

Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the "Using the Internet" section which follows.) These rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption. If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization may omit names and addresses of contributors from its return(s). Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

¹ Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, e.g., information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization that does not file its own Form(s) 990/990-T but is covered under a group return. Again, the local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Please contact your BKD advisor if you have questions about these rules.

BKD TAX506 9-11

Public Disclosure Rules

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

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

A F	or th	e 2019	calendar year, or tax year beginning	, 2019,	, and ending			, 20
			C Name of organization			D Employer ide	ntificatio	on number
В	Check if a	pplicable:	CAMP FIRE FIRST TEXAS			75-0853	1201	
	Addre		Doing business as					
	Name	e change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E Telephone nu	mber	
	Initia	l return	2700 MEACHAM BLVD			(817) 83	1-21	11
		return/ inated	City or town, state or province, country, a					
	Amer	nded	FORT WORTH, TX 76137	G Gross receipts	s \$	7,494,880.		
	Appli pend	cation	F Name and address of principal officer:	H(a) Is this a grou		for Yes X No		
	penu	mg	SAME AS C ABOVE, FORT	WORTH, TX 76137		subordinates H(b) Are all subord		ded? Yes No
$\overline{\Gamma}$	Tax-ex	cempt st	· I I) (insert no.) 4947(a)(1)	or 527	→ ``		. (see instructions)
_			WWW.CAMPFIREFW.ORG	, (este.)	0. 02.	H(c) Group exem	ption num	iber -
				Association Other	L Year of for	mation: 1914 M		
	art I		ımmary	Tourist P	1 - 1 - 0 - 1 - 1 - 1			regai dermener
	1		y describe the organization's mission or	most significant activities: YOUNG	PEOPLE WA	NT TO SHAPE	THE	
Φ	'		LD. CAMP FIRE PROVIDES T					
auc			IR VOICE, AND DISCOVER W		N SCH. O)	,		
ern	2		k this box lifthe organization di	<u> </u>		5% of its not assets		
Activities & Governance	3		per of voting members of the governing	•			₃	30.
<u>«</u>	4		per of independent voting members of the				4	30.
ies	5		number of individuals employed in cale				5	232.
ĭ₹	6		number of individuals employed in cale				6	1,391.
Act	_		unrelated business revenue from Part VI				7a	109,971.
	1						7 b	-23,341.
	В	ivet u	nrelated business taxable income from I	-omi 990-1, line 39		Prior Year	7.0	Current Year
		Cantr	ibutions and grants (Dort VIII line 1b)			3,201,30	5	4,317,773.
ne	8		ibutions and grants (Part VIII, line 1h)	2,401,50		2,829,675.		
Revenue	9		am service revenue (Part VIII, line 2g)			10,46		-196,981.
Re	10		tment income (Part VIII, column (A), line			53,22		131,766.
	11		revenue (Part VIII, column (A), lines 5,			5,666,51		7,082,233.
	12		revenue - add lines 8 through 11 (must			78,86		56,316.
	13		s and similar amounts paid (Part IX, colu			70,00	0.	0.
	14		fits paid to or for members (Part IX, colu			3,993,14		4,104,707.
Expenses	15		es, other compensation, employee bene	· · · · · · · · · · · · · · · · · · ·		3,993,14	0.	0.
Se Di	16 a		ssional fundraising fees (Part IX, column				0.	0.
Ä	,_b		fundraising expenses (Part IX, column (I			1 605 56		1 641 010
			expenses (Part IX, column (A), lines 11:			1,625,56 5,697,58		1,641,812.
	1		expenses. Add lines 13-17 (must equal			-31,06		5,802,835.
_ s	19	Rever	nue less expenses. Subtract line 18 from	line 12				1,279,398.
Net Assets or Fund Balances						ginning of Current \		End of Year
sse 3ala	20		assets (Part X, line 16)			2,385,44		3,267,856.
et A	21		liabilities (Part X, line 26)			1,484,44		1,096,972.
			ssets or fund balances. Subtract line 21	from line 20		901,00	3.	2,170,884.
	rt II		gnature Block					
			of perjury, I declare that I have examined thi complete. Declaration of preparer (other than				my kno	owledge and belief, it is
Sig	ın	7	Signature of officer			 Date		
He			Signature of officer			Date		
		•	From a cumulant manner and title					
			Гуре or print name and title /Туре preparer's name	Preparer's signature	Date		if PTI	INI
Paid	t		· · ·	, ,		Check	J "	
	parer	ALI	. DVD - 11D	Alism Harvel Williams	11/06/2			P00509585
	Only		s name ▶BKD, LLP			Firm's EIN ▶ 4		
		_	s address >777 MAIN STREET, SUITE 20			1		32.2301
_			liscuss this return with the preparer		<u>)</u>			X Yes No
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions.				Form 990 (2019)

Page 2 Form 990 (2019)

Pa	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? X Yes No										
	If "Yes," describe these changes on Schedule O.										
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by										
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,										
	the total expenses, and revenue, if any, for each program service reported.										
4a	(Code:) (Expenses \$ 791,286. including grants of \$ 13,488.) (Revenue \$ 709,988.)										
	ATTACHMENT 1										
4b	(Code:) (Expenses \$ 1,017,274. including grants of \$ 17,340.) (Revenue \$ 912,757.)										
	ATTACHMENT 2										
	ATTACHIENT Z										
4c	(Code:) (Expenses \$ 1,495,349. including grants of \$ 25,489.) (Revenue \$ 1,341,715.)										
. •	ATTACHMENT 3										
	ATTACHMENT 3										
<u> </u>	Other program services (Describe on Schedule O.)										
→u	(Expenses \$ including grants of \$) (Revenue \$)										
4-	Total program service expenses ► 3,303,909.										
4e	TUTAL DIDULATI SERVICE EXDELISES ► 3,303,303.										

