Form	9	9	0

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.

Department of the Treasury

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

G Open to Public Inspection

OMB No. 1545-0047

Inter	nal Rev	enue Serv	vice		Go to ww	w.irs.gov/Form99	0 for ins	structions	and the la	test infor	rmatior	.			nspect	ion			
A	For th	ne 2021	calend	dar year, or tax y	ear beginning				and end	ing	_								
_			C Nam	e of organization							D Em	ployer ider	ntific	ation num	ber				
в	Check if a	applicable:	EL	TESORO FOU	INDATION														
	Addr chan			g business as							7	5-2779	940-	4					
		ige ie change		<u> </u>	P.O. box if mail is	not delivered to stree	t address	5)	Room/sui	te	E Telephone number								
-	-	al return	27	00 MEACHAM	BLVD						(
-	Final	I return/				and ZIP or foreign po	stal code				(817)83	<u> </u>						
-		inated nded		RT WORTH, I		5 1 5 7 7					G Gro	ss receipts	\$	1	501	,192.			
	retur Appl	rn lication	·	ie and address of p		LAUREN R	TOUNT	סנ				s this a grou			Yes	<u>, 192.</u> X No			
	pend	ding				-	-					subordinates	?		Yes	No			
-						WORTH, TX 7		10.17(.)(1)			п (ט)	Are all subord		a list. See inst					
÷		xempt st		X 501(c)(3)	501(c) () ┥ (insert no	0.)	4947(a)(1)	or	527	-				ructions				
<u> </u>		site: 🕨												number 🕨					
ĸ		of organ			Trust	Association C	Other 🕨		L Yea	ar of forma	ation: 1	998 M :	State	e of legal do	micile:	TX			
P	art I		ımmar																
	1			0		r most significant a						ICIT,	RE	CEIVE,					
Se		ADM	INIST	ER AND INV	EST PROPE	ERTY FOR TH	E EXC	LUSIVE	BENEF	IT AND)								
nar		SUPI	PORT	OF CAMP FI	RE FIRST	TEXAS AND '	TO BE	RESPO	NSIVE '	TO THE	EIR N	IEEDS.							
Governance	2	Check	c this be	ox 🕨 🔄 if the	organization d	iscontinued its op	perations	s or dispose	ed of more	than 25%	% of its	net assets	5.						
		Numb	er of v	oting members of	the governing	body (Part VI, line	1a) 🔒						3			7			
ა ა		Numb	er of ir	dependent voting	g members of	he governing body	y (Part V	/I, line 1b) _					4			7			
Activities	5	Total	numbe	r of individuals er	mployed in cale	endar year 2021 (P	Part V, lir	ne 2a)					5			NONE			
ţ	6	Total	numbe	r of volunteers (es	stimate if neces	sary)							6			7			
A	7a					III, column (C), line							7a			NONE			
						Form 990-T, Part I							7b			NONE			
							,					r Year		Cur	rent Ye	ear			
	8	Contri	ibution	s and grants (Part	VIII. line 1h)							5,12	20.			NONE			
Revenue	9) DNE			NONE			
svel	10					es 3, 4, and 7d)						716,66			794	,933.			
Å	11					6d, 8c, 9c, 10c, a						51,84				,232.			
	12					t equal Part VIII, co						773,63				,165.			
	13				· ·														
	14		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)									722,466. NONE			303	,867.			
	4.5												-			NONE			
ses	15					efits (Part IX, colur						5,12		NON					
Expenses	16a					n (A), line 11e)						N	ONE			NONE			
Ă	b					D), line 25) 🕨							_						
_	17					a-11d, 11f-24e)				-		461,69				<u>,985.</u>			
	18		•		· ·	Part IX, column (A		/		-		189,28				,852.			
	19	Rever	nue les	s expenses. Subt	ract line 18 fror	n line 12						415,64				,313.			
sor	20 21 22									Begir	nning o	Current Y	'ear		of Yea				
sset	20	Total a	assets	Part X, line 16)								036,43		16	291	,787.			
A B	21											924,86	53.		864	,101.			
Ž,	22	Net as	ssets o	r fund balances.	Subtract line 21	from line 20					15,	111,57	74.	15	427	,686.			
Pa	art II	Sig	gnatur	e Block															
Ur	der pe	nalties c	of perjur	y, I declare that I h	ave examined th	is return, including	accompa	nying sched	ules and sta	atements,	and to t	he best of	my	knowledge	and be	lief, it is			
tru	e, com	ect, and	comple	e. Declaration of pre	eparer (other that	n officer) is based on	all mom	nation of wh	ich prepare	r nas any k	nowied	ye.							
Sig	-	5	Signatur	e of officer								Date							
He	re																		
		🕨 T	ype or p	print name and title															
				eparer's name		Preparer's signatur	е		Date			heck	if	PTIN					
Pai	d	NOEI	LT.F	ALBERTO								elf-employe		P01704	1142				
Pre	parer				TTD														
Use	e Only	/	s name	► FORVIS,								EIN 🕨		4-0160		1			
N 4 -		Firm's address ► 777 MAIN STREET, SUITE 2000 FORT WORTH, TX 76102 he IRS discuss this return with the preparer shown above? See instructions										e no.		17-332					
_							See ins	structions					• •		es	No			
For	Pape	erwork	Reduc	tion Act Notice, s	see the separat	te instructions.								For	n 990	(2021)			
JSA																			

