab		• • •			••• -	165		
b	ii res, explain the arrangement	n Fait Ani and comp		iowing tab	<i>.</i> .				Amount			
•	Paginning balance					4			Amount			
C L	Beginning balance											
u	Additions during the year					1d						
e	Distributions during the year					1e						
T	Ending balance					1f			1111 0	N	_	
2a	Did the organization include an am									Yes		No
	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the ex	planation	has be	en pr	ovided	on Part XIII			•	
Pa	rt V Endowment Funds.			000 5		line e	10					
	Complete if the organiza											
		(a) Current year	(b) Prior		(c) Tw			(d) Three ye		(e) Four		
1a	Beginning of year balance	5,084,109.		8,416.	5,3		,093.	6,083		5,9		345.
b	Contributions	11,031.	8	8,592.		22	,122.	8	,923.		2,	500.
С	Net investment earnings, gains,											
	and losses	-252,210.	1,001	7,847.		659	,508.	35	,778.	6	568,	600
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs	865,973.		7,806.			,374.		,588.	4		272
f	Administrative expenses	70,959.		2,940.			,933.		,358.			835
q	End of year balance	3,905,998.	5,084	4,109.	4,	908	,416.	5,162	,093.	б,()83,	338.
2	Provide the estimated percentage	of the current year e	end balance	e (line 1q.	column	n (a))	held as	:				
а	Board designated or quasi-endown	01 0000		(0,		(//						
b	Permanent endowment 4.2	2900 %										
С	Temporarily restricted endowment	▶ <u>3.8100</u> %										
	The percentages on lines 2a, 2b, a	and 2c should equal 1	100%.									
3a	Are there endowment funds not in	the possession of th	ne organiza	tion that	are hel	d and	d admir	nistered for t	he	_		
	organization by:									[Yes	No
	(i) unrelated organizations									3a(i)		Х
	(ii) related organizations									3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the relate									3b	Х	
4	Describe in Part XIII the intended u	•										
Pa	rt VI Land, Buildings, and Equ Complete if the organization							_				
	Complete if the organiza											
	Description of property	(a) Cost or (invest		(b) Cost c (of	or other ba ther)	asis		cumulated eciation	(d)	Book va	lue	
1a	Land	, , , , , , , , , , , , , , , , , , ,		,01	- 1		- 40					
b	Buildings											
c	Leasehold improvements					-						
d	Equipment			1.3	22,11	15.	8	87,465.		4	34,6	550.
۵ ۵	Other				37,57			39,514.)63.
Tota	I. Add lines 1a through 1e. (Column		n 990 Part									/13.
			, 555, i ait	,,	. (<i>D</i>), III	.0 10	<i></i>			5.	, /	

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018		Page 3
Part VIIInvestments - Other Securities.Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII Investments - Program Related. Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(A)		

_ (1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►	

Other Assets.

Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE TO/FROM FOUNDATION	1,235,409.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ►	1,235,409.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Fe	deral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Co	olumn (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

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

CAMP	FIRE	FIRST	TEXAS
------	------	-------	-------

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	5,666,516.
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	5,666,516.
3	Subtract line 2e from line 1	3	5,000,510.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a L			
b c	Other (Describe in Part XIII.)	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	5,666,516.
Part		irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	5,697,580.
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.)	20	
e	Add lines 2a through 2d	2e 3	5,697,580.
3	Subtract line 2e from line 1	3	3703773001
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	5,697,580.
	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; Pa t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SCHE	DULE D, PART V, LINE 4		
EL T	ESORO FOUNDATION'S PURPOSE IS TO CREATE, HOLD AND ADMINISTER A		
PERM	ANENT ENDOWMENT FOR THE COUNCIL IN ORDER TO HELP ENSURE ITS		
CONT	INUED FINANCIAL WELL BEING AND ABILITY TO CARRY OUT ITS PURPOSE		
AS S	TATED IN ITS ARTICLES OF INCORPORATION.		

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Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

SCHEDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamir	ng Activities	OMB No. 1545-0047	
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2018	
		-	to Form 990	Open to Public				
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest instructions.								
Name of the organization	ion number							
	CAMP FIRE FIRST TEXAS 75-0851201							
	ing Activities. Con 0-EZ filers are not				"Yes" on Form	990, Part IV, line	e 17.	
1 Indicate whether	r the organization rai	sed funds through a	any of the	following	activities. Check a	all that apply.		
a 🔄 Mail solicita								
b Internet and	d email solicitations							
	c Phone solicitations g Special fundraising events							
d 🔄 In-person s								
	ation have a written o es listed in Form 990 10 highest paid indi	, Part VII) or entity	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be	
	least \$5,000 by the		,	, ,	Ū			
(i) Name and add or entity (fu		(ii) Activity	custody of	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total				L				
	which the organiza censing.			d to solicit	contributions or	has been notified	d it is exempt from	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA JSA 8E1281 1.000 4035NQ A87C 11/1/2019 2:08:50 PM V 18-7.5F 139-1178936-1178936 PAGE 34

Schedule G (Form 990 or 990-EZ) 2018

	CAMP F edule G (Form 990 or 990-EZ) 2018 Fundraising Events. Comple more than \$15,000 of fundr events with gross receipts gro	aising event contribut		Form 990, Part IV,	
	5 1 5	(a) Event #1 AN ARTIST CHRIS (event type)	(b) Event #2 DE LA VIDA DIN (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	196,345.	100,277.	49,040.	345,662
Ř	 Less: Contributions Gross income (line 1 minus) 	149,465.	75,675.	48,705.	273,845
	line 2)	46,880.	24,602.	335.	71,817
	4 Cash prizes				
Ś	5 Noncash prizes				
ense	6 Rent/facility costs	7,675.	2,450.	4,080.	14,205
Direct Expenses	7 Food and beverages	27,763.	5,235.	13,076.	46,074
Dired	8 Entertainment				
	9 Other direct expenses	75,652.	16,918.	4,483.	97,053
Revenue	rt III Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
	 Gross revenue Cash prizes Noncash prizes 				
	2 Cash prizes				
Direct Expenses Rev	2 Cash prizes3 Noncash prizes				
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 			Yes% No	
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 	Yes %	No	No	
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 	Yes %	mn (d)	No►	
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add line 8 Net gaming income summary. Summary Summary Summary Summary and summary summ	Yes %	mn (d) 1, column (d) ming activities: in each of these state	No ►	

