

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

EL TESORO FOUNDATION FORM 990 TAX YEAR 2019

Two Year Comparison Schedule 2019 to 2018			
Description	2019	2018	Difference
Revenue			
Contributions and grants	14,445.	11,031.	3,414.
Program service revenue Investment income	177,295.	406,337.	-229,042.
Other revenue	92,792.	143,394.	-50,602.
Total revenue	284,532.	560,762.	-276,230.
Expenses			
Grants and similar amounts paid	342,386.	865,973.	-523,587.
Benefits paid to or for members Salaries, other compensation, employee benefits	4,745.	8,531.	-3,786.
Professional fundraising fees	445 000	440.006	4 057
Other expenses	445,029.	449,286.	-4,257.
Total expenses	792,160.	1,323,790.	-531,630.
Net Assets or Fund Balances			
Total assets	14,702,562.	14,772,529.	-69,967.
Total liabilities	822,863.	1,242,140.	-419,277.
Net assets	13,879,699.	13,530,389.	349,310.

Form **8879-E**0

IRS e-file Signature Authorization for an Exempt Organization

gamzanom			
, 2019, and ending	, 20	_	_

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

For calendar year 2019, or fiscal year beginning _

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

75-2779404

Name and title of officer

Name of exempt organization

EL TESORO FOUNDATION

LAUREN RICHARD, PRESIDENT/CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	284,532.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

fficer's PIN: check one box only		
X lauthorize BKD, LLP	to enter my PIN	7 6 1 3 7 as my signature
ERO firm name	·	Enter five numbers, but

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of

the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5 3 8 0 4 4 0 1

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

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990 err

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

OMB No. 1545-0047

2019

Open to Public
Inspection

A F	or th	e 2019	calendar year, or tax year beginning		, 2019,	and end	ling	_		, 20		
_			C Name of organization					D Employer ide	ntificati	on numb	er	
В	heck if a	applicable:	EL TESORO FOUNDATION					75-277	9404			
	Addr chan		Doing business as					1				
	7	e change	Number and street (or P.O. box if mail is	not delivered to street address)	ite	E Telephone nu						
	Initia	l return	2700 MEACHAM BLVD.					(817) 83	1-21	.11		
		return/ inated	City or town, state or province, country, a	nd ZIP or foreign postal code		•						
	Amer	nded	FORT WORTH, TX 76137					G Gross receipts	\$	1,	538,	271.
		ication	F Name and address of principal officer:	LAUREN RICHARD				H(a) Is this a group		for	Yes	X No
		9	SAME AS C ABOVE, FORT	WORTH, TX 76137				subordinates H(b) Are all subord		uded?	Yes	No
ī	Tax-ex	kempt st	tatus: X 501(c)(3) 501(c) () ◀ (insert no.) 4	947(a)(1)	or	527	If "No," at	tach a list	t. (see instr	uctions)	
J	Webs	ite: 🕨						H(c) Group exem	ption nun	nber >		
K	Form	of orgar	nization: X Corporation Trust	Association Other		L Ye	ear of forma	tion: 1998 M	State of	f legal dor	nicile:	TX
P	art I	Su	ımmary			·						
	1	Briefl	y describe the organization's mission or	most significant activities:	TO HO	LD, MA	NAGE,	SOLICIT,	RECE	IVE,		
ø			INISTER AND INVEST PROPE									
and		OF	CAMP FIRE FIRST TEXAS AN	ID TO BE RESPONSI	VE TO	THEIF	NEEDS	3.				
Governance	2	Checl	k this box if the organization di	scontinued its operations of	or dispose	ed of mor	e than 25%	6 of its net asset	s.			
ó	3		per of voting members of the governing	•	•				3			7.
	4		per of independent voting members of the						4			7.
ties	5		number of individuals employed in cale						5			0.
Activities &	6		number of volunteers (estimate if necess						6			7.
Ac	_		unrelated business revenue from Part VI						7a			0.
			nrelated business taxable income from I						7b			0.
								Prior Year		Curr	ent Ye	ar
	8	Contr	ibutions and grants (Part VIII, line 1h)					11,03	31.		14,	445.
nue	9		am service revenue (Part VIII, line 2g)					<u> </u>	0.			0.
Revenue	10		tment income (Part VIII, column (A), line					406,33	7.		177,	295.
ď	11		revenue (Part VIII, column (A), lines 5,					143,39				792.
	12		revenue - add lines 8 through 11 (must					560,76	_			532.
	13		s and similar amounts paid (Part IX, colu					865,97				386.
	14		fits paid to or for members (Part IX, colu					<u> </u>	0.			0.
"	4.5		ies, other compensation, employee bene					8,53	31.		4,	745.
Expenses	16 a		ssional fundraising fees (Part IX, column					· ·	0.			0.
per	h		fundraising expenses (Part IX, column (I		1,724							
ш	17		expenses (Part IX, column (A), lines 11:					449,28	6.		445,	029.
			expenses. Add lines 13-17 (must equal					1,323,79				160.
	19		nue less expenses. Subtract line 18 from					-763,02			507,	
or		110101	The loss expenses. Cabitaet line to from					nning of Current			of Year	
ets	20	Total	assets (Part X, line 16)					14,772,52				562.
Ass Ba	21		liabilities (Part X, line 26)				• •	1,242,14				863.
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21					13,530,38				699.
	rt II		gnature Block									
Un	der pe	nalties of	of periury. I declare that I have examined thi	s return, including accompany	ing schedu	ules and s	tatements,	and to the best of	f my kn	owledge	and be	lief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all informa	tion of whi	ich prepar	er has any k	nowledge.				
Sig	ın		Signature of officer					Date				
He	re											
		7	Type or print name and title									
		Print/	/Type preparer's name	Preparer's signature		Date		Check	if PT	1N		
Paid		ALI	SON WILLIAMS	Alism Havel Williams		11	/06/20		,	P0050)958	5
	parer	Firm's	s name ▶BKD, LLP	V				Firm's EIN ▶ 4	4-01			
Use	Only		s address >777 MAIN STREET, SUITE 20	00 FORT WORTH, TX 76102						32.23		
Ma	y the		liscuss this return with the preparer		ructions)					X Ye		No
			Reduction Act Notice, see the separate									(2019)