ĔĹ	TESORO	FOUNDATION

For	orm 990 (2021)	Page 2
Pa	Part III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this P	Part III
1	Briefly describe the organization's mission:	
	THE MISSION OF THE FOUNDATION IS TO HOLD, MANAGE, SO	
	ADMINISTER AND INVEST PROPERTY FOR THE EXCLUSIVE US	
	SUPPORT OF CAMP FIRE FIRST TEXAS AND TO BE RESPONSI	VE TO THE NEEDS
	AND DEMANDS OF CAMP FIRE FIRST TEXAS.	
2	2 Did the organization undertake any significant program services during the	
	prior Form 990 or 990-EZ?	
2	If "Yes," describe these new services on Schedule O.	how it conducto only program
3	Did the organization cease conducting, or make significant changes in services?	
	If "Yes," describe these changes on Schedule O.	
4		f its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to r	
	the total expenses, and revenue, if any, for each program service reported.	
4a	a (Code:) (Expenses \$ 623,974. including grants of \$	303,867.) (Revenue \$)
	THE PURPOSE OF EL TESORO FOUNDATION IS TO SUPPORT T	HE PROGRAMS OF
	CAMP FIRE FIRST TEXAS. IN 2021 THE TRANSFER TO CAMP	FIRE FIRST
	TEXAS WAS \$303,867 IN SUPPORT OF ITS YOUTH DEVELOPM	ENT, OUTDOOR,
	AND PROFESSIONAL GROWTH PROGRAMS.	
4b	b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	c (Code:) (Expenses \$ including grants of \$) (Revenue \$
<u>.</u> .		
4d	d Other program services (Describe on Schedule O.)	auo [¢]
4.0	(Expenses \$ including grants of \$) (Rever e Total program service expenses ► 623,974.	
JSA	SA	Form 990 (2021)
	E1020 1.000 4025NQ A87C 11/04/2022 12:49:39 V21-7.6F 1178937	5

Form 9	90 (2021)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1				
2		1 2	X	v
		2		X
3		3		x
4				А
•		4		x
5				
		5		х
6				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
		8		Х
9				
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			
40	 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 			X
10		10	х	
11			Λ	
••				
а				
		11a	Х	
b				
 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>. 2 Is the organization required to complete <i>Schedule B</i>, <i>Schedule of Contributors</i>? See instructions		11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d				
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .			Х
		11e	Х	
f				
40 -		11f		X
12a		120	v	
h		12a	X	
U		12b	Х	
13		13	Λ	x
	-	14a		X
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16				
	-	16		Х
17				
		17		X
18		4.0		77
10		18		X
19		10		v
20 -		19 20a		X X
		20a 20b		
		21	х	
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	EL TESORO FOUNDATION 75-2779	9404		
Form 9	90 (2021)		I	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 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		Х
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			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the 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? If			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		- 21
U	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive note that \$25,000 in hor-cash contributions in res, complete schedule in	25		
30	conservation contributions? If "Yes," complete Schedule M	20		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 31		X X
32	Did the organization refutate, terminate, of dissolve and cease operations? If res, complete schedule iv, Part i Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32		22		v
22	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			•
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a NONE	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?			
JSA 1E1030	1.000	Form	990	(2021)