Schedule G (Form 990 or 990-EZ) 2018

JSA

Sched	lule G (Form 990 or 990-EZ) 2018 Page 3
11 12	Does the organization conduct gaming activities with nonmembers? Yes No Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
13	formed to administer charitable gaming?
а	The organization's facility 13a %
b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
h	revenue? Yes No No If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
N N	amount of gaming revenue retained by the third party \blacktriangleright \$
С	If "Yes," enter name and address of the third party:
	Name
	Address ►
16	Gaming manager information:
	Name
	Gaming manager compensation ► \$
	Description of services provided ►
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
Par	or spent in the organization's own exempt activities during the tax year > \$ t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
Far	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2018

SCHEDULE I	Grants and Other Assistance to Organizations,						OMB No. 1545-0047	
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							2018	
	-	lete if the or	-	ttach to Form 990		, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		► Go t		/Form990 for the I		I.		Inspection
Name of the organization			_				Employer identifi	cation number
CAMP FIRE FIRS							75-0851	.201
Part I General	nformation on Grants and	Assistance	e					
-	zation maintain records to su			-	-			
	teria used to award the grants							X Yes No
	IV the organization's proced			<u> </u>				
	nd Other Assistance to De		-			• •		"Yes" on Form 990,
Part IV, li	ne 21, for any recipient th	at received	more than \$5	,000. Part II can I	be duplicated if a		needed.	
	nd 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 assistanc	
_(1)		-						
(2)		-						
(3)		-						
(4)		-						
(5)		-						
(6)		-						
(7)		-						
(8)		-						
(9)		-						
(10)		-						
(11)		-						
(12)		-						
3 Enter total numb	per of section 501(c)(3) and go per of other organizations list	ed in the line	1 table					
For Paperwork Reducti	on Act Notice, see the Instruction	ons for Form 9	90.					Schedule I (Form 990) (2018)

Schedule 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.

Part ill cari be duplicated il additional spa	ice 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			
1 CDA ASSESSMENT FEES	39.	16,650.						
2 SCHOLARSHIPS AND CHILD CARE TUITION	92.	60,940.						
3 SUPPLIES FOR CAMP	4.	1,274.						
4								
5								
_ 6								
_7								
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.								
SCHEDULE I, PART I, LINE 2								
PROCEDURES TO MONITOR THE USE OF GRANT FUNDS IN THE U.S.: CHILD								
DEVELOPMENT ASSOCIATE: THE COUNCIL IS A PROVIDER OF THE CHILD								
DEVELOPMENT ASSOCIATE (CDA) CERTIFICATION-A NATIONAL PRESCHOOL								
TEACHER CERTIFICATION. LOCAL ORGANIZATIONS CONTRACT WITH CAMP FIRE TO								
OFFER THE CDA. IN CONNECTION WITH THE COURSE, IS AN APPLICATION FEE								
THAT IS PAID TO THE COUNCIL OF PROFESSIONAL RECOGNITION IN WASHINGTON								
DC FOR THE ASSESSMENT PORTION OF THE CDA CLASS. THE ASSESSMENT FEE								
PASSES THROUGH CAMP FIRE AS AN INTERMEDIARY FROM THE ORGANIZATION								
WITH WHOM WE HAVE THE CONTRACT AND TO THE COUNCIL FOR PROFESSIONAL								

Schedule 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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

RECOGNITION ON BEHALF OF EACH CDA PARTICIPANT. SCHOOL READINESS:

SCHOOL READINESS IS AN INTEGRATED SYSTEM OF CHANGE COMPRISED OF

RESEARCH-BASED CURRICULUM; TECHNOLOGY DRIVEN CHILD AND PROGRAM

PROGRESS-MONITORING; AND INTENSE ON-GOING PROFESSIONAL LEARNING WITH

ON-SITE MENTORING FOR EARLY CHILDHOOD PRACTITIONERS AND

ADMINISTRATORS. THE E-RIC COURSE PARALLELS THE COACHING WORK THE CAMP

FIRE MENTORS PROVIDE TO EACH CLASSROOM. EXCEL IS AN ADVANCED-LEVEL OF

PARTICIPATION IN THE PROGRAM.

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
3					
4					
5					
6					
7					

information.

SCHEDULE I, PART III, COLUMN B

NUMBER OF RECIPIENTS:

THE ORGANIZATION HAS LISTED THE NUMBER OF RECIPIENTS WHO RECEIVED A CHILD

CARE SCHOLARSHIP. THESE RECIPIENTS RECEIVED MULTIPLE WEEKS' WORTH OF

REDUCED CHILD CARE OVER THE COURSE OF THE YEAR.

CDA:

THE ORGANIZATION HAS LISTED THE NUMBER OF PEOPLE WHO RECEIVED A CDA

COURSE SCHOLARSHIP OR AWARDED FUNDING AND PARTICIPATED IN THE CDA CLASS.

ADDITIONALLY SOME PARTICIPANTS WERE FUNDED OR RECEIVED A SCHOLARSHIP FOR

Schedule I (Form 990) (2018)

Schedule 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
4					
5					
6					
7					

information.

CDA ASSESSMENTS TO SUCCESSFULLY OBTAIN THE CDA CERTIFICATION.

SCHOOL READINESS:

THE ORGANIZATION PROVIDES PROFESSIONAL DEVELOPMENT SCHOLARSHIPS TO

TEACHERS IN CHILD CARE CENTERS WHO ARE ALSO PARTICIPANTS OF THIS PROGRAM.