Page 2 Form 990 (2019)

Pa	Statement of Program Service Accomplishments Check if Schodule O contains a response or note to any line in this Port III
1	Check if Schedule O contains a response or note to any line in this Part III
•	HE MISSION OF THE FOUNDATION IS TO HOLD, MANAGE, SOLICIT, RECEIVE,
	OMINISTER AND INVEST PROPERTY FOR THE EXCLUSIVE USE, BENEFIT AND
	JPPORT OF CAMP FIRE FIRST TEXAS AND TO BE RESPONSIVE TO THE NEEDS
	ID DEMANDS OF CAMP FIRE FIRST TEXAS.
2	d the organization undertake any significant program services during the year which were not listed on the
	ior Form 990 or 990-EZ? Yes X No
	"Yes," describe these new services on Schedule O.
3	d the organization cease conducting, or make significant changes in how it conducts, any program rvices?
	"Yes," describe these changes on Schedule O.
4	escribe the organization's program service accomplishments for each of its three largest program services, as measured by penses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others are total expenses, and revenue, if any, for each program service reported.
4a	ode:) (Expenses \$ 687,159. including grants of \$ 342,386.) (Revenue \$)
	HE PURPOSE OF EL TESORO FOUNDATION IS TO SUPPORT THE PROGRAMS OF
	MP FIRE FIRST TEXAS. IN 2019 THE TRANSFER TO CAMP FIRE FIRST
	CXAS WAS \$342,386 IN SUPPORT OF ITS YOUTH DEVELOPMENT, OUTDOOR,
	ID AND PROFESSIONAL GROWTH PROGRAMS.
_	
4b	ode:) (Expenses \$including grants of \$) (Revenue \$)
4c	ode:) (Expenses \$including grants of \$) (Revenue \$)
_	. (2
4d	ther program services (Describe on Schedule O.)
_	xpenses \$ \text{including grants of \$ \text{) (Revenue \$ \text{)}}

Form **990** (2019)

Form 990 (2019) Page 3

art	IV Checklist of Required Schedules		Yes	No
	In the case of all and the cities (50.4%) (0) on 40.47% (4) (all and the case of all foundation) 0.16.10% all		res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		3.5	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
	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		X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
	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			
		6		Х
	"Yes," complete Schedule D, Part I.	-		2.
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Ι.
	he environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	old the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
С	omplete Schedule D, Part III	8		Х
D	olid the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
С	sustodian 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	
	f the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	(II, VIII, IX, or X as applicable.			
	id the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		Х	
	omplete Schedule D, Part VI	11a	Λ	
	d the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
of i	ts total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
Di	d the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
D	tid the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	ported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	id the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	id the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Σ
		111		
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		3.5	
	Schedule D, Parts XI and XII.	12a	Х	_
	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Σ
D	id the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ſ	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		2
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	or any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		2
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	''		F
		4.		2
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Σ
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Σ
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Σ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		F
		200		\vdash
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
		21		<u></u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		990	

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Part	Checklist of Required Schedules (continued)		V	N.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 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			3.5
20	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u		28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		Х
33	complete Schedule N, Part II	32		- 21
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	
35 a	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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		_ 50_		
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		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 1b 0.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	000	
9E1030		Form	990	
	4025NQ A87C 11/5/2020 5:36:24 PM V 19-7.5F 139-1178937-1178936		PF	AGE

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Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	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
	It "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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C I-		
	gifts were not tax deductible?	6b		
	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	_		37
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	14b		
	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.			
	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.			

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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 of note to any line in this Part VI			Λ							
Sect	ion A. Governing Body and Management										
	1 1 -		Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	_									
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with										
_	any other officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the 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 filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	Did the organization have members or stockholders?	6	X								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint										
	one or more members of the governing body?	7a	X								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,										
	stockholders, or persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken 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 reached at										
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х							
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)								
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,										
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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 could give										
	rise to conflicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		3.7								
	describe in Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by										
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v							
а	The organization's CEO, Executive Director, or top management official	15a		X							
b	Other officers or key employees of the organization	15b		^							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		Х							
	with a taxable entity during the year?	16a		Δ							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its										
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4 C h									
Socti	organization's exempt status with respect to such arrangements?	16b									
17	List the states with which a copy of this Form 990 is required to be filed	- /C									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)	r (Sec	tion 5	501(c)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inter	est p	oolicy,							
	and financial statements available to the public during the tax year.			• •							
20	State the name, address, and telephone number of the person who possesses the organization's books and record LINDA RAMOZ 2700 MEACHAM BLVD FORT WORTH, TX 76137	ls ▶									

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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.