Form 990 (2021)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a NONE									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.									
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	40		v						
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods									
a		7a		Х						
	and services provided to the payor?	7b		<u></u>						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-								
	required to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х						
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
	Section 501(c)(12) organizations. Enter:									
11										
b	Gross income from other sources. (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)	40.								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
	the organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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 the instructions and file Form 4720, Schedule N.			_						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
10	If "Yes," complete Form 4720, Schedule O.			~~						
47										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise taxuader section 4051, 4052, or 40522	17								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
JSA			000	(0.0.5.1)						
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Form 9	990 (2021) EL TESORO FOUNDATION	75-2779	404	F	Page 6
Part					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Sc				tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			Х
Sect	ion A. Governing Body and Management				_ . .
		[Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u>	7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.	_			
	Enter the number of voting members included on line 1a, above, who are independent <u>1b</u>	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations		2		37
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under t		2		37
	supervision of officers, directors, trustees, or key employees to a management company or other persor		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets		5 6	37	X
6	Did the organization have members or stockholders?		0	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect o		70	v	
	one or more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) r		7b		x
~	stockholders, or persons other than the governing body?		7.5		
8	Did the organization contemporaneously document the meetings held or written actions undertake	n auring			
	the year by the following:		8a	Х	
a	The governing body?		8b	X	
a	Each committee with authority to act on behalf of the governing body?		00	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal		-)	
				Yes	No
102	Did the organization have local chapters, branches, or affiliates?	[10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such				
D D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purpose		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing th		11a	Х	
b	Describe on 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? <i>If "No," go to line 13</i>		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that c				
~	rise to conflicts?	sula give	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes"			
•	describe on Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and ap				
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and	-			
а	The organization's CEO, Executive Director, or top management official		15a		Х
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	Ingement			
	with a taxable entity during the year?	-	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evo				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	juard the			
	organization's exempt status with respect to such arrangements?		16b		
Secti	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T	(sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				,
	Own website Another's website X Upon request Other (explain on Schedul	э О)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of	inter	est p	olicy,
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books	and records	5 🕨		
	MONICA PUENTE 2700 MEACHAM BLVD FORT WORTH, TX 76137				
JSA	817-806-5419		Form	990	(2021)
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Page 7

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

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

(A)	(B)				C) sition			(D)	(E)	(F)
Name and title	Average	(do r	not ch			e than o	one	Reportable	Reportable	Estimated amount
	hours	box,	unles	s pe	erson	is both	an	compensation	compensation	of other
	per week		r and		lirect	or/trust	, 	from the	from related	compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) LAUREN RICHARD	2.00									
PRESIDENT/CEO	50.00			Х				NONE	104,251.	35,483.
(2) LINDA RAMOZ	2.00									
CFO, END: 10/21	50.00			Х				NONE	98,731.	6,691.
(3) BRANDON CHASE	1.00									
CHAIRMAN	NONE	Х		Х				NONE	NONE	NONE
(4) LINDSAY DANIEL	1.00									
SECRETARY/TREASURER	NONE	Х		Х				NONE	NONE	NONE
(5) J.B. STRONG	1.00									
VICE CHAIRMAN	NONE	Х		Х				NONE	NONE	NONE
(6) LINDSEY HESTER	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) ASHLEY LACAMP	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) BILL MCCOY	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) EVIE RICHARDSON	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10)										
(11)										
(12)										
(13)										
(14)										