THE SCHOLARSHIP AMOUNTS PER PERSON RANGE FROM \$16-\$100.

BRIDGE:

THE ORGANIZATION HAS LISTED THE NUMBER OF RECIPIENTS WHO RECEIVED BRIDGE

FOUNDATION CHILD CARE TUITION SCHOLARSHIPS FOR UP TO 12 WEEKS OF ELIGIBLE

Schedule I (Form 990) (2018)

Schedule 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
3					
4					
5					
7					
art IV Supplemental Information. Provide the information.	information re	equired in Part I,	line 2, Part III, o	column (b); and any o	ther additional

CHILD CARE.

Page 2

(Forr	EDULE J m 990)	For certain Officers, Dire Con ► Complete if the organizatio ►	Association Information ectors, Trustees, Key Employees, and Highest mpensated Employees on answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990.	3	IB No. 7 20 pen to	18 Puk	olic
	Revenue Service of the organization	Go to www.irs.gov/Forms	990 for instructions and the latest information.	Employer identification	Inspe		n
	P FIRE FIR	CT TTYAC		75-0851201	numbe	ſ	
				75-0851201			
Part	Question	s Regarding Compensation				Yes	No
1a	990, Part VII, First-cla Travel fo Tax inde		by ided any of the following to or for a persent provide any relevant information regarding Housing allowance or residence for Payments for business use of person X Health or social club dues or initiatio Personal services (such as maid, character)	these items. personal use nal residence n fees			
b	or reimburse explain	ment or provision of all of the ex		plete Part III to	1b	x	
2	directors, trus	stees, and officers, including the CEC	r to reimbursing or allowing expenses D/Executive Director, regarding the items	-	2	x	
3	organization's related organ Comper Indepen	CEO/Executive Director. Check all the	nization used to establish the compensatio at apply. Do not check any boxes for method the CEO/Executive Director, but explain in Pa Written employment contract Compensation survey or study X Approval by the board or compensation	ds used by a art III.			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	the filing			
а	Receive a sev	verance payment or change-of-control p	ayment?		4a		Х
b	Participate in,	, or receive payment from, a suppleme	ental nonqualified retirement plan?		4b		Х
С	Participate in,	, or receive payment from, an equity-ba	ased compensation arrangement?		4c		Х
_	Only section	501(c)(3), 501(c)(4), and 501(c)(29) o	rovide the applicable amounts for each ite				
5	•		, line 1a, did the organization pay or accrue a	any			
_	•	n contingent on the revenues of:			5.0		х
-					5a 5b		X
b	•	e 5a or 5b, describe in Part III.			30		
6	For persons li		, line 1a, did the organization pay or accrue a	any			
а	•	.			6a		Х
b					6b		Х
	-	e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization provi	de anv nonfixed			
8	payments not Were any am	described on lines 5 and 6? If "Yes," d ounts reported on Form 990, Part VII,	lescribe in Part III paid or accrued pursuant to a contract tha Regulations section 53.4958-4(a)(3)? If	t was subject	7		X
		-			8		Х
9	If "Yes" on I	ine 8, did the organization also fol	low the rebuttable presumption proced	ure described in	9		
For Pa		ction Act Notice, see the Instructions for Fe		Schedu	le J (Fo	orm 990) 2018

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.

	(B) Breakdown of W-2 and/or 1099-MISC compensation			SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(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)	179,799.	0.	0.	13,278.	17,657.	210,734.	
1PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	
	(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

Page 3

Schedule J (Form 990) 2018

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 1A

SOCIAL CLUB DUES:

SOCIAL CLUB DUES VALUED AT \$2,496 WERE PROVIDED FOR THE PRESIDENT AND

CEO, ANN SHEETS. THIS IS AN ORGANIZATION MEMBERSHIP HELD IN AN

INDIVIDUAL'S NAME AND AS SUCH NOT INCLUDED IN TAXABLE COMPENSATION.

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.



FORM 990, PART VI, LINE 1A THERE ARE NO DIFFERENCES IN VOTING RIGHTS AMONG MEMBERS OF THE GOVERNING BODY.

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

PROVIDING COPIES OF TAX RETURN TO THE BOARD: THE IRS FORM 990 IS E-MAILED TO THE BOARD OF DIRECTORS AND FINANCE COMMITTEE FOR REVIEW AND COMMENT PRIOR TO FILING. IF NECESSARY, QUESTIONS MAY BE REFERRED TO THE COUNCIL'S ACCOUNTING FIRM, WHO PREPARED THE FORM 990 WITH INFORMATION PROVIDED BY MANAGEMENT.

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FORM 990, PART VI, SECTION B, LINE 12C
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PROCESS TO MONITOR AND ENFORCE THE CONFLICT OF INTEREST POLICY: THE COUNCIL REQUIRES THE BOARD OF DIRECTORS AND APPROPRIATE COMMITTEES 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 B, LINE 15A

COMPENSATION REVIEW: THE EXECUTIVE COMMITTEE OF THE BOARD 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

Schedule O (Form 990 or 990-EZ) 2018	Page 2	2
Name of the organization	Employer identification number	_
CAMP FIRE FIRST TEXAS	75-0851201	

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 DETERMINING COMPENSATION. THE COMPENSATION PACKAGE IS APPROVED THROUGH THE BUDGETING PROCESS BY THE BOARD OF DIRECTORS AND DOCUMENTED ON A PERSONNEL CHANGE RECORD SIGNED BY THE BOARD CHAIR. THE CEO ANNUALLY SETS COMPENSATION FOR OTHER KEY POSITIONS AFTER REVIEWING SALARY SURVEYS AND SALARY & BENEFIT COMPENSATION PLANS. THE REVIEWS FOR OTHER KEY POSITIONS ARE DOCUMENTED THROUGH PERSONNEL CHANGE RECORDS SIGNED BY THE CEO.