			(0	C)					
(B)							(D)	(E)	(F)
Average	,	•					Reportable	Reportable	Estimated amount
							·	· ·	of other compensation
•				т —		· ·			from the
hours for	ndivic or dire	nstitu	Office	(ey er	lighe:	orme	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	dual	tion	-	nplo	st cc yee	, ×			related organizations
below	trus	al tru		yee	mpe				
dotted line)	.ee	stee			ensa				
		Φ			ted				
2 00									
			x				0	191 202	24,169.
							· ·	1717202.	21/103.
			X				0.	96,267.	19,197.
0.	Х						0.	0.	0.
1.00									
0.	Х		Х				0.	0.	0.
1.00									
0.	Х						0.	0.	0.
1.00									
0.	Х		Х				0.	0.	0.
1.00									
0.	Х		Х				0.	0.	0.
1.00									
0.	Х						0.	0.	0.
0.	X						0.	0.	0.
	Average hours per week (list any hours for related organizations below dotted line) 2.00 50.00 2.00 50.00 1.00 0. 1.00 0. 1.00 0. 1.00 0. 1.00 0. 1.00	Average hours per week (list any hours for related organizations below dotted line) 2.00 50.00 2.00 50.00 1.00 0. X	Average hours per week (list any hours for related organizations below dotted line) 2.00 50.00 2.00 50.00 1.00 0. X 1.00	(B) Average hours per week (list any hours for related organizations below dotted line) 2.00 50.00 2.00 50.00 2.00 50.00 X 1.00 0. X 1.00 0. X 1.00 0. X 1.00 0. X X X 1.00 0. X X X 1.00 0. X X X X 1.00 0. X X X X X X X X X X X X X X X X X X X	Average hours per week (list any hours for related organizations below dotted line) 2.00 50.00 2.00 50.00 2.00 50.00 2.00 3.00 2.00 50.00 3.00 3.00 3.00 3.00 3.00 3.00	(B) Average hours per week (list any hours for related organizations below dotted line) 2.00 50.00 2.00 50.00 2.00 30.00 1.00 0. X 1.00	Average hours per week (list any hours for related organizations below dotted line) 2.00 50.00 2.00 50.00 1.00 0. X 1.00	CB	CB Average hours per week (list any hours for related organizations below dotted line) D C C C C C C C C C

Form **990** (2019)

(14)

JSA

	n 990 (2019) I rt VII Section A. Officers, Directors, Tru	ictore Ko	w En	nle			and L	امال	host Component	od Emplo	V000 (a	ontinuo		Page 8
Га			;y ⊑11	ipic			anu r	ııgı	1		yees (c	ontinue		
	(A) Name and title	(B) Average				C) sition			(D) Reportable	(E) Reporta	able	Fs	(F) stimated	
	. vae aa me	hours per	(do not check more than o						compensation	compensation from			nount of	
		week (list any	1				is both or/trust		from	relate			other	
		hours for related							the organization	organiza (W-2/1099			pensation	on
		organizations	divid	stitu	Officer	Key employee	ghe	Former	(W-2/1099-MISC)	(00-2/1099	-101130)		anizatio	n
		below dotted line)	dual	tion	-	nplc	st cc yee	=					d related	
		ilite)	Individual trustee or director	Institutional trustee		yee	Highest compensated employee					uiya	anizatior	15
			.ee	stee			esne							
				"			ted							
		L												
		ļ 												
														
			-											
			-											
			1											
		 												
		t												
		T	1											
1b	Sub-total								0.	287	,469.		43,3	366.
	Total from continuation sheets to Part VII, S							>	0.		0.			0.
d	Total (add lines 1b and 1c)							>	0.	287	,469.		43,3	366.
2	Total number of individuals (including but not				d al	bove	e) who	o re	ceived more than	\$100,000	of			
	reportable compensation from the organization	n ▶	0 .											
													Yes	No
3	Did the organization list any former office													
	employee on line 1a? If "Yes," complete Schedu	ule J for su	ch ind	ivid	ual							3		X
4	For any individual listed on line 1a, is the													
	organization and related organizations gre							5,"	complete Schedu	le J for	such		37	
	individual							• •				4	X	
5	Did any person listed on line 1a receive or											_		v
	for services rendered to the organization? If "Ye ction B. Independent Contractors	es," comple	te Sch	iedi	iie J	ıtor	sucn	per	son	<u> </u>		5		X
	Complete this table for your five highest com	noncotod i	ndone	200	nt.	200	trooto	ro t	hat received more	than \$100	2 000 0	ŧ		
1	compensation from the organization. Report c													
	year.	ponouti	2		. Ju		y O	<u>ب.</u> ر		0.96		tan		
	(A)								(B)			(C)		
	Name and business add	dress							Description of se	rvices	С	ompens	sation	
									·			-		

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.

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Part VIII Statement of Revenue

Par	t VIII	Check if Schedule O contains a respon	se or note to an	ny line in this Part \	/III		
		Chock in Contract Con	iod or moto to di	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns					
ontribution of Other S	g	and similar amounts not included above . Noncash contributions included in lines 1a-1f	14,445.				
<u>ත</u>	h	Total. Add lines 1a-1f		14,445.			
Program Service Revenue	2a b c d		Business Code				
ш.	f g	All other program service revenue		0.			
	3	Investment income (including dividends, other similar amounts)	interest, and	106,593.			106,593.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	(ii) Personal	92,792.			92,792.
	6a b	Gross rents 6a Less: rental expenses 6b	(ii) i cisoriai				
	C C	Rental income or (loss) 6c Net rental income or (loss)		0.			
	d 7a	Gross amount from sales of assets other than inventory 7a 1,324,441.	(ii) Other				
evenue	b	Less: cost or other basis and sales expenses 7b 1,253,739. Gain or (loss) 7c 70,702.					
R	c d	Gain or (loss)		70,702.			70,702.
Other R	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses	0.	0.			
	9a	Net income or (loss) from fundraising events. Gross income from gaming activities. See Part IV, line 19 9a	0.	0.			
	b	Less: direct expenses 9b	0.				
	с 10а	Net income or (loss) from gaming activities. Gross sales of inventory, less returns and allowances	0.	0.			
	b c	Less: cost of goods sold	0.	0.			
<u>s</u>		7	Business Code				
Miscellaneous Revenue	11a						
llan /ent	b						
Sce Re	С	All other programs					
Ë	d	All other revenue		0.			
	<u>е</u> 12	Total revenue. See instructions		284,532.			270,087.
JSA			-				Form QQ(2019)

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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).