Forr	n 990 (2021)													age 8
Pa	rt VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	bye	es,	and H	ligl	hest Compensat	ed Emplo	yees (c	ontinue	ed)	
	(A) Name and title	(B) Average hours per week (list any	verage Position Reportable Report burs per (do not check more than one box, unless person is both an cfirm relate	on from	am	(F) timated tount of other								
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		fro orga and	pensatio om the anizatio d related inizatior	n 1
			-											
			-											
			-											
			-											
		+												
			-											
1b	Sub-total							►	NONE	202	,982.		42,	174.
	Total from continuation sheets to Part VII, S	=						►	NONE		NONE			NONE
 2	Total (add lines 1b and 1c)						e) who	► > re	NONE		,982. of		42,	174.
	reportable compensation from the organizatio					NO				+ ,	-		Maa	Na
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	Yes	No X
4	For any individual listed on line 1a, is the	sum of rep	oortab	ole d	com	per	satior	n ar	nd other compens	sation from	the	5		A
	organization and related organizations gr individual			• •		• •						4		X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5		X
<u>Se</u> 1	ction B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year.													
	(A) Name and business add	dress							(B) Description of se	rvices	C	(C) ompens	ation	
		'												

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 ► NONE

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-	UVII				espor	ise or note to ar	ny line in this Part V	/111		
				<u></u>	<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		Г	1b					
	c	Fundraising events			1c					
	d	Related organizations		Г	1d					
	е	Government grants (c		Г	1e					
	f	All other contributions,		· · · [
		and similar amounts not	-	-	1f					
Ę	g	Noncash contributions		F						
Contr and C	9	lines 1a-1f			1a	\$				
ခ်င်္ဂ	h			-			NONE			
		Total. Add lines 1a-1f			Business Code					
e	2a									
Β	b									
Program Service Revenue	c b									
	d									
	e f	All other program serv	ico ro	Venue						
	g	Total. Add lines 2a-2f				·	NONE			
	3	Investment income								
		other similar amounts)		-		•	70,406.			70,406.
	4	Income from investme					NONE			
	5	Royalties		•		· .	113,231.			113,231.
				(i) Rea	al	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses								
	c	Rental income or (loss)			NONE	NONE				
	d	Net rental income or (le					NONE			
	7a	Gross amount from		(i) Secur		(ii) Other				
		sales of assets								
		other than inventory	7a	1,320),554.					
e	b	Less: cost or other basis								
evenue		and sales expenses	7b	576	5,174.	19,853.				
ev	c	Gain or (loss)	7c	74	4,380.	-19,853.				
Ľ	d	Net gain or (loss)					724,527.			724,527.
Other	8a	Gross income fro	m	fundraising						
õ		events (not including \$		0						
		of contributions rep								
		1c). See Part IV, line 1			8a	NONE				
	b	Less: direct expenses				NONE				
	c	Net income or (loss) fi				<u> </u>	NONE			
	9a	Gross income	from	gaming						
		activities. See Part IV, I	line 1		9a	NONE				
	b	Less: direct expenses			9b	NONE				
	c	Net income or (loss) f			vities.	<u></u>	NONE			
	10a	Gross sales of	inven	tory, less						
		returns and allowances	s		10a	NONE				
	b	Less: cost of goods sol	ld		10b	NONE				
	c	Net income or (loss) fr	rom sa	ales of inven	tory	<u></u>	NONE			
S						Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS REVENU	JΕ			900099	1.			1.
lan ent	b									
evi evi	с									
Alis. R	d	All other revenue								
2	е	Total. Add lines 11a-1	1d •				1.			
	12	Total revenue. See ins	structi	ons			908,165.			908,165.
JSA										Form 990 (2021)

Form 990 (2021) EL
Part VIII Statement of Revenue

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 303,867 and domestic governments. See Part IV, line 21 . . . 303,867 2 Grants and other assistance to domestic NONE individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE Compensation of current officers, directors, 5 trustees, and key employees NONE 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages NONE NONE 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits NONE 9 NONE 10 11 Fees for services (nonemployees): NONE a Management NONE **b** Legal NONE c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17 27,882. 27,882. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column NONE (A), amount, list line 11g expenses on Schedule O.) Advertising and promotion NONE 12 NONE 13 Office expenses 14 Information technology NONE NONE 15 Royalties Occupancy NONE 16 NONE 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials Conferences, conventions, and meetings NONE 19 Interest NONE 20 NONE 21 Payments to affiliates Depreciation, depletion, and amortization 416,982. 320,107. 94,764 2,111 22 NONE Insurance 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) а b. С • d. 20,121 20,121. e All other expenses 25 Total functional expenses. Add lines 1 through 24e 768,852 623,974 142,767. 2,111. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