FORM 990, PART VI, SECTION B, LINE 15B THE CEO ANNUALLY SETS COMPENSATION FOR OTHER KEY POSITIONS AFTER REVIEWING SALARY SURVEYS AND SALARY & BENEFIT COMPENSATION PLANS. THE REVIEWS FOR OTHER KEY POSITIONS ARE DOCUMENTED THROUGH PERSONNEL CHANGE RECORDS SIGNED BY THE CEO.

FORM 990, PART VI, SECTION C, LINE 19 AVAILABILITY OF DOCUMENTS: IN ADDITION, AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. GOVERNING DOCUMENTS, INCLUDING THE ARTICLES OF INCORPORATION, BYLAWS, AND COUNCIL POLICIES, ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION A, LINE 2 FAMILY RELATIONSHIP: BOARD MEMBERS, CORY AND BRETT WEEKS, HAVE A FAMILY RELATIONSHIP. BOARD MEMBERS KAY WEST AND JOHN MOLYNEAUX HAVE A FMAILY RELATIONSHIP.

FORM 990, PART XI, LINE 9

TRANSFER OF PROPERTY AND EQUIPMENT TO EL TERSORO FOUNDATION

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

PROFESSIONAL GROWTH (EARLY CHILDHOOD EDUCATION) - PROVIDES A VARIETY OF SERVICES RELATED TO PROFESSIONAL DEVELOPMENT AND TRAINING FOR EARLY CHILDHOOD EDUCATORS (CHILD CARE TEACHERS AND DIRECTORS). PROGRAMS ARE DESIGNED TO ENHANCE THE QUALITY OF EARLY CHILDHOOD EDUCATION AND CARE.

PROGRAMS INCLUDE: SCHOOL READINESS PROVIDES ON-SITE PROFESSIONAL DEVELOPMENT, MENTORING, EDUCATIONAL MATERIALS AND EQUIPMENT TO CHILD CARE PROGRAMS IN LOW-INCOME COMMUNITIES. THIS PROGRAM HELPS IMPROVE CHILD CARE TEACHER'S UNDERSTANDING OF CHILD GROWTH AND DEVELOPMENT WHICH ENABLES THEM TO PROVIDE AN ENVIRONMENT THAT ENCOURAGES CHILDREN'S SKILL DEVELOPMENT. IN ADDITION - THERE IS A DIRECTOR FOCUSED COMPONENT THAT FOCUSES ON BUSINESS AND LEADERSHIP DEVELOPMENT. EACH YEAR THIS PROGRAM WORKS WITH APPROXIMATELY 1200-1400 CHILDREN AGES BIRTH TO FIVE TO HELP THEM ENTER SCHOOL BETTER PREPARED TO SUCCEED.

COMMUNITY PROFESSIONAL DEVELOPMENT OFFERS EARLY CHILDHOOD

ATTACHMENT 1 (CONT'D)

PROFESSIONAL DEVELOPMENT WORKSHOPS, SEMINARS, CONFERENCES, CPR AND FIRST AID CLASSES TO CHILD CARE CENTER STAFF, ADMINISTRATORS, AFTER SCHOOL PROGRAM STAFF, AND FAMILY CHILD CARE PROVIDERS ON SATURDAYS AND OCCASIONAL WEEKNIGHTS AND WEEKDAYS. ON AVERAGE 3,500 EARLY CHILDHOOD EDUCATORS RECEIVE TRAINING THROUGH THIS PROGRAM ANNUALLY.

EARLY CHILDHOOD MANAGEMENT INSTITUTE HAS BEEN DESIGNED FOR THE NEW OR EXPERIENCED CHILD CARE DIRECTOR INTERESTED IN ACQUIRING OR ENHANCING MANAGEMENT SKILLS. UPON SUCCESSFUL COMPLETION OF THE 6-DAY, 50-HOUR PROGRAM, PARTICIPANTS ARE ELIGIBLE TO RECEIVE A CHILD CARE ADMINISTRATOR'S CREDENTIAL. ADDITIONAL DIRECTOR-LEVEL SERIES AND WORKSHOPS ARE OFFERED THROUGHOUT THE YEAR FOCUSING ON INCREASING MANAGEMENT AND LEADERSHIP CAPACITY.

COACHING/MENTORING CERTIFICATION IS DESIGNED FOR ANYONE WHO WORKS DIRECTLY WITH EARLY CHILDHOOD TEACHERS TO IMPROVE THEIR SKILLS-DIRECTORS, MENTORS, EDUCATIONAL SPECIALISTS, CURRICULUM SPECIALISTS, ETC. AT THE COMPLETION OF THIS 42-HOUR COURSE, PARTICIPANTS ARE BETTER EQUIPPED TO USE A STRENGTHS-BASED AND REFLECTIVE APPROACH TO HELPING OTHERS GROW PROFESSIONALLY.

THE CHILD DEVELOPMENT ASSOCIATE COURSE IS OFFERED TO HELP CHILD CARE PROVIDERS INTERESTED IN IMPROVING THEIR PROFESSIONAL STATUS. CAMP FIRE HELPS CDA CANDIDATES BY PROVIDING 120 CLOCK HOURS OF

ATTACHMENT 1 (CONT'D)

EARLY CHILDHOOD TRAINING INCLUDING CREATING A PORTFOLIO REQUIRED TO APPLY FOR THE CDA CREDENTIAL. ONE COURSE SESSION TAKES PLACE ON CAMPUS AT A LOCAL COMMUNITY COLLEGE WHERE CDA CANDIDATES ARE INTRODUCED TO THE COLLEGE CAMPUS AND CONTINUED ADVANCEMENT IN THE PROFESSION THROUGH HIGHER EDUCATION.