11 Fees for services (nonemployees): a Management b Legal 0. c Accounting d Lobbying 0. e Professional fundraising services. See Part IV, line 17, f Investment management fees 9 Other; (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O). 12 Advertising and promotion 0. 13 Office expenses 0. 14 Information technology. 15 Royalties. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 19 Conferences, conventions, and meetings 0. 10 Interest 10 Legal 11 Legal 12 Legal 13 Legal 14 Legal 15 Legal 16 Legal 16 Legal 17 Legal 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 19 Legal 10 Legal 10 Legal 10 Legal 11 Legal 12 Legal 13 Legal 14 Legal 15 Legal 16 Legal 16 Legal 16 Legal 16 Legal 17 Legal 18 Legal 18 Legal 18 Legal 19 Legal 10 Le	Che	ck if Schedule O contains a respor	nse or note to any line	in this Part IX		
Additionable governments. See Part IV, line 21		• • • • • • • • • • • • • • • • • • • •	(A) Total expenses	Program service	Managèment and	Fundraising
Additionable governments. See Part IV, line 21	1 Grants and other	er assistance to domestic organizations				·
Individuals See Part IV, line 21		•	342,386.	342,386.		
3 Grants and other assistance to foreign organizations, foreign operaments, and foreign individuals. See Part IV, lines 15 and 16 , 4 Benefits paid to or for members	2 Grants and	other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16,			0.			
individuals. See Part IV, lines 15 and 16	3 Grants and	other assistance to foreign				
### Benefits paid to or for members 0 0	organizations,	foreign governments, and foreign				
Compensation of current officers, directors, trustees, and key employees	individuals. Se	ee Part IV, lines 15 and 16				
trustees, and key employees	4 Benefits paid	to or for members	0.			
6 Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(8) 7 Other salaries and wages 4.745 8 Pension plan acruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 0 10 Payroll taxes 0 11 Fees for services (nonemployees): 1 Fees for services (nonemployees): 1 Fees for services (nonemployees): 1 A Management 0 2 Accounting 0 4 Cocounting 0 5 Cocounting 0 6 Accounting 0 7 Other employees benefits 0 9 Other (in the 1g amount secrets 10% of line 25, column (A) amount, list line 19 generae on Schedule 0 13 Office expenses 14 Information technology 0 15 Royallies 16 Occupancy 17 Travel 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Ophrecial of the complete	•		0.			
persons (as defined under section 4958(c)(3)(B) 0						
Person described in section 4958(e)(3)(8) 0.	•	·				
7 Other salaries and wages 4,745. 4,745. 8 8 Pension plan accruals and contributions (include section A01k) and A01k(i) and A01k(i) employer contributions 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			0.			
8 Pension plan accrusis and contributions (include section 401(k) and 403(b) employer contributions) 0. 9 Other employee benefits 0. 11 Fees for services (nonemployees): 0. a Management 0. b Legal 0. c Accounting 0. d Lobbying 0. e Professional fundraising services. See Part IV, line 17, Investment management fees 0. 9 Other, (# line 11g amount exceeds 10% of line 25, column (A) amount, listiline 11g sepresses on Streadule O.), 0. 12 Advertising and promotion 0. 13 Office expenses 0. 14 Information technology. 0. 15 Ryallies, 0. 16 Occupancy 0. 17 Travel. 0. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials or line 25, column (A) amount, list line 24e expenses not covered above (List miscellaneous expenses on line 24e. If line 24e expenses litemize expenses on schedule O.) 393,282. 344,773. 46,785. 1,724. 20 Other expenses. Itemize expenses on schedule O.) 10. 10. 21 Found functional expenses on s			4,745.		4,745.	
Section 401(k) and 403(b) employer contributions 0						
10 Payroll taxes 0 0 1 1 1 1 1 1 1 1	•	`	0.			
10 Payroll taxes 0 0 1 1 1 1 1 1 1 1	9 Other employ	ree benefits	0.			
11 Fees for services (nonemployees): a Management b Legal 0. c Accounting d Lobbying 0. d Lobbying 0. e Professional fundraising services. See Part IV, line 17, f Investment management fees 9 Other; (if live 11g amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 12 Advertising and promotion 13 Office expenses 0. 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. Interest 19 Conferences, conventions, and meetings 10 Linerest 10 Linerest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Justrance 14 Other expenses. Itemize expenses not covered above (List miscellaneus expenses on Schedule O.) 1 Insurance 10 Linerest 11 Linerest 12 Depreciation, depletion, and amortization 13 Justrance 14 Other expenses. Itemize expenses on Schedule O.) 1a Linerest 25 Total functional expenses. Add lines 1 through 24e 26 Juint costs. Complete this line only if the organization reported in column (B) joint costs from a combined eductional campaign, and			0.			
a Management	•					
b Legal			0.			
C Accounting			0.			
d Lobbying			0.			
e Professional fundraising services. See Part IV, line 17, f Investment management fees			0.			
9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)			0.			
9 Other (# line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.).	f Investment m	anagement fees	30,246.		30,246.	
(A) amount, list line 11g expenses on Schedule O.). (A) amount, list line 11g expenses on Schedule O.). (A) amount, list line 24e expenses on Schedule O.). (A) amount, list line 24e expenses on Schedule O.). (A) amount, list line 24e expenses on Schedule O.). (A) amount, list line 24e expenses on Schedule O.). (A) amount, list line 24e expenses Add lines 1 through 24e or engaging and of the Schedule O.). (A) amount list line 24e expenses Add lines 1 through 24e or engaging and or combined educational examples on the schedule O.). (A) amount, list line 24e expenses Add lines 1 through 24e or engaging and or combined educational examples on the schedule O.). (A) a combined educational expenses on Schedule O.). (A) a combined educational expenses Add lines 1 through 24e or engaging and or expensed and or expensed on the schedule O.). (A) a combined educational expenses Add lines 1 through 24e or expensed in column (B) joint costs from a combined educational examplaging and						
12 Advertising and promotion			0.			
13 Office expenses			0.			
15 Royalties			0.			
16 Occupancy 0. 0. 17 Travel 0. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 19 Conferences, conventions, and meetings 0. 19 Interest 0. 10 Interest 0. 10 Interest 10 0. 10 10 10 10 10 10 10 10 10 10 10 10 10	14 Information to	echnology	0.			
17 Travel	15 Royalties		0.			
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings	16 Occupancy		0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 10 . 11 Payments to affiliates. 21 Payments to affiliates. 22 Depreciation, depletion, and amortization 23 Insurance 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.) a . b . c . d . e All other expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	17 Travel		0.			
19 Conferences, conventions, and meetings	18 Payments of	travel or entertainment expenses				
Interest	for any federa	al, state, or local public officials				
Payments to affiliates. 21 Payments to affiliates. 22 Depreciation, depletion, and amortization. 23 Insurance. 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.) a . b . c . d . e All other expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	19 Conferences,	conventions, and meetings				
Depreciation, depletion, and amortization 393,282. 344,773. 46,785. 1,724. 20 Insurance O. 21 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.) a . b . c . d . e All other expenses. Add lines 1 through 24e 21,501. 21,501. 792,160. 687,159. 1,724.	20 Interest					
Insurance 0. 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.) a -	21 Payments to a	affiliates				
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.) a - b - c - d - e All other expenses 21,501. 21,501. 21,501. 21,724. 25 Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and	22 Depreciation,	depletion, and amortization		344,773.	46,785.	1,724.
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.) a -	23 Insurance		0.			
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a · b · c · d · e All other expenses 21,501. 21,501. 21,501. 21,701. 25 Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and	24 Other expense	es. Itemize expenses not covered				
(A) amount, list line 24e expenses on Schedule O.) a · b · c · d · e All other expenses 21,501. 21,501. 21,501. 21,701. 21,701. 25 Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and	above (List mis	scellaneous expenses on line 24e. If				
a ·		·				
b · c · d · 21,501. 21,501. 21,501. 21,501. 21,501. 21,501. 21,501. 21,501. 21,501.	(A) amount, lis	t line 24e expenses on Schedule O.)				
c · d · 21,501. e All other expenses 21,501. 25 Total functional expenses. Add lines 1 through 24e 792,160. 687,159. 103,277. 1,724. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	a ·					
e All other expenses 21,501. 21,501. 25 Total functional expenses. Add lines 1 through 24e 792,160. 687,159. 103,277. 1,724. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	b ·					
e All other expenses 21,501. 21,501. 25 Total functional expenses. Add lines 1 through 24e 792,160. 687,159. 103,277. 1,724. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	c ·					
25 Total functional expenses. Add lines 1 through 24e 792,160. 687,159. 103,277. 1,724. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and			01 501		01 501	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	•			607 150		1 004
organization reported in column (B) joint costs from a combined educational campaign and		· · · · · · · · · · · · · · · · · · ·	/92,160.	687,159.	103,277.	1,724.
	organization r	eported in column (B) joint costs				
		oined educational campaign and lolicitation. Check here ▶ if				
following SOP 98-2 (ASC 958-720)			0.			