Form 990 (2019)

Part IV Checklist of Required Schedules Page 3

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	Х	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
	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		X
	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			37
_	"Yes," complete Schedule D, Part I.	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		Х
	complete Schedule D, Part III	-		- 21
	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		Х
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	l	37	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		Х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			- 21
a	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
o	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	Х	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Х
	If "Yes," complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 25
h	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part	Checklist of Required Schedules (continued)		V	Na.
00	Did the annualization appear to the OF 000 of annual on other positions to be for demostic individuals		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	x	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
2/2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
2 - a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			v
00	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	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	Х	
	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			v
	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 "You" complete School up B. Bort VI	27		Х
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
38	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Part		30		
- CIII	Check if Schedule O contains a response or note to any line in this Part V			
	Chock is contiduo o containo a response or note to any intentino i art v 111111111111		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Form 990 (2019) Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 232			
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 e-file (see instructions)			
3a	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 on 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 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).			
	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	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
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?	7 f		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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
c	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? <i>If "No," provide an explanation on Schedule O</i> · · · · ·	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		Х
	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		Х
	If "Yes," complete Form 4720, Schedule O.			

CAMP FIRE FIRST TEXAS 75-0851201 Page 6

Form 990 (2019) 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 on Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI

Soot	ion A Coverning Pody and Management	· · ·				21
Seci	ion A. Governing Body and Management				Yes	No
		40	30			110
1a	Enter the number of voting members of the governing body at the end of the tax year	1a				
	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 on Schedule O.	4.	30			
b	Enter the number of voting members included on line 1a, above, who are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with	_		3.7
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or un	nder t	ne direct			
	supervision of officers, directors, 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 f	iled?.		4		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		Х
7a	Did the organization have members, stockholders, or other persons who had the power to e	lect o	appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be re	ached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of	such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urpose	s?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	iling th	e form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that c	ould give			
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p					
	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 an					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Χ	
	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	ır arra	ngement			
	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to eva	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safeg	juard the			
	organization's exempt status with respect to such arrangements?			16b		
Secti	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)		and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		0.1			
	X Own website Another's website X Upon request Other (explain on So	nedule) (O			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur	nents,	conflict of	f inter	est p	olicy,
	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 LINDA RAMOZ 2700 MEACHAM BLVD FORT WORTH, TX 76137	books	and record	s 🕨		
	21121 121102 2.00 Filmolinia Phys Toki Hokin, 14 70137					

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

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. See instructions for the order in which to list the persons above.

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

(1) ANN SHEETS 50.00 CEO 2.00 (2) LINDA RAMOZ 50.00 CFO 2.00 (3) LYN LUCAS 50.00 CHIEF PROGRAM OFFICER 0. (4) LISA COOK 50.00 CHIEF FACILITIES AND TECHN. 0. (5) ANNE CARVALHO 4.00 AT LARGE EXEC COMMITTEE 0.	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
CEO 2.00 (2) LINDA RAMOZ 50.00 CFO 2.00 (3) LYN LUCAS 50.00 CHIEF PROGRAM OFFICER 0. (4) LISA COOK 50.00 CHIEF FACILITIES AND TECHN. 0. (5) ANNE CARVALHO 4.00 AT LARGE EXEC COMMITTEE 0.							
CFO 2.00 (3) LYN LUCAS 50.00 CHIEF PROGRAM OFFICER 0. (4) LISA COOK 50.00 CHIEF FACILITIES AND TECHN. 0. (5) ANNE CARVALHO 4.00 AT LARGE EXEC COMMITTEE 0. X	Х				191,202.	0.	24,169.
CFO 2.00 (3) LYN LUCAS 50.00 CHIEF PROGRAM OFFICER 0. (4) LISA COOK 50.00 CHIEF FACILITIES AND TECHN. 0. (5) ANNE CARVALHO 4.00 AT LARGE EXEC COMMITTEE 0. X							
CHIEF PROGRAM OFFICER 0. (4) LISA COOK 50.00 CHIEF FACILITIES AND TECHN. 0. (5) ANNE CARVALHO 4.00 AT LARGE EXEC COMMITTEE 0. X	Х				96,267.	0.	19,197.
(4) LISA COOK 50.00 CHIEF FACILITIES AND TECHN. 0. (5) ANNE CARVALHO 4.00 AT LARGE EXEC COMMITTEE 0. X							
CHIEF FACILITIES AND TECHN. 0. (5) ANNE CARVALHO 4.00 AT LARGE EXEC COMMITTEE 0. X	Х				105,615.	0.	7,269.
(5) ANNE CARVALHO 4.00 AT LARGE EXEC COMMITTEE 0. X							
AT LARGE EXEC COMMITTEE 0. X	X				91,638.	0.	18,604.
	X				0.	0.	0.
(6)BILL MCCOY 4.00							
CHAIRMAN 0. X	X				0.	0.	0.
(7) JAKE YARBOROUGH 4.00							
VICE CHAIR, ADMINISTRATION 0. X	X				0.	0.	0.
(8) KATIE BRIGGS 4.00							1
TREASURER 0. X	X				0.	0.	0.
(9) JASON HELTON 2.00							1
DIRECTOR 0. X					0.	0.	0.
(10) CHUCK MOONEY 4.00							
AT LARGE EXEC COMMITTEE 0. X	X				0.	0.	0.
(11) KELLI WALTER 4.00							1
SECRETARY 0. X	X				0.	0.	0.
(12) RANDI MITCHELL 4.00							
VICE CHAIR, FIN. DEVELOPMENT 0. X	X				0.	0.	0.
(13) JIM DEBAKER 2.00							1
DIRECTOR 0. X					0.	0.	0.
(14) DIANNA FLORES 2.00		1 1					
DIRECTOR 0. X					0.	0.	0.

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employees (co	ontinue	ed)	
(A)	(B)			((C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe d a c	rson	e than o is both or/trust	an tee)	Reportable compensation from the	Reportable compensation from related organizations	an	stimated nount of other pensation	f
	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)	org an	om the anizatio d related anization	b
15) GOLDIE RHONE	2.00											
DIRECTOR	0.	Х						0 .	0.			0
16) DONNA JAMES-HARVEY	2.00								_			_
DIRECTOR	0.	X						0 .	0.			0
17) LISA MARES	2.00	3.7										0
DIRECTOR	2.00	X						0 .	0.			0
18) CLAY HOOPER DIRECTOR	$\frac{1}{0}$	X						0.	0.			0
19) TRAVIS PATTERSON	4.00	Λ						0.	0.			
AT LARGE EXEC COMMITTEE	0.	X		Х				0.	0.			0
20) JAY JACKSON	2.00								0.			
DIRECTOR	0.	Х						0.	0.			0
21) RUSS MORRIS	2.00											
DIRECTOR	0.	Х						0.	0.			0
22) KAY WEST	2.00											
DIRECTOR	0.	Х						0 .	0.			0
23) DRENDA WILLIAMS WITT	4.00											
VICE CHAIR OF PLANNING	0.	Х		Х				0 .	0.			0
24) ROLAND SCHAFER	2.00								_			_
DIRECTOR	0.	X						0 .	0.			0
25) MICHELLE CLARK	2.00	3.7										0
DIRECTOR	0.	X					L_	484,722.	0.		69,2	0
1b Sub-total								0.	0.		09,2	$\frac{239.}{0.}$
c Total from continuation sheets to Part VII, S								484,722.	0.		69,2	
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organizatio 	limited to t		liste				o re				0,7,2	
· · · · · · · · · · · · · · · · · · ·											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	0,0	00?	. If	"Yes	s,"	complete Schedu	le J for such	4	X	
 individual Did any person listed on line 1a receive or for services rendered to the organization? If "Y 	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or individual	5	Λ	X
Section B. Independent Contractors	-5, 55111010	501			. 01	20011	ادم					