CHILD DEVELOPMENT CENTER: A COMMUNITY DEMONSTRATION SCHOOL SERVES AS A PROFESSIONAL DEVELOPMENT AND OBSERVATION SITE FOR CHILD CARE PROVIDERS, COLLEGE AND HIGH SCHOOL STUDENTS, ADMINISTRATORS, AND EDUCATORS. INFANTS AND PRE-SCHOOL CHILDREN ARE CARED FOR ON A DAILY BASIS AT THE CHILD DEVELOPMENT CENTER, EMPHASIZING QUALITY CARE, FAMILY INVOLVEMENT, AND SCHOOL READINESS.IN 2018, AN OVERALL TOTAL OF 12,357 ADULTS PARTICIPATED DIRECTLY IN EARLY CHILDHOOD EDUCATION PROGRAMS, IMPACTING OVER 40,000 CHILDREN.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

OUTDOOR PROGRAMS - CAMP FIRE FIRST TEXAS OFFERS A VARIETY OF OUTDOOR EXPERIENCES FOR YOUTH AND ADULTS AT CAMP EL TESORO, THE COUNCIL'S 223-ACRE FACILITY IN GRANBURY, TEXAS. EL TESORO HAS WELCOMED MANY GENERATIONS OF FAMILIES AND HAS CONNECTED COUNTLESS INDIVIDUALS WITH NATURE SINCE 1934.

SUMMER OVERNIGHT AND DAY CAMP PROGRAMS AT EL TESORO INCLUDE LEADERSHIP TRAINING, HORSEBACK RIDING, SWIMMING, CANOEING,

ATTACHMENT 2 (CONT'D)

KAYAKING, ARCHERY, CREATIVE ARTS, HIKING, OUTDOOR SKILLS, NATURE ACTIVITIES, AND SPORTS. THE CAMP ALSO HOSTS "EL TESORO DE LA VIDA", AN UNIQUE WEEK-LONG GRIEF CAMP FOR CHILDREN WHO HAVE LOST A LOVED ONE.

DURING THE SCHOOL YEAR YOUTH FROM SURROUNDING SCHOOL DISTRICTS AND PRIVATE SCHOOLS PARTICIPATE IN OUTDOOR EDUCATION PROGRAMS AT THE TEXAS OUTDOOR EDUCATION CENTER (TXOEC), LOCATED AT CAMP EL TESORO. THESE PROGRAMS FOCUS ON OUTDOOR LIVING SKILLS, TEAM BUILDING, AND AN APPRECIATION OF NATIVE TEXAS LANDS AND NATURAL RESOURCES. THE TXOEC CURRICULUM SUPPORTS TEKS AND STAAR STATE EDUCATIONAL STANDARDS AND SERVES AS A COMPLEMENTARY ADDITION TO TRADITIONAL CLASSROOM TEACHING.

IN 2018, 7,932 CHILDREN, YOUTH AND ADULTS PARTICIPATED IN THE CAMP FIRE FIRST TEXAS OUTDOOR PROGRAMS.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

YOUTH DEVELOPMENT PROGRAMS - PROGRAMS SERVING YOUTH AGES 4-17 DELIVERED IN SMALL GROUPS, INCLUDING AFTER-SCHOOL PROGRAMS, TEEN PROGRAMS, AND ALL-DAY SUMMER PROGRAMS WHEN SCHOOL IS OUT OF SESSION. NATIONAL CAMP FIRE AGE APPROPRIATE CURRICULA ARE FOLLOWED, ENHANCED WITH CURRICULA SUPPLEMENTS PROVIDED BY THE FIRSTTEXAS COUNCIL. CURRICULUM IS BASED ON RESEARCH FROM, AMONG

ATTACHMENT 3 (CONT'D)

OTHERS, THE SEARCH INSTITUTE AND STEP-IT-UP-TO-THRIVE. THIS RESEARCH THAT INDICATES THE TYPES OF EXPERIENCES YOUTH NEED TO HAVE IN ORDER TO BE SUCCESSFUL IN SCHOOL AND IN LIFE AND FOCUSES ON THRIVING INDICATORS, WHICH ARE ASSESSED AT THE PROGRAM AND YOUTH LEVEL.

DIAMOND HILL STATION (DHS) IS THE LOCATION OF AN AFTER-SCHOOL PROGRAM PROVIDING ACTIVITIES DESIGNED IN KEEPING WITH THE CHILD'S AGE, DEVELOPMENTAL LEVEL, MATURITY, NEEDS AND CAPABILITIES. LOCATED ON THE CAMPUS OF DIAMOND HILL ELEMENTARY SCHOOL, DHS IS A STATE LICENSED CHILD CARE CENTER AND SERVES CHILDREN AGES 4 - 13 YEARS OF AGE. IN AN IMPOVERISHED AREA CHARACTERIZED BY VIOLENCE, GANG INVOLVEMENT, SUBSTANCE ABUSE AND AN ALARMING SCHOOL DROP-OUT RATE, DHS OFFERS YOUTH IN THE DIAMOND HILL NEIGHBORHOOD LEARNING OPPORTUNITIES AND A CHANCE TO DEVELOP IN POSITIVE WAYS. SERVICE LEARNING, FIELD TRIPS, AND EXPERIENTIAL ACTIVITIES CONNECTED TO SCIENCE, MATH, TECHNOLOGY, CREATIVITY AND LITERACY ALONG WITH TUTORING, HOMEWORK SESSIONS ARE AMONG THE SUPERVISED ACTIVITIES AT DHS.

AFTER-SCHOOL PROGRAMS, SIMILAR TO THE PROGRAMS OFFERED AT DHS, ARE HELD ON THE CAMPUSES OF VARIOUS FORT WORTH ISD AND ALEDO ISD SCHOOLS.

STEP UP IS A SCHOOL COMPLETION PROGRAM THAT PROVIDES SERVICES FOR STUDENTS AT SERIOUS RISK OF DROPPING OUT IN THE 7TH THROUGH 12TH

Schedule O (Form 990 or 990-EZ) 2018		Pag
Name of the organization	Employer identification number	
CAMP FIRE FIRST TEXAS	75-0851201	

ATTACHMENT 3 (CONT'D)

GRADES. OFFERED IN COOPERATION WITH THE FORT WORTH ISD, STEP UP SERVICES INCLUDE WEEKLY SMALL GROUP SESSIONS TO ADDRESS TRUANCY ISSUES, LIFE SKILLS TRAINING AND MONITORING ATTENDANCE, GRADES AND BEHAVIOR REPORTS.