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Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Pa	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	51,605.	1	55,099.
2	Savings and temporary cash investments	374,678.	2	130,695.
3	Pledges and grants receivable, net	0.	3	0.
4	Accounts receivable, net	1.	4	0.
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.
<u>2</u> ع	Notes and loans receivable, net	0.	7	0.
Assets 8 8	Inventories for sale or use	0.	8	0.
8 As	Prepaid expenses and deferred charges	0.	9	0.
_	Land, buildings, and equipment: cost or other			
100	basis. Complete Part VI of Schedule D 10a 15,567,635.			
b	Less: accumulated depreciation	9,624,391.	10c	9,240,104.
11	Investments - publicly traded securities	4,721,854.	11	5,276,664.
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	0.	15	0.
16	Total assets. Add lines 1 through 15 (must equal line 33)	14,772,529.	16	14,702,562.
17	Accounts payable and accrued expenses	0.	17	0.
18	Grants payable	0.	18	0.
19	Deferred revenue.	0.	19	0.
20	Tax-exempt bond liabilities.	0.	20	0.
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	Loans and other payables to any current or former officer, director,	<u> </u>	41	<u> </u>
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>=</u>	controlled entity or family member of any of these persons	0.	22	0.
멸 23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
25	Other liabilities (including federal income tax, payables to related third	<u> </u>	24	· · · · · · · · · · · · · · · · · · ·
23	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	1,242,140.	25	822,863.
26	Total liabilities. Add lines 17 through 25	1,242,140.	26	822,863.
	Organizations that follow FASB ASC 958, check here	1,212,110.	20	022,005.
Ses	and complete lines 27, 28, 32, and 33.			
Ennd Balances 27 28 28	Net assets without donor restrictions	13,217,262.	27	13,555,509.
ജ് മ	Net assets with donor restrictions.	313,127.	28	324,190.
밑	Organizations that do not follow FASB ASC 958, check here ▶			, , , , , ,
	and complete lines 29 through 33.			
Ö 29	Capital stock or trust principal, or current funds		29	
Assets 30 31	Paid-in or capital surplus, or land, building, or equipment fund.		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
ਰ 32	Total net assets or fund balances	13,530,389.	32	13,879,699.
돌 32 33	Total liabilities and net assets/fund balances	14,772,529.	33	14,702,562.
		, . = , - = , -	. 55	Form 990 (2019)

75-2779404

EL TESORO FOUNDATION

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	(2013)				. α	gc • =
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			84,5	
2	2 Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1	3			07,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		13,5		
5	Net unrealized gains (losses) on investments	5		8	47,9	942.
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		13,8	79,6	599.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 2					
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	<u> </u>	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.