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶ 0.

Part VII Section A. Officers, Directors, Tr	ustees. Ke	v En	olar	vee	es.	and H	Hial	hest Compensat	ed Employees (c	continued)	Page 8
(A)	(B)		·p·c		C)	una i	9	(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	sition more erson	e than of is both tor/trust Highest compensated	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimal amoun other compens from the organization organiz	t of r sation he ation ated
26) DERRICK THOMAS	2.00										
DIRECTOR	0.	Х						0	0.		0
27) CARLOS WALKER	2.00										
DIRECTOR	0.	X						0	0.		0
28) KIMBERLY D'AVIGNON	2.00										
DIRECTOR	0.	X						0	0.		0
29) CHRISTIE ECKLER	2.00										
DIRECTOR	0.	X						0	0.		0
30) GABRIEL GARCIA	2.00										_
DIRECTOR	0.	X						0	0.		0
31) ELVA LABLANC	2.00										_
DIRECTOR	0.	X						0	0.		0
32) LAUREN MCDONALD	2.00										
DIRECTOR	0.	X						0	0.		0
33) ROBERT PIKE	2.00										0
DIRECTOR	0.	X						0	0.		0
34) ROBBY REEB DIRECTOR	$\frac{2.00}{0}$	X						0	0.		0
		-									
							<u> </u>	0.	0.		0.
to Total from continuation sheets to Part VII, Section 1. Total (add lines 1b and 1c). Total number of individuals (including but not 1.)	limited to t	hose	liste				> re				0.
reportable compensation from the organizatio	n ▶		2							1	
 3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede 4 For any individual listed on line 1a, is the organization and related organizations graindividual. 	lule J for such sum of repeater than	ch ind oortab \$15	divide ble c 50,0	ual com 00?	per	nsation "Yes	n ai	nd other compen complete Schedu	sation from the le J for such	3 4 X	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5	X
Section B. Independent Contractors		1						hat are the		,	
1 Complete this table for your five highest comcompensation from the organization. Report of the compensation from the organization.											

year.

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to an	v line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1a	Federated campaigns 1a	185,125.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	29,722.				
ع ق	c	Fundraising events 1c	272,508.				
fts, r A	d	Related organizations 1d	342,386.				
ig ig	e	Government grants (contributions) 1e	157,968.				
ns, Sir	f	All other contributions, gifts, grants,	,,,,,,,,				
ıtio er (•	and similar amounts not included above . 1f	3,330,064.				
t pr	g	Noncash contributions included in					
dor	9	lines 1a-1f 1g	90,000.				
a a	h	Total. Add lines 1a-1f		4,317,773.			
		Totali Add iii oo fa ii jijijijiji	Business Code	, , , , , ,			
e	20	PROGRAM SERVICE FEES	900099	2,108,704.	2,108,704.		
Ž	2a	CAMP FEES	900099	720,971.	720,971.		
Program Service Revenue	b	0.11.1.11.11.11.11.11.11.11.11.11.11.11.	300033	,2075711	72073721		
a m	C						
gra Re	d						
20	e	All					
_	f	All other program service revenue		2,829,675.			
	g_			270237073.			
	3	Investment income (including dividends,		16,617.			16,617.
		other similar amounts)	. [0.			10,017.
	4 5	Income from investment of tax-exempt bond Royalties		0.			
	ŭ	(i) Real	(ii) Personal	0.			
	60		(,, , , , , , , , , , , , , , , , , , ,				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c		0.			
	d Za	Net rental income or (loss)	(ii) Other	0.			
	7a		(II) Other				
		sales of assets					
4		other than inventory 7a					
ηne	b	Less: cost or other basis and sales expenses 7h 213,598.					
evenue		and dated expended 1 1 12					
8		Gain or (loss)		212 500			212 500
Other	d	Net gain or (loss)		-213,598.			-213,598.
₹	8a	Gross income from fundraising					
		events (not including \$272,508.					
		of contributions reported on line	125 515				
		1c). See Part IV, line 18	137,515.				
	b	Less: direct expenses 8b	151,394.	10.050			10.050
	С	Net income or (loss) from fundraising events.		-13,879.			-13,879.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses		0			
	С	Net income or (loss) from gaming activities.	•	0.			
	10a	Gross sales of inventory, less	F0 515				
		returns and allowances	58,515.				
	b	Less: cost of goods sold	47,655.	10.050			10.05
	С	Net income or (loss) from sales of inventory.		10,860.			10,860.
sno		G1 TTD 11/G DTV TT	Business Code	100 07-		100.05	
ue Iue	11a	CATERING REVENUE	722230	109,971.	0	109,971.	
llaı /en	b	MISCELLANEOUS REVENUE	900099	24,814.	24,814.		
Miscellaneous Revenue	С						
ĭĕ_	d	All other revenue					
	е	Total. Add lines 11a-11d		134,785.			
10.4	12	Total revenue. See instructions		7,082,233.	2,854,489.	109,971.	-200,000.