DURING 2018, 2,767 YOUTH AND ADULTS PARTICIPATED IN SMALL GROUP PROGRAMS.

ATTACHMENT 4

137,254.

DESCRIPTION OF SERVICES COMPENSATION

CONSTRUCTION

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

JSA

TRIPLE S RAFTER CONSTRUCTION P.O. BOX 150 ALEDO, TX 76008

Schedule O (Form 990 or 990-EZ) 2018

Page **2**

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Attach to Form 990.



75-0851201

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

CAMP FIRE FIRST TEXAS

Part I 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 or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling 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	conti	g) 512(b)(13) rolled tity?
						Yes	No
(1) EL TESORO FOUNDATION 75-2779404							
2700 MEACHAM BLVD FORT WORTH, TX 76137	SUPPORT ORG	TX	501(C)(3)	12A, TYPE I	CFFT	X	
(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.

(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) nortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
		country)		3000013 312 314)			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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)								

Schedule R (Form 990) 2018

75-0851201

Page 3

Schedule R (Form 990) 2018

8E1309 1.000

Part \	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.					
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	s No		
1 C	ouring the tax year, did the organization engage in any of the following transactions with one or more i	elated organizations lis	ted in Parts II-IV?					
a F	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1	a	X		
b								
	Sift, grant, or capital contribution from related organization(s).				c X	_		
dL	oans or loan guarantees to or for related organization(s)			1	d	X		
	oans or loan guarantees by related organization(s)				e	X		
fD	vividends from related organization(s)			1	f	x		
g S	ale of assets to related organization(s)			· · · · · ⊢	g	X		
	Purchase of assets from related organization(s)				h	X		
	Exchange of assets with related organization(s).			· · · · · ⊢	i	X		
	ease of facilities, equipment, or other assets to related organization(s).			· · · · · ⊢	j	X		
J L				· · · · · -	,			
F I	ease of facilities, equipment, or other assets from related organization(s)			1	k	X		
				· · · · · ⊢		X		
	I Performance of services or membership or fundraising solicitations for related organization(s) 11 m Performance of services or membership or fundraising solicitations by related organization(s) 1m							
						:		
o S				· · · · · ·				
n F	eimbursement paid to related organization(s) for expenses.			1	n	X		
-	teimbursement paid by related organization(s) for expenses				q X			
Y 1				· · · · · F	9			
r C	other transfer of cash or property to related organization(s)			1	r	X		
	Other transfer of cash or property from related organization(s)			· · · · · ⊢	s	X		
2 If	the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line. includina cove	red relationships and transa	action thresh				
	(a)	(b)	(c)	(d				
	Name of related organization	Transaction	Amount involved	Method of o				
		type (a-s)		amount	Involved			
(1)	L TESORO FOUNDATION	R	130,629.	NET BOOI	< 17A1	नग <u>्</u> त		
(1) I	II TESORO FOUNDATION	K	150,027.	NET BOOI	N VAI	<u> </u>		
(2) I	L TESORO FOUNDATION	С	865,973.	CASH VA	LUE			
<u> </u>								
(3) I	EL TESORO FOUNDATION	Q	70,959.	CASH VA	LUE			
(4)								
(5)								
(6)								
JSA			Scł	hedule R (For	m 990) 2018		

Page 4

Schedule R (Form 990) 2018

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.

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	sec 501 organiz	ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloc	ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	eral or aging ner?	(k) Percentage ownership
		sections 512-514)	Yes	No			Yes	No		Yes	No	
		(state or foreign country)	(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514)	(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) sec 501 organiz Yes	(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) section 501(c)(3) organizations? Yes No	(state or foreign country) income (related, unrelated, excluded from tax under section \$12-514) section \$10(3) organizations? total income	Image: section country income (related, unrelated, excluded from tax under from tax under from tax under section solt:0/10) total income end-of-year assets Image: section solt:0/10/10/10/10/10/10/10/10/10/10/10/10/10	(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) section 501(c)(3) organizations? total income end-of-year assets alloc:	Image: section country (state or foreign country) income (related, excluded from tax under sections 512-514) total income section 501(c)(3) or ganzations? total income end-of-year assets altocations? Image: section section? Image: section section section? Image: section section? Image: section? Image	income (related, country) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) income (related, unrelated, excluded from tax under sections 512-514) <t< td=""><td>income (state or foreign country) income (related, unrelated, excluded resctions 512-514) income (related, excluded resctions) into an under is box 20 of Schedule K-1 (Form 1066) man part Image: State or foreign country) income (related, excluded resctions) income (related</td><td>Image: section sectin sectin section section section section section section section</td></t<>	income (state or foreign country) income (related, unrelated, excluded resctions 512-514) income (related, excluded resctions) into an under is box 20 of Schedule K-1 (Form 1066) man part Image: State or foreign country) income (related, excluded resctions) income (related	Image: section sectin sectin section section section section section section section