Form 990 (2021)

if

m 990 (Page 1
art X		ant V		[
	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	18,677.	1	49,248
2	Savings and temporary cash investments.	274,075.	2	242,369
3	Pledges and grants receivable, net	NONE	3	NO
4	Accounts receivable, net	3,570.		NO
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	NONE	5	NO
6	Loans and other receivables from other disqualified persons (as defined	110112	•	110
ľ	under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.	NONE	6	NO
7	Notes and loans receivable, net	NONE		NO
7 8	Inventories for sale or use	NONE		NO
0	Prepaid expenses and deferred charges	NONE		NC
10 a	Land, buildings, and equipment: cost or other	NONE	3	110
liva	basis. Complete Part VI of Schedule D 10a 16,996,351.			
h	Less: accumulated depreciation	10,294,347.	100	9,896,70
11	Investments - publicly traded securities.	5,445,768.		6,103,46
12	Investments - other securities. See Part IV, line 11			0,103,40 NC
13	Investments - program-related. See Part IV, line 11.	NONE		NC
				NC
14	Intangible assets	NONE		
15	Other assets. See Part IV, line 11	NONE		NC
16	Total assets. Add lines 1 through 15 (must equal line 33)	16,036,437.		16,291,78
17	Accounts payable and accrued expenses	NONE		NC
18	Grants payable	NONE		NC
19	Deferred revenue	NONE		NC
20	Tax-exempt bond liabilities	NONE		NC
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NC
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons	NONE		NC
23	Secured mortgages and notes payable to unrelated third parties	NONE		NC
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NC
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	924,863.		864,10
26	Total liabilities. Add lines 17 through 25	924,863.	26	864,10
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	-		07	
27	Net assets without donor restrictions	14,795,725.	27	15,146,62
27 28 29 30 31 32	Net assets with donor restrictions	315,849.	28	281,05
	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
20				
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	15,111,574.	32	15,427,68
33	Total liabilities and net assets/fund balances	16,036,437.	33	16,291,78 Form 990 (202

JSA

	EL TESORO FOUNDATION	75-27	79404			
Form 99	00 (2021)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			. X
1	Total revenue (must equal Part VIII, column (A), line 12)		1	9	08,	<u>165</u> .
2	Total expenses (must equal Part IX, column (A), line 25)		2	7	68,	<u>852</u> .
3	Revenue less expenses. Subtract line 2 from line 1		3	1	39,	<u>313</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .		4	15,1		
5	Net unrealized gains (losses) on investments		5	1	37,	<u>606</u> .
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O)		9		39,	<u>193</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part					
	32, column (B))		10	15,4	27,	<u>686</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII.					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "O Schedule O.	Junei, ex	piain on			
•				2a		х
2a	Were the organization's financial statements compiled or reviewed by an independent acco			Za		
	If "Yes," check a box below to indicate whether the financial statements for the year reviewed on a separate basis, consolidated basis, or both:	were com	iplied or			
	Separate basis Consolidated basis Both consolidated and separate basis					
				2b	x	
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year w			20		
	separate basis, consolidated basis, or both:		eu on a			
	Separate basis Consolidated basis X Both consolidated and separate basis	asis				
~	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibil		reight of			
U.	the audit, review, or compilation of its financial statements and selection of an independent	-	-	2c	x	
	If the organization changed either its oversight process or selection process during the ta					
	Schedule O.	A your, or				
32	As a result of a federal award, was the organization required to undergo an audit or audits	as set for	th in the			
υu	Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did	d not und	erao the			
	required audit or audits, explain why on Schedule O and describe any steps taken to underg		•	3b		
					000	

Form **990** (2021)

SCHE	DULE	Α
(Form	990)	

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Name of the organization

► Attach to Form 990 or Form 990-EZ.
► Go to www.irs.gov/Form990 for instructions and the latest information.