Part IX Statement of Functional Expenses

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

000	Check if Schedule O contains a resp	•		•	
<u>Do</u>			(B)		(D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	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	56,316.	56,316.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	0			
	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	553,857.	255,621.	276,595.	21,641.
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.	1 400 256	1 000 600	171 110
7	Other salaries and wages	2,938,425.	1,489,356.	1,277,629.	171,440.
8	Pension plan accruals and contributions (include	114 521	66,882.	26 255	11 004
	section 401(k) and 403(b) employer contributions)	114,531. 252,657.	160,668.	36,355. 73,447.	11,294. 18,542.
9	Other employee benefits		158,114.		15,026.
10	Payroll taxes	245,237.	150,114.	72,097.	15,020.
	Fees for services (nonemployees):	0.			
	Management	0.			
	Legal	37,284.		37,284.	
	Accounting	0.		37,2311	
	Lobbying Professional fundraising services. See Part IV, line 17	0.			
	f Investment management fees	0.			
	Other. (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O.).	265,509.	157,269.	108,240.	
12	Advertising and promotion	11,128.	8,207.	2,377.	544.
13	Office expenses	426,482.	389,039.	33,081.	4,362.
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	362,790.	255,256.	107,534.	
17	Travel	67,720.	62,988.	4,504.	228.
18	Payments of travel or entertainment expenses	_			
	for any federal, state, or local public officials	0.	10.500	500	
19	Conferences, conventions, and meetings	19,573.	18,600.	708.	265.
20	Interest	26,941.		11,233.	15,708.
21	Payments to affiliates	68,079. 61,378.	61,378.	68,079.	
22	Depreciation, depletion, and amortization	55,110.	6,254.	48,856.	
23	Insurance	33,110.	0,251.	40,030.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	MEMBERSHIP & DUES	32,030.	20,579.	10,489.	962.
_	PROGRAM SUPPLIES	45,309.	19,565.	25,302.	442.
~	EQUIPMENT	31,082.	23,551.	7,433.	98.
d	SERVICE CHARGES	39,233.	30,665.	8,568.	
е	All other expenses	92,164.	63,601.	28,303.	260.
	Total functional expenses. Add lines 1 through 24e	5,802,835.	3,303,909.	2,238,114.	260,812.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
_	following SOP 98-2 (ASC 958-720)	0.			Form 990 (2010)

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	57,037.	1	497,773.
	2	Savings and temporary cash investments	0.	2	802,782.
	3	Pledges and grants receivable, net	403,383.	3	171,014.
	4	Accounts receivable, net	49,702.	4	92,373.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
Ş	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	63,542.	8	38,189.
Ą	9	Prepaid expenses and deferred charges	43,657.	9	71,341.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,669,995.			
	b	1 000 101	532,713.	10c	469,804.
	11	Investments - publicly traded securities	0.	11	301,717.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	1,235,409.	15	822,863.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,385,443.	16	3,267,856.
	17	Accounts payable and accrued expenses	283,781.	17	293,746.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	109,659.	19	108,423.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ē		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	1,091,000.	24	594,667.
	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	100,136.
	26	Total liabilities. Add lines 17 through 25	1,484,440.	26	1,096,972.
ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	314,476.	27	280,257.
Ba	28	Net assets with donor restrictions.	586,527.	28	1,890,627.
pq	20	Organizations that do not follow FASB ASC 958, check here ▶	3007327.	20	170307027.
Net Assets or Fund Balances		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
<u>let</u>	32	Total net assets or fund balances	901,003.	32	2,170,884.
_	33	Total liabilities and net assets/fund balances	2,385,443.	33	3,267,856.
					Form 990 (2019)

Page **12** Form 990 (2019)

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 revenue (must equal Part VIII, column (A), line 12)	1			82,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,8	02,8	335.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,2	79,3	398.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9	01,0	003.
5	Net unrealized gains (losses) on investments	5			_ <u>[</u>	521.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			-8,9	996.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2,1	70,8	384.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_			3.5	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	xplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			7.7
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_		_		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

st. OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization CAMP FIRE FIRST TEXAS 75-0851201 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2019 Page **2**

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,506,520.	3,395,383.	3,403,166.	3,201,305.	4,317,773.	18,824,147.
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	4,506,520.	3,395,383.	3,403,166.	3,201,305.	4,317,773.	18,824,147.
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).						3,874,819.
6	Public support. Subtract line 5 from line 4						14,949,328.
	tion B. Total Support	(a) 204 <i>E</i>	(h) 2046	(-) 2017	(4) 2040	(=) 2010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	4,506,520.	3,395,383.	3,403,166.	3,201,305.	4,317,773.	18,824,147.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,377.	14,677.	12,226.	10,461.	16,617.	70,358.
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.) ATCH 1	19,008.	54,538.	53,032.	14,481.	58,515.	199,574.
11	Total support. Add lines 7 through 10						19,094,079.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	11,941,602.
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup				1		
14	Public support percentage for 2019 (lin		•			14	78.29 %
15	Public support percentage from 2018					15	81.54%
16a	331/3% support test - 2019. If the org	=					
	box and stop here. The organization qu						
b	331/3% support test - 2018. 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 to			•	•		
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				-	•	
	supported organization						▶ □
18	Private foundation. If the organization						, —
	instructions					ahadula A (Farm 0	

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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.)

Sec	tion A. Public Support			, բ		,	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	(1)	(1, 2010	(-,	(1, 2010	(-,	(,,:====
•	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						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3							
	furnished by a governmental unit to the						
6	organization without charge					1	
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
C	line 6.)						
	tion B. Total Support	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(6) 2017	(a) 2016	(e) 2019	(I) Total
9	Amounts from line 6. Gross income from interest, dividends,						
iva	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					+	
	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						
	loss from the sale of capital assets						
	(Explain in Part VI.)					+	1
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				eren :		F04()(6)
14	First five years. If the Form 990 is f	ŭ	•		•		`````
0	organization, check this box and stop here						
	tion C. Computation of Public Sup			· (f))		T .= T	0/
15	Public support percentage for 2019 (line 8,					15	%
16	Public support percentage from 2018 Sche			<u> </u>		16	%
	tion D. Computation of Investmen			10 1 (0)		T .= 1	21
17	Investment income percentage for 2019 (lin		•				%
18	Investment income percentage from 2018					•	%
19 a	331/3% support tests - 2019. If the or	-					. —
	17 is not more than 331/3%, check th			•			· · · · · · · · · · · · · · · · · · ·
b	331/3% support tests - 2018. If the organization						
	line 18 is not more than 331/3%, check		-	•			. —
20	Private foundation If the organization of	and not check .	a hov on line 1	⊿ 10a or 10h	chack this how	v and see instru	ctione 🕒

Schedule A (Form 990 or 990-EZ) 2019 Page 4

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

- 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.)