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 EL TESORO FOUNDATION 75-2779404 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. 1 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) ATTACHMENT 1 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

342,386

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

Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if t	he organization	on failed to qua	
Sec	tion A. Public Support	is to qualify a					
	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.")			,			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	(u) 2010	(3) 2010	(6) 2017	(a) 2010	(6) 2010	(i) rotal
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2019 (li			2 11. column (f))		14	%
15	Public support percentage from 2018						%
	331/3% support test - 2019. If the org						check this
	box and stop here. The organization q	_					
b	331/3% support test - 2018. If the org			-			
	this box and stop here. The organization	on qualifies as a	a publicly suppo	rted organizatio	on		▶ 🔲
17a	10%-facts-and-circumstances test - 2	2019. If the org	ganization did r	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization	meets the "fa	cts-and-circums	stances" test, ch	neck this box a	nd stop here.	Explain in
	Part VI how the organization meets t	he "facts-and-	circumstances" 1	test. The organ	ization qualifies	as a publicly	supported
	organization						▶ 🔲
b	10%-facts-and-circumstances test - 2	2018. If the or	ganization did r	not check a box	c on line 13, 16	Sa, 16b, or 17a	, and line
	15 is 10% or more, and if the orga	anization meet	s the "facts-an	d-circumstances	s" test, check t	this box and s	top here.
	Explain in Part VI how the organizati	on meets the	facts-and-circul	mstances" test.	The organization	on qualifies as	a publicly
	supported organization						
18	Private foundation. If the organization						
	instructions						

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			· 1	'	,	
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.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
·u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth,	or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and \boldsymbol{stop} here .						▶ 🔲
Sec	tion C. Computation of Public Supp		<u> </u>				
15	Public support percentage for 2019 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2018 Sche					16	%
Sec	tion D. Computation of Investment	Income Per	entage				
17	Investment income percentage for 2019 (lin	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2018 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2019. If the org					ore than 331/3 %	, and line
	17 is not more than 331/3%, check this	s box and sto l	here. The orga	anization qualifies	s as a publicly	supported organi	zation . >
b	331/3% support tests - 2018. If the orga	anization did not	check a box on	line 14 or line 1	9a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifie	es as a publicly	supported organi	zation 🕨
20	Private foundation. If the organization d	lid not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	tions >

Schedule A (Form 990 or 990-EZ) 2019

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

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

		Yes	No
g by			
•	1	X	
ıs ed			
	2		X
er	3a		X
id ie			
	3b		
3)	3с		
lf	4a		Х
n n	4b		
n ed 3)			
	4c		
s," N n; on			
	5a		X
ly	5b		
	5с		
o d or			
	6		X
or :y			
	7		X
?	8		X
e ed			
	9a		X
h	9b		Х
fit	9c		Х
n d			
to	10a		X
	10b		

Schedule A (Form 990 or 990-EZ) 2019 Page 5

				- 3
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			77
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) are (b) above? If "Yee" to a box a provide detail in Part VI	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		21
occii	on b. Type Toupporting Organizations		Yes	No
_			103	110
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Section	on C. Type II Supporting Organizations		1.0	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
occii	on b. All Type in 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		103	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
<u></u>		3		
	on E. Type III Functionally Integrated Supporting Organizations		,	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	itructi	ons).	
a	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.			
b c	The organization is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inetru	ctions)	
·	The digalization supported a governmental chitty. Describe in 1 art vi now you supported a government chitry (see	mouu	Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
IJ	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported 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 qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	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): a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
	Iu		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **7**

Part V 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	xempt purposes				
2	Amounts paid to perform activity that directly furthers exer	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: \$					
a	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:					
a	Excess from 2015					
b	Excess from 2016					
с	Excess from 2017					
d	Excess from 2018					

Schedule A (Form 990 or 990-EZ) 2019

Excess from 2019

75-2779404

EL TESORO FOUNDATION

Schedule A (Form 990 or 990-EZ) 2019 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

				ATTACHMENT 3	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED (ORGANIZATIO	NS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
CAMP FIRE FIRST TEXAS	75-0851201	7	Х	342,386.	0.
TOTAL AMOUNT OF SUPPORT				342,386.	

SCHEDULE D (Form 990)

Department of the Treasury

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

Internal Revenue Service

Name	of the organization		Employer identification number
$_{ m EL}$	TESORO FOUNDATION		75-2779404
Pa	rt I Organizations Maintaining Donor Adv	sed Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and af year	(4) = 51101 = 221100 = 121100	(2)
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		
	funds are the organization's property, subject to the	-	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example		of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution in	
	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	8	2b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or term	inated by the organization during the
	tax year 🕨		
4	Number of states where property subject to conse	rvation easement is located ▶	
5	Does the organization have a written policy reg	garding the periodic monitoring, inspect	ion, handling of
	violations, and enforcement of the conservation ea	sements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspect	ting, handling of violations, and enforcing c	onservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2	•	
	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports		•
	balance sheet, and include, if applicable, the text of	-	ial statements that describes the
	organization's accounting for conservation easeme		0: " 1
Рa	organizations Maintaining Collections		r Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under FA of art, historical treasures, or other similar assesservice, provide in Part XIII the text of the footnote	SB ASC 958, not to report in its revenute held for public exhibition, education, to its financial statements that describes the statement of the stat	e statement and balance sheet works or research in furtherance of public hese items.
b	If the organization elected, as permitted under Fart, historical treasures, or other similar assets he provide the following amounts relating to these iter	d for public exhibition, education, or res	
	(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 a		
	following amounts required to be reported under F.		3 . ,
а	Revenue included on Form 990 Part VIII line 1	ŭ	▶ ¢