	lisp
	Employer identification number

EL	TESORO FOUNDATION					75-2	779404
Pa	rt I Reason for Public Cha	rity Status. (All o	organizations must	complet	te this p	art.) See instructions	δ.
The	organization is not a private fou	ndation because it	is: (For lines 1 throug	gh 12, ch	eck only	one box.)	
1	A church, convention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A school described in sect			-			
3	A hospital or a cooperative	-	-				
4	A medical research organiz		conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and s						
5	An organization operated		a college or universit	y owned	d or ope	rated by a governme	ental unit described in
	section 170(b)(1)(A)(iv). (0	• •					
6	A federal, state, or local go	•					and the second sector is the
7	An organization that norm	-	-	pport fro	om a go	vernmental unit or fro	om the general public
0	described in section 170(b)		-				
8 9	An agricultural research or				oporator	Lin conjunction with a	land-grant college
3	or university or a non-land-	-			-		
	university:	grant concyc of ag		юпэ). Е		name, ony, and state o	
10	An organization that norma	Illy receives (1) mo	ore than 331/3% of its	support	from cou	ntributions, membersh	ip fees, and gross
	receipts from activities relation	ited to its exempt f	unctions, subject to c	ertain ex	ceptions	s: and (2) no more thar	n 331/3 % of its
	support from gross investn acquired by the organization						businesses
11	An organization organized				•	,	
12	x An organization organized	and operated exclu	sively for the benefit of	f, to per	form the	functions of, or to car	ry out the purposes of
	one or more publicly suppo	rted organizations	described in section 5	09(a)(1)	or secti	on 509(a)(2). See sec	tion 509(a)(3). Check
	the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а	X Type I. A supporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	supporting organization.	You must complet	e Part IV, Sections A	and B.			
b	Type II. A supporting org	•				••	
	control or management of		-	the sam	e persor	is that control or man	age the supported
	organization(s). You must	•					
С	Type III functionally inte	• • • •					lly integrated with,
لہ	its supported organization						ted ergenization(a)
d	that is not functionally			•			• • • •
	requirement (see instruct			-		-	an allen liveness
е	Check this box if the orga	,	•				I Type III
•	functionally integrated, or					21 . 21	., ., ., ., ., ., ., ., ., ., ., ., ., .
f	Enter the number of supported						1
g	Provide the following informati	on about the suppo	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
SEI	E SUPPLEMENTAL PAGE			Yes	No		
(A)							
(B)							
(C)							
							·
(D)							
(E)							
Tota							
						303,867.	NONE
For F	Paperwork Reduction Act Notice, see th	e Instructions for Form	990 or 990-EZ.			S	chedule A (Form 990) 2021

Schedule A	(Form	990)	202
Scheudle A	(FUIII	990)	202

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	Γ	1	1	Т	1	1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>	<u> </u>				
Sec	tion C. Computation of Public Sup		•			1 1	
14	Public support percentage for 2021 (li						%
15	Public support percentage from 2020						%
16a	331/3% support test - 2021. If the or	-					
	box and stop here. The organization q						
b	331/3% support test - 2020. If the org						
47-	this box and stop here . The organizati			-			
17a	10%-facts-and-circumstances test - 2		-				
	10% or more, and if the organization Part VI how the organization meets					-	
	organization			-	-		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz		0				
	in Part VI how the organization meets					-	-
	organization.			-	-		
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990) 2021

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					T	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	() 0017	(1) 0040	() 0040	()) 00000	() 0001	(0 T)
Cale	ndar year (or fiscal year beginning in) 🕨 _	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6 Gross income from interest, dividends,						
IVa	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
a	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
-	acquired after June 30, 1975						
	Add lines 10a and 10b						
11							
	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						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
15	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first secon	d third fourth	or fifth tax ve	ar as a section	501(c)(3)
••	organization, check this box and stop here .	-					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,		•	ımn (f))		15	%
16	Public support percentage from 2020 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2021 (lin	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2020 S					18	%
19 a	331/3% support tests - 2021. If the org					ore than 331/3%	6, and line
	17 is not more than 331/3%, check this	box and stop	here. The orga	nization qualifies	as a publicly su	upported organiz	ation ►
b	331/3% support tests - 2020. If the orga	anization did not	check a box or	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3%, check	this box and st	t op here. The or	ganization qualifi	es as a publicly	supported organ	ization
20	Private foundation. If the organization of	did not check a	a box on line '	14, 19a, or 19b	, check this bo		
JSA 1E122	21 1.000					Schedule	A (Form 990) 2021
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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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