		Yes	No
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Part	Supporting Organizations (continued)		1.4	
			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.	11c		
Secti	on B. Type I Supporting Organizations		V	NI -
			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
24	11 0 0	2		
secti	on C. Type II Supporting Organizations		Vas	NI -
			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).	•		
Saati	•	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	162	NO
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			•
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see institute 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		ŕ	
·	3. gameation supported a governmental oriting. December in Fair vinew you supported a government entity (see		Yes	
2	Activities Test. Answer (a) and (b) below.		. 55	
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		
_		u		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3 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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Section	ns A through E.
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):	4.5		
a Average monthly value of securities	1a 1b		
b Average monthly cash balances			
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) Section C - Distributable Amount	8		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		
		tod Time III simme ""	n organization /and
7 Check here if the current year is the organization's first as a non-functional instructions).	y miegra	iteα Type III Suppoπin	y organization (see

Page 7 Schedule A (Form 990 or 990-EZ) 2019 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	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.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part V

Schedule A (Form 990 or 990-EZ) 2019 Page **8**

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 INCOME								
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL		
SALE OF INVENTORY	19,008.	54,538.	53,032.	14,481.	58,515.	199,574.		
SALE OF INVENTORY	19,008.	54,538.	53,032.	14,481.	58,515.	199,574.		
TOTALS	19,008.	54,538.	53,032.	14,481.	58,515.	199,574.		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

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

2019

Employer identification number Name of the organization CAMP FIRE FIRST TEXAS 75-0851201 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 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** [X] 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, 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 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) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization CAMP FIRE FIRST TEXAS

Employer identification number 75-0851201

Part I	Contributors (see instructions). Use duplicate copi		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization CAMP FIRE FIRST TEXAS

Employer identification number 75-0851201

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization CAMP FIRE FIRST TEXAS

Employer identification number 75-0851201

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	ARCHERY RANGE		
		\$90,000.	VAR
(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
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization CAMP FIRE FIRST TEXAS **Employer identification number** 75-0851201 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(e) Transfer of gift

SCHEDULE D (Form 990)

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CAN	MP FIRE FIRST TEXAS		75-0851201
Pa	organizations Maintaining Donor Advised Funds or Of		or Accounts.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 6.	
	(a) Donor	advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writin	g that the assets held	d in donor advised
	funds are the organization's property, subject to the organization's exc	clusive legal control?	Yes L No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant	funds can be used
	only for charitable purposes and not for the benefit of the donor or	donor advisor, or for	any other purpose
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements.		
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (chec	k all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con-	servation contribution i	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure in	cluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 7		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released,	extinguished, or term	ninated by the organization during the
	tax year ▶		
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the period		- 1 1 1
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing	g conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of vice	lations, and enforcing o	conservation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ease		· ·
	balance sheet, and include, if applicable, the text of the footnote to the	ne organization's financ	cial statements that describes the
	organization's accounting for conservation easements.	I Transcrines on Other	on Cimilan Appara
Pa	Organizations Maintaining Collections of Art, Historica Complete if the organization answered "Yes" on Form 9		er Similar Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not of art, historical treasures, or other similar assets held for public	to report in its revenue	ue statement and balance sheet works or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial state	ements that describes	these items.
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue	statement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhib	ition, education, or re-	search 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, historical treas		assets for financial gain, provide the
_	following amounts required to be reported under FASB ASC 958 rela		> *
a h	Revenue included on Form 990, Part VIII, line 1		
=	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·

Page 2 Schedule D (Form 990) 2019

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, o	r Other S	Similar Assets (continu		age =
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):								
а	Public exhibition		d Loan	or exchange	e program	า			
b	Scholarly research		e Other						
С	Preservation for future gener	ations							
4	Provide a description of the organ	ization's collections	and explain how	they further	the org	anization's exemp	t purpo	se in	Part
	XIII.								
5	During the year, did the organization					_		_	,
	assets to be sold to raise funds rath		ined as part of the	organizatior	n's collect	tion? L	Yes		No
Pa	rt IV Escrow and Custodial A				_		_		
	Complete if the organiza	tion answered "Ye	s" on Form 990, F	Part IV, line	9, or re	ported an amou	nt on F	orm	
	990, Part X, line 21.								
1a	Is the organization an agent, truste						—		٦
_	included on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the following tal	ole:	T				
	5					Amount			
С.	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f	Ending balance				and and the first				.
2a	Did the organization include an am						Yes	_	No
	If "Yes," explain the arrangement in	Part XIII. Check ne	ere if the explanation	nas been p	roviaea d	on Part XIII			
Pa	Endowment Funds. Complete if the organiza	tion answered "Ve	s" on Form 900 F	Part IV/ line	10				
	Complete ii the organiza	(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	(e) Fou	r voore	hack
_		3,905,998.	5,084,109.	4,908		5,162,093.			338.
1a	Beginning of year balance	14,445.	11,031.		,592.	22,122.	0,		923.
b	Contributions	11,113.	11,031.		, 372.	22,122.		0 ,	. , , , , , , , , , , , , , , , , , , ,
С	Net investment earnings, gains,	1,118,029.	-252,210.	1,007	847	659,508.		35	778.
	and losses	1,110,020.	232,210.	1,007	,017.	032,300.		33,	. , , , ,
	Grants or scholarships								
е	Other expenditures for facilities	342,385.	865,973.	777	,806.	846,374.		878	588.
	and programs	56,492.	70,959.		,940.	88,933.			358.
t	Administrative expenses	4,639,595.	3,905,998.		,109.	4,908,416.	5.		093.
g	End of year balance					1/300/110.		102,	
2 a	Provide the estimated percentage Board designated or quasi-endowm	ent Of the current year e	end balance (line 1g.	, column (a))	neid as:				
		000 %	_ /0						
C	Term endowment ► 3.0000								
·	The percentages on lines 2a, 2b, a		00%						
3a	Are there endowment funds not in	· · · · · · · · · · · · · · · · · · ·		are held an	ıd admini	stered for the			
•	organization by:	россосолог ст п	o organization that	aro noia an	ia aaiiiiii			Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)	X	
h	If "Yes" on line 3a(ii), are the relate						3b	X	
4	Describe in Part XIII the intended u	•	•						
	TVI Land, Buildings, and Equ	ipment.							
	Complete if the organization	ation answered "Ye							
	Description of property	(a) Cost or (invest		or other basis other)		umulated (d	l) Book v	alue	
1a	Land	,	,		-,-				
b	Buildings								
С	Leasehold improvements								
d	Equipment		1,1	L32,212.	74	16,542.	3	85,6	570.
е	Other			537,783.	45	53,649.		84,1	134.
	I. Add lines 1a through 1e. (Column		990, Part X, colum	n (B), line 10	Oc.)	▶	4	69,8	304.