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

Assets included in Form 990, Part X

Schedule D (Form 990) 2019

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 10 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
collection items (check all that apply): a	No No
a Public exhibition d Loan or exchange program b Scholarly research e Other reservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in F XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 1 Id 1 Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	No No
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in F XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance	No No
Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in F XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance c Beginning balance d Additions during the year f Ending balance 1	No No
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in F XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	No No
XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	No No
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	No
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	No
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 10 10 10 10 10 10 10 10 10 1	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Dif "Yes," explain the arrangement in Part XIII and complete the following table: Amount C Distributions during the year 1d Distributions during the year 1e Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Did the organization the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Did the organization answered "Yes" on Form 990, Part IV, line 10.	
included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance Jid 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	
C Beginning balance	 No
c Beginning balance	No
d Additions during the year	No
e Distributions during the year	No
f Ending balance	No
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	_
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	
	ack
1a Reginging of year balance 3,905,998. 5,084,109. 4,908,416. 5,162,093. 6,083,3	
Ta Degining of year balance i. i.	923.
b Contributions	
c Net investment earnings, gains, and losses 1,118,029252,210. 1,007,847. 659,508. 35,7	778.
and iosses :	
d Grants or scholarships	
e Other expenditures for facilities and programs 342,385. 865,973. 777,806. 846,374. 878,5	588.
and programs	
4 639 595 3 905 998 5 084 109 4 908 416 5 162 0	
g Lind of year balance	
 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ► 93.0000 % 	
b Permanent endowment • 4.0000 %	
c Term endowment ▶ 3.0000 %	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the	
· · · · · · · · · · · · · · · · · · ·	No
(i) Unrelated organizations	X
(ii) Related organizations	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	_
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation	
1a Land	34.
b Buildings	
c Leasehold improvements	
d Equipment	
e Other	

1	(a) Description of security or category	wered "Yes" on Form 990, Pa	(c) Method of valuation	
	(including name of security)	(b) Book value	Cost or end-of-year market	
	I derivatives			
	held equity interests			
-				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h) must a mal Farm 000 Bart V and (D) line 40)			
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.	. •		
ait viii	Complete if the organization ans			
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
1)				
(2)				
(3)				
4) 5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)	. ▶		
Part IX	Other Assets. Complete if the organization ans	wered "Ves" on Form 990 Ps	art IV line 11d See Form 990 F	Part Y line 15
	Complete ii the organization and	(a) Description	intry, line 11d. Gee 1 onin 330, 1	(b) Book value
(1)		.,		(.,
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
		ol. (B) line 15.)		
(9)	mn (b) must equal Form 990, Part X, co			
(9) otal. (Colu	Other Liabilities. Complete if the organization ans	wered "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form	990, Part X,
(9) Total. (Colu Part X	Other Liabilities. Complete if the organization ans line 25. (a) I	wered "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form	990, Part X, (b) Book value
otal. (Colu Part X	Other Liabilities. Complete if the organization ansiline 25. (a) I al income taxes		art IV, line 11e or 11f. See Form	(b) Book value
otal. (Colu Part X (1) Federa (2) DUE 1	Other Liabilities. Complete if the organization ans line 25. (a) I		art IV, line 11e or 11f. See Form	
otal. (Columnation of the Columnation of the Column	Other Liabilities. Complete if the organization ansiline 25. (a) I al income taxes		art IV, line 11e or 11f. See Form	(b) Book value
otal. (Columbra) (1) Federa (2) DUE 1 (3) (4)	Other Liabilities. Complete if the organization ansiline 25. (a) I al income taxes		art IV, line 11e or 11f. See Form	(b) Book value
(9) otal. (Columna Part X (1) Federa (2) DUE (3) (4) (5) (6)	Other Liabilities. Complete if the organization ansiline 25. (a) I al income taxes		art IV, line 11e or 11f. See Form	(b) Book value
(1) Federa (2) DUE 1 (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization ansiline 25. (a) I al income taxes		art IV, line 11e or 11f. See Form	(b) Book value
(9) rotal. (Columna	Other Liabilities. Complete if the organization ansiline 25. (a) I al income taxes		art IV, line 11e or 11f. See Form	(b) Book value
(9) otal. (Columna (Other Liabilities. Complete if the organization ans line 25. (a) If all income taxes TO AFFILIATE	Description of liability		(b) Book value 822,863
(9) Fotal. (Columnal Columnal Columna	Other Liabilities. Complete if the organization ansiline 25. (a) I al income taxes	Description of liability ne 25.)		(b) Book value 822,863

75-2779404

EL TESORO FOUNDATION

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.	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	799,084.
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 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	-	
C C	recoveries of prior year grants : 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
d e	Other (Describe in Part XIII.)	2e	514,552.
3	Subtract line 2e from line 1	3	284,532.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	204 522
5 Dor4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	284,532.
Part	XII 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	449,774.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	449,774.
3	Subtract line 2e from line 1	3	117,771.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7h		
a b	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)	-	
C	Add lines 4a and 4b	4c	342,386.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	792,160.
	XIII Supplemental Information.		
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

Schedule D (Form 990) 2019 EL TESORO FOUNDATION 75-2779404 Page **5**

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USE FOR ENDOWMENT FUNDS:

THE FUNDS ARE FOR THE BENEFIT AND SUPPORT OF CAMP FIRE FIRST TEXAS AND TO BE RESPONSIVE TO THE NEEDS AND DEMANDS OF CAMP FIRE FIRST TEXAS.

SCHEDULE D, PART 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 REVENUES PER AUDITED FINANCIALS WITH THE RETURN:

PAYMENT TO SUPPORTED ORGANIZATION \$(342,386)

TRANSFER OF PROPERTY & EQUIPMENT 8,996

TOTAL \$(333,390)

SCHEDULE D, PART XII, LINE 4B

RECONCILIATION OF EXPENSES PER AUDITED FINANCIALS WITH THE RETURN:

PAYMENT TO SUPPORTED ORGANIZATION \$342,386

SCHEDULE I (Form 990)

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

OMB No. 1545-0047 2019

Open to Public Inspection

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. Name of the organization Employer identification number EL TESORO FOUNDATION 75-2779404 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (b) EIN (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) CAMP FIRE FIRST TEXAS TO SUPPORT CAMP FIRE 2700 MEACHAM BLVD FORT WORTH, TX 76137 75-0851201 501(C)(3) 342,386. OUTDOOR & EDUCATION (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)1.