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Page 5

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

Form	990-T	Ех	empt Organi						'n ∣	OMB	No. 1545-0687
1 OIIII		For cale	ndar year 2018 or other ta	ax year begin	ning		d ending_	<u>12/31</u> , 2	o <u>18</u> .	2	2018
	ent of the Treasury		-			nstructions and the				Open to	Public Inspection for
	Revenue Service	► Do	not enter SSN numbers					ation is a 501(c		501(c)(3)	Organizations Only
A	Check box if address changed		Name of organization (ne changed and see inst	ructions.)				ee instructions.)
	pt under section	Print	CAMP FIRE FI			have and instructions			75 00	E1 201	
	01(C)(3)	or	Number, street, and roor	n or suite no. I	ra P.O	box, see instructions.		-		51201	
	08(e) 220(e)	Туре	2700 MEACHAM							tructions.)	ess activity code
	08A 530(a)		City or town, state or pr		ت ام مر ا	ID as fassion needed and					
	29(a) value of all assets		FORT WORTH,	-		IP of foreign postal code	:		72232	0	
	d of year	F 0 10				<u> </u>			12232	.0	
2	285 443		up exemption number ck organization type				F04(-) +		404(-) 4		Otherstmust
		•				-	501(c) tru		_ 401(a) t		Other trust
	er the number of le or business her	-	nization's unrelated trac						the only	` '	
											, describe the
			end of the previous s	entence, coi	npiete	Parts I and II, comple	ele a Sche	dule in for eac	ch addition	al	
	e or business, the			n in an affil	منمط مر		diamicaant	rolled aroun?			Yes X No
			corporation a subsidia				ulary cont	iolieu group?		🟲 🗆	Yes X No
	books are in care		identifying number of t	ne parent co	rporatio	on. 🕨		umber 🕨 81	7_881_	2111	
_			or Business Incom				ephone n				
			95,720.			(A) Income		(B) Expen	562		(C) Net
	Gross receipts or s		JJ, 120.			95,7	20				
	ess returns and allowa	-		C Balance		4,4					
			ule A, line 7)		2	91,2					91,289.
			2 from line 1c		3	91,2	09.				91,209.
			ttach Schedule D)		4a						
	-		Part II, line 17) (attach Fo		4b						
			rusts		4c						
			an S corporation (attach state		5						
					6						
_			come (Schedule E)		7						
_			nts from a controlled organizat								
			1(c)(7), (9), or (17) organizatio		9						
			ncome (Schedule I)		10						
			lule J)		11						
			tions; attach schedule)			91,2	00				91,289.
			ough 12					· · • • • • • • • • • • • • • • • • • •			- 1
Part			Taken Elsewhere	•				, ,	Except to	or contr	ibutions,
			be directly conne								
			directors, and trustees								68,296.
											00,290.
			· · · · · · · · · · · · · · · · · · ·								
			(see instructions)								5,169.
											5,107.
			See instructions for limi			1 1			20		
			4562) on Schedule A and els								
									22b		
			compensation plans								6,081.
			S Sebedule IV								0,001.
			chedule J)								52,682.
			chedule)								132,228.
			s 14 through 28								-40,939.
			le income before ne								-+0,939.
			g loss arising in tax ye	-	-						-40,939.
			e income. Subtract line lotice, see instructions		:30 .	<u></u>		<u></u> .	32	-	orm 990-T (2018)
			/1/2019 2:22		V 1	8-7.5F	139	9-1178930	6-1178		PAGE 5

75-0851201	
/J 0001201	

Form	990-T (20	18)					Page 2
Par	't III	Total Unrelated Business Taxable	e Income				
33	Total o	f unrelated business taxable income con	nputed from all unrelated trac	des or businesses (see		
	instruct	ons)				33	-40,939.
34	Amount	s paid for disallowed fringes				34	
35		on for net operating loss arising in t					
		ons)				35	
36		f unrelated business taxable income befor					
		33 and 34				36	-40,939.
37		deduction (Generally \$1,000, but see line 37				37	1,000.
38	•	ed business taxable income. Subtract line	1 ,				
		e smaller of zero or line 36				38	-40,939.
Par		Tax Computation					
39		ations Taxable as Corporations. Multiply line 3	8 by 21% (0.21)			39	
40	Trusts		tructions for tax computation				
		unt on line 38 from: Tax rate schedule of				40	
41		ax. See instructions		,		41	
42		ive minimum tax (trusts only)			·	42	
43		Noncompliant Facility Income. See instructions				43	
44		dd lines 41, 42, and 43 to line 39 or 40, which				44	
Par		Tax and Payments			-		
		tax credit (corporations attach Form 1118; trus	ts attach Form 1116)	5a			
		edits (see instructions)			_		
		business credit. Attach Form 3800 (see instruc			_		
		or prior year minimum tax (attach Form 8801 or			_		
		edits. Add lines 45a through 45d			4	15e	
46		t line 45e from line 44				46	
47		es. Check if from: Form 4255 Form 8611				47	
		x . Add lines 46 and 47 (see instructions)				48	0.
48 49		et 965 tax liability paid from Form 965-A or For			· · · ⊢	49	
		ts: A 2017 overpayment credited to 2018			•••		
		timated tax payments					
		osited with Form 8868					
		organizations: Tax paid or withheld at source (s					
		withholding (see instructions)					
		or small employer health insurance premiums (a					
		edits, adjustments, and payments: Form 24					
9			Total > 50	Da			
51		ayments. Add lines 50a through 50g				51	
52	•	ed tax penalty (see instructions). Check if Form				52	
53		. If line 51 is less than the total of lines 48, 49		F		53	
54		/ment. If line 51 is larger than the total of lines				54	
55	-	amount of line 54 you want: Credited to 2019 esti		Refunde		55	
	t VI	Statements Regarding Certain A					
56		time during the 2018 calendar year, did		· · · · · · · · · · · · · · · · · · ·			Yes No
	-	financial account (bank, securities, or oth	-	-			
		Form 114, Report of Foreign Bank and		-			
	here 🕨						X
57		he tax year, did the organization receive a dist	ribution from. or was it the granto	r of, or transferor to a	foreian	n trust?	X
	0	see instructions for other forms the organization		,			
58		e amount of tax-exempt interest received or ac					
		der penalties of perjury, I declare that I have examined e, correct, and complete. Declaration of preparer (other than ta			the best	t of my knowledge	and belief, it is
Sigi	n 📐			any knowledge.	Mav	the IRS discuss	s this return
Her			11/15/2019		with	the preparer s	hown below
	S	gnature of officer	Date Title	- I	(see in	nstructions)? X Y	es No
Dela	. –	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid		ALISON WILLIAMS			self-emp	ployed P005	509585
-	oarer Only	Firm's name b BKD, LLP			Firm's E		
	Unity	Firm's address 🕨 3200 RIVERFRONT DRI	VE, SUITE 200, FORT WOR	RTH, TX 76107	Phone n	_{NO.} 817.332.	
JSA					_	Form 9	90-T (2018)