Schedule D (Form 9	990) 2019 vestments - Other Securities.			Page 3
	omplete if the organization answered	"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	
(1) Financial de	erivatives			
(2) Closely held	d 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.) 🔒 🕨			
	vestments - Program Related. omplete if the organization answered	"Yes" on Form 990), Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year marke	et value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
	ther Assets. Somplete if the organization answered	"Yes" on Form 990), Part IV, line 11d. See Form 990,	Part X, line 15.
		cription		(b) Book value
	FROM FOUNDATION			822,863.
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) lii	ne 15.)	<u></u> ▶	822,863
Co	her Liabilities. Implete if the organization answered e 25.	"Yes" on Form 990	O, Part IV, line 11e or 11f. See Forn	n 990, Part X,
1.		ion of liability		(b) Book value
	ncome taxes			
(2) ASSET R	ETIREMENT LIABILITY			100,136.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
) must equal Form 990, Part X, col. (B) line 25.)		L	100,136.

Schedule D (Form 990) 2019 Page 4

Part	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	7,072,716.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
– a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d -8,996.		
e	Add lines 2a through 2d	2e	-9,517.
3	Subtract line 2e from line 1	3	7,082,233.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,082,233.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	5,802,835.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
– a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,802,835.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	5,802,835.
	XIII Supplemental Information.		
2; Part	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Ft XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	nation.	iline 4, Part X, line

Page 5

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS:

EL TESORO FOUNDATION'S PURPOSE IS TO CREATE, HOLD AND ADMINISTER A PERMANENT ENDOWMENT FOR THE COUNCIL IN ORDER TO HELP ENSURE ITS CONTINUED FINANCIAL WELL BEING AND ABILITY TO CARRY OUT ITS PURPOSE AS STATED IN ITS ARTICLES OF INCORPORATION.

SCHEDULE D, PART X, LINE 2

ASC 740 FOOTNOTE:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

RECONCILIATION OF REVENUE PER AUDITED FINANCIALS TO TAX RETURN:

TRANSFER OF PROPERTY & EQUIPMENT \$(8,996)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

	e organization					Employer Identification	on number
	'IRE FIRST TEXAS	1 1 16 11			\	75-0851201	
Part I	Fundraising Activities. Com	•			Yes" on Form 99	90, Part IV, line 1	7.
	Form 990-EZ filers are not r						
1 <u>Inc</u>	dicate whether the organization ra	ised funds through		_			
a	Mail solicitations	е	Solid	citation of	non-government g	rants	
b	Internet and email solicitations	f	Solid	citation of	government grants	S	
с	Phone solicitations	g	Spe	cial fundra	ising events		
d	In-person solicitations						
or b If	d the organization have a written key employees listed in Form 990 "Yes," list the 10 highest paid incompensated at least \$5,000 by the	0, Part VII) or entity lividuals or entities	in connec	ction with p	rofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	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		35 (1)	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
	st all states in which the organize gistration or licensing.				contributions or	has been notified	it is exempt from

Page 2 Schedule G (Form 990 or 990-EZ) 2019

Pa	rt I	Fundraising Events. Complemore than \$15,000 of fundraevents with gross receipts greaters.	aising event contribut			
		<u> </u>	(a) Event #1 AN ARTIST CHRIS (event type)	(b) Event #2 DE LA VIDA DIN (event type)	(c) Other events 1.	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	247,004.	139,519.	23,500.	410,023
Re	2	Less: Contributions	164,129.	84,979.	23,400.	272,508
_	3	Gross income (line 1 minus line 2)	82,875.	54,540.	100.	137,515
	4	Cash prizes				
	5	Noncash prizes				
suses	6	Rent/facility costs	7,300.	2,250.	3,360.	12,910
Direct Expenses	7	Food and beverages	29,177.	5,806.	10,455.	45,438
Direct	8	Entertainment				
	9	Other direct expenses	76,753.	14,777.	1,516.	93,046
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	nes 4 through 9 in colu ine 10 from line 3, colu	mn (d)		151,394 -13,879
Pa	rt I	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		Yes" on Form 990, I	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
Jses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses		Yes %	Yes %	
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
		Direct expense summary. Add lin Net gaming income summary. So	-	.,		
9 8	1	Enter the state(s) in which the org	anization conducts ga	ming activities: in each of these state		Yes No
10a		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, sus		uring the tax year?	Yes No

CAMP FIRE FIRST TEXAS

Sched	dule G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
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:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
u	retain the state gaming license?	Yes	No
b			
-	or spent in the organization's own exempt activities during the tax year > \$		
Par			

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2019

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identification	on number
CAMP FIRE FIRST TEXAS						75-085120	1
Part I General Information on Grants and	l Assistanc	е				'	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiza	ation answered "Ye	es" on Form 990,
Part IV, line 21, for any recipient the	at received	more than \$5	,000. Part II can I	be duplicated if	additional space is n	eeded.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)	_						
(2)							
(3)							
(4)	_						
(5)							
(6)	_						
(7)							
(8)	_						
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list For Paperwork Reduction Act Notice, see the Instruction	ed in the line	1 table					edule I (Form 990) (2019)

JSA

9E1288 1.000

Schedule I (Form 990) (2019) Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III 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
1 CDA ASSESSMENT FEES	40.	17,000.			
CDA ASSESSMENT FEES	40.	17,000.			
2 SCHOLARSHIPS AND CHILD CARE TUITION	55.	37,950.			
3 SUPPLIES FOR CAMP	4.	1,366.			
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, D.C. 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

Schedule I (Form 990) (2019)

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
_1					
_2					
_3					
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.

THE COUNCIL FOR PROFESSIONAL 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

Schedule I (Form 990) (2019)

rt 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
1					
2					
3					
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.