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

Schedule I (Form 990) (2019)

EL TESORO FOUNDATION 75-2779404

Schedule I (Form 990) (2019)

art 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					
1					

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 USE OF FUNDS IN THE U.S.:

EL TESORO FOUNDATION ONLY PROVIDES GRANTS TO ITS SUPPORTED ORGANIZATION,

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

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

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

AUDIT REPORT.

Schedule I (Form 990) (2019)

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**

Department of the Treasury Internal Revenue Service Name of the organization

EL TESORO FOUNDATION

Inspection Employer identification number

75-2779404

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 Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:	40		Х
a b	Receive a severance payment or change-of-control payment?	4a 4b		X
C	Participate in, or receive payment from, a supplemental hondulalined retirement plant:	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The to any of lines 4a o, list the persons and provide the applicable amounts for each item in rait in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
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

EL TESORO FOUNDATION 75-2779404

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 of W-2 and/or 1099-MIS				(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ANN SHEETS	(i)	0.	0.	0.	0.	0.		0.
1PRESIDENT/CEO	(ii)	191,202.	0.	0.	13,559.	10,610.	215,371.	0.
	(i)							
_ 2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
	(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)							

EL TESORO FOUNDATION 75-2779404

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 3

PROCESS TO ESTABLISH CEO COMPENSATION:

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

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

75-2779404

EL TESORO FOUNDATION

FORM 990, PART VI, SECTION A, LINE 6

MEMBERS OR STOCKHOLDERS:

CAMP FIRE FIRST TEXAS, THE FOUNDATION'S SUPPORTED ORGANIZATION, IS THE SOLE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A

MEMBERS WITH POWER TO APPOINT ONE OR MORE MEMBERS OF THE BOARD:

CAMP FIRE FIRST TEXAS' BOARD OF DIRECTORS ELECTS THE FOUNDATION'S BOARD.

THE FOUNDATION'S BOARD OF DIRECTORS THEN ELECTS ITS OFFICERS.

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

REVIEW OF FORM 990:

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

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

PROCESS TO MONITOR AND ENFORCE CONFLICT OF INTEREST POLICY:

THE BOARD OF DIRECTORS ARE REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICT OF

INTEREST IN A WRITTEN STATEMENT TO THE BOARD. FURTHER, WHERE THERE IS A

CONFLICT OR POTENTIAL CONFLICT, THE BOARD MEMBER IS REQUIRED TO ABSTAIN

Name of the organization

Employer identification number

EL TESORO FOUNDATION

75-2779404

FROM ANY VOTE RELATED TO SUCH CONFLICT.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS:

THE FOUNDATION'S IRS FORM 990 IS MADE AVAILABLE UPON REQUEST. AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, INCLUDING THE ARTICLES OF INCORPORATION, BYLAWS, AND COUNCIL POLICIES, ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9

TRANSFER BETWEEN RELATED PARTIES:

THE FOUNDATION RECEIVED IMPROVEMENTS OF \$8,996 FROM CAMP FIRE FIRST TEXAS.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2019
Open to Public
Inspection

Name of the organization

EL TESORO FOUNDATION

Department of the Treasury

Internal Revenue Service

Employer identification number 75-2779404

Part I	art I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.										
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity					
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	olled
						Yes	No
(1) CAMP FIRE FIRST TEXAS 75-0851201							
2700 MEACHAM BLVD FORT WORTH, TX 76137	YOUTH ORG	TX	501(C)(3)	7	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

EL TESORO FOUNDATION 75-2779404

Schedule R (Form 990) 2019

Part III Identification of Relation because it had one or	ted Organization more related org	s Taxable anization	e as a Partnersl ns treated as a p	hip. Complete if the eartnership during th	e organization a e tax year.	inswered "Yes'	on l	Form	n 990, Part IV,	line	34,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ij) eral or aging tner?	(k) Percentage ownership
		Country)		3000013 312 314)			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

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 income	(g) Share of end-of-year assets	(h) Percentage ownership	entity?
(1)								Yes No
(2)								
(3) (4)								
(5)								
(6)								
(7)								

(5)

(6)

(7)

EL TESORO FOUNDATION 75-2779404

Sched	ule R (Form 990) 2019					Pa	age 3		
Par	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt 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	related organizations li	sted in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
b	Gift, grant, or capital contribution to related organization(s)				1b	Х			
	Gift, grant, or capital contribution from related organization(s)				1c		X		
	d Loans or loan guarantees to or for related organization(s)								
е	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		Х		
g	Sale of assets to related organization(s)				1g		Х		
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		
							37		
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		
	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n 1o	X			
0	Sharing of paid employees with related organization(s)				10				
	Delahaman and add to related any all of a few and a second				10	Х			
	Reimbursement paid to related organization(s) for expenses				1p 1q		Х		
q	Reimbursement paid by related organization(s) for expenses				14				
r	Other transfer of cash or property to related organization(s)				1r		х		
	Other transfer of cash or property from related organization(s).				1s	Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cov	ered relationships and transa	ction thre		 S.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method amou	(d) of dete int invo		ng		
(1)									
(2)									
(3)									
(4)									
\'1									
(5)									

Schedule R (Form 990) 2019

EL TESORO FOUNDATION 75-2779404

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	(c) Legal domicile (state or foreign country)	I mom tax unger	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes				Yes	No	(1 01111 1000)	Yes	No	
(1)													
(2)													
(3)													
_(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
											L		m 000) 2010

Schedule R (Form 990) 2019

Page 4

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.