CAMP FIRE FIRST TEXAS

PAGE 61

			,						
1 Inventory at beginning of y	/ear 1	4,431.	6	Inventory a	at end of yea	ar	6	3,	555
2 Purchases	2	3,555.	7			ld. Subtract line			
3 Cost of labor	3			6 from I	ine 5. En	ter here and in			
4a Additional section 263A c	osts			Part I, line	2		7	4,	431
(attach schedule)	4a		8			section 263A (with respec	t to Yes	No
b Other costs (attach schedu	ule) 4b			property	produced	or acquired for	r resale) a	apply	
5 Total. Add lines 1 through		7,986.		to the orga	nization?				Х
Schedule C - Rent Income	e (From Real	Property and Pers	sonal	Property	Leased V	Vith Real Prope	erty)		
(see instructions)									
. Description of property									
1) •									
2)									
3)									
4)									
	2. Rent rec	eived or accrued							
(a) From personal property (if the	percentage of rent	(b) From real a	and pers	sonal property (if the	3(a) Deductions of	directly connect	ed with the inc	ome
for personal property is more the		percentage of rer				in columns 2	(a) and 2(b) (att	ach schedule)	
more than 50%)	1	50% or if the rer	it is bas		ncome)				
1)									
2)									
3)									
4)									
Fotal		Total				(h) Totol doducti			
c) Total income. Add totals of c	olumns 2(a) and	2(b). Enter				(b) Total deducti Enter here and o			
nere and on page 1, Part I, line 6						Part I, line 6, colu			
Schedule E - Unrelated D	ebt-Financed	Income (see instru	ictions)					
		2. Gro	oss inco	me from or	3. [Deductions directly co debt-finan	onnected with o ced property	allocable to	
1. Description of de	bt-financed property	allocal	ble to de prope	bt-financed	(a) Straigh	nt line depreciation	,	er deductions	
			prope	ity	(atta	ch schedule)	(attac	ch schedule)	
1)									
2)									
3)									
4)									
 Amount of average acquisition debt on or 	5. Average ad of or alloc		6. Colu	ımn	7.0		8. Alloca	able deductions	s
allocable to debt-financed	debt-finance	d property	4 divio			income reportable n 2 x column 6)		x total of colum	nns
property (attach schedule)	(attach sc	hedule)	by colu	mn 5		,	3(a) and 3(b))	
1)				%					
2)				%					
3)				%					
4)				%					
						e and on page 1,		e and on page	
					Part I, lin	e 7, column (A).	Part I, line	e 7, column (l	в).
Fotals									
Fotal dividends-received deduct	ione included in								

Form 990-T (2018)

Page 3

Form 990-T (20	018)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation >

Form 990-T (2018)	CAMP	FIRE	F:
Schedule F–Interest, An	nuities, Roya	alties, a	ano
1. Name of controlled	2. Empl	oyer	
organization	identification	number	

IRST TEXAS

Schedule F-Interest, Ann	uities, Royalties	, and Re	nts Fro	om Contro	lled Or	ganizati	ons (see	instructio	ons)		
	· •			ontrolled Org		-			,		
1. Name of controlled organization	2. Employer identification number	er 3.	Net unrel	ated income instructions)	4. Total	of specified nts made	included	f column 4 t in the contr on's gross ir	rolling	6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income	8. Net unrelated in (loss) (see instruction			Total of specifie ayments made		includ	rt of column ed in the co ation's gross	ntrolling		Deductions directly nected with income in column 10	
(1)											
(2)											
(3)											
(4)											
Totals Schedule G-Investment In	ncome of a Sec	tion 501	<u></u>	(9). or (17	►) Orga	Enter Part I	columns 5 a here and on , line 8, colur (see inst	page 1, mn (A).	Ent	ld columns 6 and 11. er here and on page 1, rt I, line 8, column (B).	
1. Description of income	2. Amount of			3. Deduc directly cor (attach sch	tions inected		4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col. 4)	
<u>(1)</u>											
(2)											
(3)											
(4)											
	Enter here and c Part I, line 9, co									Enter here and on page 1, Part I, line 9, column (B).	
Totals ► Schedule I-Exploited Exc	·		har Th		alaa la		!	ations)			
Schedule I-Exploited Ex		come, O	ther In		sing ir	icome (s	see instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe direc connecte product unrela business	etly ed with ion of ated	4. Net incon from unrelat or business 2 minus col If a gain, co cols. 5 thro	ed tradé (column umn 3). ompute	from ac is not u	s income tivity that inrelated s income	6. Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, line 10, c	Part I,					1		Enter here and on page 1, Part II, line 26.	
Totals Schedule J-Advertising I	ncome (see instru	ictions)									
Part I Income From Per			Concol	idated Par	ie						
			5011301		515						
1. Name of periodical	2. Gross advertising income	3. Dir advertisin		4. Advert gain or (los 2 minus co a gain, cou cols. 5 thro	s) (col. bl. 3). If mpute		culation ome	6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))											

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Part II Income From Per 2 through 7 on a			rate Basis (For o	each periodical	listed in Part II	, fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I			-			
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	Directors, and Tr	ustees (see instr			
1. Name		2. Title		3. Percent of time devoted to business	 Compensatio unrelated 	
(1)				%		
(2)				%		
(3)				%		
(4)				%		

Total. Enter here and on page 1, Part II, line 14

Form **990-T** (2018)

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

FOOD AND SUPPLIES	17,635.
OCCUPANCY EXPENSE	9,955.
TELEPHONE	5,608.
LIABILITY INSURANCE	6,622.
PROPERTY INSURANCE	8,718.
MISCELLANEOUS	4,144.

PART TT -	LINE 28	- OTHER	DEDUCTIONS	52.682.
		0 1 1 1 1 1 1	DEDUCITORD	50,000.