THE PROGRAM.

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

Schedule I (Form 990) (2019)

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
2					
3					
4					
5					
3					
7					

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

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

ADDITIONALLY SOME PARTICIPANTS WERE FUNDED OR RECEIVED A SCHOLARSHIP FOR

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:

Schedule I (Form 990) (2019)

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
_1					
2					
_3					
_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.

THE ORGANIZATION HAS LISTED THE NUMBER OF RECIPIENTS WHO RECEIVED BRIDGE

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

CHILD CARE.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CAMP FIRE FIRST TEXAS

Employer identification number

75-0851201

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	Manus College because the Manus about all abilities are about a College and a constitution of the constitution of the college and the college			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1.0		
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the	_		
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
Ū	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
-	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
_	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
_	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	i) Base (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)	191,202.	0.	0.	13,559.	10,610.	215,371.	0.	
1CEO	(ii)	0.	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) 2019

Part | 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 \$1,620 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 M (Form 990)

Noncash Contributions

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

CAMP FIRE FIRST TEXAS 75-0851201 **Types of Property** Part I (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 20 Drugs and medical supplies 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 90,000. Other ▶(ATCH 1 25 26 Other ►(Other ►(27 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a X **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ 31 contributions?

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

contributions? **b** If "Yes," describe in Part II.

describe in Part II.

Schedule M (Form 990) 2019

32a

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Χ

Schedule M (Form 990) (2019) Page **2**

Part II Supplement

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

SCHEDULE M, PART I, COLUMN B

NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED:

THE AMOUNTS REPORTED IN COLUMN B REFLECT THE NUMBER OF CONTRIBUTIONS

RECEIVED.

Schedule M (Form 990) (2019) Page **2**

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
ARCHERY RANGES - TWO	X	2.	90,000.	ACTUAL EXPENSES
TOTALS	-	2.	90,000.	

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

75-0851201

Name of the organization

CAMP FIRE FIRST TEXAS

FORM 990, PART VI, SECTION B, LINE 11B PROCESS TO REVIEW FORM 990:

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.

FORM 990, PART VI, SECTION B, LINE 12C

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, LINES 15A & 15B 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 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 AND 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 XI, LINE 9

OTHER CHANGES IN NET ASSETS:

TRANSFER OF PROPERTY & EQUIPMENT

FORM 990, PART III, LINE 3

EFFECTIVE DECEMBER 2019, CAMP FIRE FIRST TEXAS CEASED OPERATIONS OF THE CHILD DEVELOPMENT CENTER. AS WE LOOKED AT REFINING OUR MISSION AND DOING WHAT WE DO BEST, WE TOOK THE OPPORTUNITY TO ANALYZE OUR OWN OPERATIONS.

IN DOING SO, WE REALIZED THAT WE CAN MORE EFFECTIVELY EXECUTE OUR

STRATEGIC PLANS, DRIVEN BY OUR PROMISE, BY LEASING OUR CHILDCARE CENTER

\$(8,996)

Schedule O (Form 990 or 990-EZ) 2019 Page 2

Name of the organization

CAMP FIRE FIRST TEXAS

Employer identification number

75-0851201

TO AN ORGANIZATION, WHOSE MISSION ALIGNS WITH OURS.

ATTACHMENT 1

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

EARLY EDUCATION WORKFORCE DEVELOPMENT (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

FOCUSED COMPONENT THAT FOCUSES ON BUSINESS AND LEADERSHIP

DEVELOPMENT. THE PRIMARY PURPOSE OF THE PROGRAM IS TO INCREASE

SCHOOL READINESS OF CHILDREN ENTERING FWISD. EACH YEAR THIS

PROGRAM WORKS WITH APPROXIMATELY 1200-1400 CHILDREN AGES BIRTH TO

FIVE TO HELP THEM ENTER SCHOOL BETTER PREPARED TO SUCCEED.

EARLY EDUCATION APPRENTICESHIP PROGRAM IS A 1-2-YEAR TEACHER

PREPARATION AND COLLEGE PREPAREDNESS PROGRAM FOR EARLY CHILDHOOD

EDUCATORS INTERESTED IN IMPROVING SKILLS, AND/OR MOVING ALONG

THEIR EDUCATIONAL AND CAREER PATHWAY. GRADUATES EARN A DOL ISSUED

CERTIFICATE AND ARE ELIGIBLE FOR UP TO 33 HOURS AT PARTNER COLLEGE

Schedule O (Form 990 or 990-EZ) 2019 Page 2

Name of the organization

CAMP FIRE FIRST TEXAS

Employer identification number

75-0851201

ATTACHMENT 1 (CONT'D)

AND UNIVERSITIES.

COMMUNITY PROFESSIONAL DEVELOPMENT OFFERS EARLY CHILDHOOD

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.

Schedule O (Form 990 or 990-EZ) 2019 Page **2**

Name of the organization

CAMP FIRE FIRST TEXAS

Employer identification number

75-0851201

ATTACHMENT 1 (CONT'D)

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 EARLY CHILDHOOD TRAINING INCLUDING CREATING A PORTFOLIO REQUIRED TO APPLY FOR THE CDA CREDENTIAL. ONE COURSE SESSION TAKE 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.

IN 2019, AN OVERALL TOTAL OF 13,702 ADULTS PARTICIPATED DIRECTLY
IN EARLY CHILDHOOD EDUCATION PROGRAMS, IMPACTING OVER 68,510
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,

KAYAKING, ARCHERY, CREATIVE ARTS, HIKING, OUTDOOR SKILLS, NATURE

ACTIVITIES, SPORTS ALONG WITH OTHER TRADITIONAL CAMP EXPERIENCES.

Schedule O (Form 990 or 990-EZ) 2019

Name of the organization

CAMP FIRE FIRST TEXAS

Employer identification number

75-0851201

ATTACHMENT 2 (CONT'D)

THE CAMP ALSO HOSTS "EL TESORO DE LA VIDA", A 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 2019, 9,234 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 CHILDREN AND YOUTH

AGES 6 WEEKS-17 YEARS INCLUDING A CHILD DEVELOPMENT CENTER, AFTER

SCHOOL PROGRAMS, TEEN PROGRAMS, AND ALL-DAY SUMMER PROGRAMS WHEN

SCHOOL IS OUT OF SESSION. FROG STREET, A NATIONALLY RECOGNIZED

CURRICULUM, IS IMPLEMENTED IN THE CHILD DEVELOPMENT CENTER AND THE

IDEA PRE-K EXTENDED DAY PROGRAMS. NATIONAL CAMP FIRE AGE

APPROPRIATE CURRICULA ARE FOLLOWED IN AFTER SCHOOL AND TEEN

PROGRAMS, WITH ENHANCED CURRICULA SUPPLEMENTS PROVIDED BY THE

ATTACHMENT 3 (CONT'D)

FIRST TEXAS COUNCIL. CURRICULUM IS BASED ON RESEARCH FROM, AMONG OTHERS, THE SEARCH INSTITUTE AND STEP-IT-UP-TO-THRIVE. THIS RESEARCH 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 NINE FORT WORTH ISD, IDEA PUBLIC CHARTER SCHOOLS, AND ALEDO ISD SCHOOLS.

PRE-K EXTENDED DAY PROGRAMS OFFERED AT TWO IDEA PUBLIC SCHOOLS

Name of the organization

CAMP FIRE FIRST TEXAS

Employer identification number
75-0851201

ATTACHMENT 3 (CONT'D)

PROVIDE A HALF-DAY PROGRAM WITH A TEA APPROVED CURRICULUM, FROG STREET, TO COMPLEMENT AND SUPPLEMENT THE IDEA PRE-K HALF-DAY PROGRAMS. MANY OF THOSE STUDENTS ALSO ATTEND CAMP FIRE AFTER SCHOOL PROGRAMMING.

TEENS IN ACTION IS A SCHOOL COMPLETION PROGRAM THAT PROVIDES

SERVICES FOR STUDENTS AT SERIOUS RISK OF DROPPING OUT IN THE 7TH

THROUGH 12TH GRADES. OFFERED IN COOPERATION WITH THE FORT WORTH

ISD, TEENS IN ACTION SERVICES INCLUDE WEEKLY SMALL GROUP SESSIONS

TO ADDRESS TRUANCY ISSUES, LIFE SKILLS TRAINING AND MONITORING

ATTENDANCE, GRADES AND BEHAVIOR REPORTS. IN ADDITION, YOUTH

ACTIONIZE PLANS THEY HAVE CREATED TO INFLUENCE OR RESPOND TO

COMMUNITY NEEDS THEY HAVE IDENTIFIED.

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.

DURING 2019, 2772 YOUTH AND ADULTS PARTICIPATED IN SMALL GROUP PROGRAMS.

EFFECTIVE DECEMBER 2019, CAMP FIRE FIRST TEXAS CEASED OPERATIONS
OF THE CHILD DEVELOPMENT CENTER. AS WE LOOKED AT REFINING OUR

Schedule O (Form 990 or 990-EZ) 2019

Name of the organization

CAMP FIRE FIRST TEXAS

Employer identification number

75-0851201

ATTACHMENT 3 (CONT'D)

MISSION AND DOING WHAT WE DO BEST, WE TOOK THE OPPORTUNITY TO

ANALYZE OUR OWN OPERATIONS. IN DOING SO, WE REALIZED THAT WE CAN

MORE EFFECTIVELY EXECUTE OUR STRATEGIC PLANS, DRIVEN BY OUR

PROMISE, BY LEASING OUR CHILDCARE CENTER TO AN ORGANIZATION, WHOSE

MISSION ALIGNS WITH OURS.

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization

CAMP FIRE FIRST TEXAS

Employer identification number 75-0851201

(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	Section 5 contr	12(b)(13) olled
						Yes	No
(1) EL TESORO FOUNDATION 75-2779404							
2700 MEACHAM BLVD FORT WORTH, TX 76137	SUPP 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) 2019

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Schedule R (Form 990) 2019

Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,								
ı artılı	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) (e) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512 - 514)		(f) Share of total income (g) Share of end-of-year assets (h) Disproportionate allocations? (income) Code V amount it of Sched (Form		Disproportionate allocations? Code V - UBI Gene amount in box 20 mana		box 20 managin le K-1 partner?		(k) Percentage ownership	
		Country)					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	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13 controlled entity?
(1)								Yes No
(2)								
(3)								
(4) (5)								
(6)								
(7)								

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

			, , ,								
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations lis	sted in Parts II-IV?								
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
b	b Gift, grant, or capital contribution to related organization(s)										
С	Gift, grant, or capital contribution from related organization(s)				1c	X					
	Loans or loan guarantees to or for related organization(s)				1d		X				
	Loans or loan guarantees by related organization(s)				1e	X					
f	Dividends from related organization(s)				1f		X				
g	Sale of assets to related organization(s)				1g		X				
h	Purchase of assets from related organization(s)				1h		X				
i	Exchange of assets with related organization(s)				1i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X				
I	Performance of services or membership or fundraising solicitations for related organization(s)				11	X					
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X				
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X					
0	Sharing of paid employees with related organization(s)				10	X					
р	Reimbursement paid to related organization(s) for expenses				1p		X				
q	Reimbursement paid by related organization(s) for expenses				1q	X					
						3.7					
r	Other transfer of cash or property to related organization(s)				1r	X	37				
	Other transfer of cash or property from related organization(s).				1s		X				
	If the answer to any of the above is "Yes," see the instructions for information on who must complete the		· · · · · · · · · · · · · · · · · · ·	action thre		S.					
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d) of dete	erminin	ng				
		type (a-s)		amou	ınt invo	olved					
(1)	EL TESORO FOUNDATION	C	342,386.	FMV							
(1)			312,300.								
(2)	EL TESORO FOUNDATION	Q	56,489.	CASH V	/ALU	E					
(~)		*	33,103.	311011							
(3)											
_(0)											
(4)											
· · /											
(5)											
(6)											

JSA

Schedule R (Form 990) 2019

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Schedule R (Form 990) 2019

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(state or foreign country)		country) unrelated, excluded of Colors assets of Schedule from tax under organizations?		(d) Predominant come (related, excluded rom tax under rom		(g) Share of end-of-year assets (h) Disproportionate allocations? allocations? (i) Code V - I amount in t of Schedul		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man: part	ner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No	,	Yes	No	
(2)													
(3)													
(4)													
(5)													
(6)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(4.0)													
(16)													

Schedule R (Form 990) 2019

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Part VI

Schedule R (Form 990) 2019 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.