Χ

Χ

Χ

Χ

Χ

Х

Χ

Χ

Х

Χ

Χ

Χ

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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Schedule A (Form 990) 2021

Part IV	Supporting Organizations (continued)		
		Yes	No

- Has the organization accepted a gift or contribution from any of the following persons?
 a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 - **b** A family member of a person described on line 11a above?
 - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI.**

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section 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 instructions).						
а	The organization satisfied the Activities Test. Complete line 2 below.						
b	The organization is the parent of each of its supported organizations. Complete line 3 below.						
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).						
•							
2 Activities Test. Answer lines 2a and 2b below.							

- a 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** 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? *If* "Yes" or "No," provide details in **Part VI.**
- **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.*

<u>d. 3b</u> Schedule A (Form 990) 2021

2a

2b

3a

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Χ

Χ

Х

Yes No

11a

11b

11c

1

2

Χ

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Schedule A	(Form	990	2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Se	ction 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		
Se	ection 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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
с	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
-				

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

Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	6	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
8	and 4c. Breakdown of line 7:				
	Excess from 2017				
 	Excess from 2017				
b	Excess from 2019				
 d	Excess from 2020				
	Excess from 2020				
e	LAUG99 110111 2021				

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021

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

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS					
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) AMOUNT OF
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	OTHER SUPPORT
CAMP FIRE FIRST TEXAS	75-0851201	7	Х	303,867.	NONE
TOTAL AMOUNT OF SUPPORT				303,867.	NONE

SCHEE	DULE	D
(Form	990)	

1

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.

20 21 **Open to Public**

OMB No. 1545-0047

	nal Revenue Service	► Go to www.irs.gov	/Form990 for instructions an	d the latest inform	mation.	Inspection
	e of the organization	· · · · · ·			Employer identif	
ΕL	TESORO FOUNDA	ATION			75-277	9404
		tions Maintaining Donor Adv	ised Funds or Other Sir	milar Funds or		
	_	e if the organization answered				
	•		(a) Donor advised	funds	(b) Funds a	nd other accounts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5		ion inform all donors and donor	advisors in writing that t	the assets held	in donor advise	d
	•	anization's property, subject to the	•			
6	Did the organizat	ion inform all grantees, donors, a	and donor advisors in writi	ing that grant f	unds can be use	d
	only for charitable	e purposes and not for the bene	fit of the donor or donor a	advisor, or for a	any other purpos	e
	conferring imperm	nissible private benefit?				. Yes No
Pa		ation Easements.				
		e if the organization answered				
1	Purpose(s) of cor	nservation easements held by the	organization (check all that	t apply).		
		on of land for public use (for example	e, recreation or education)	1	-	mportant land area
	Protection of	of natural habitat		Preservation	of a certified his	toric structure
		on of open space				
2	•	a through 2d if the organization h	eld a qualified conservatio	n contribution ir		
		last day of the tax year.			Held at th	e End of the Tax Year
а		onservation easements			2a	
b	-	tricted by conservation easements			2b	
С		rvation easements on a certified			2c	
d		rvation easements included in (d				
_		listed in the National Register			2d	
3		ervation easements modified, tra	nsferred, released, extingu	uished, or term	inated by the or	ganization during the
	tax year ▶					
4		where property subject to conse			ting houdling of	
5		zation have a written policy reg				
6		forcement of the conservation ea				
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, nandling of violations	s, and enforcing	conservation ease	ements during the year
7	Amount of expense	ses incurred in monitoring, inspec	ting, handling of violations,	and enforcing c	onservation ease	ments during the year
	▶\$					
8		vation easement reported on line				
)(4)(B)(ii)?				. Yes No
9		ibe how the organization reports			•	
		id include, if applicable, the text of		nization's financ	cial statements the	at describes the
D		counting for conservation easeme tions Maintaining Collections		ouroa ar Otha	r Similar Accor	•
Гс		e if the organization answered			i Siiiilai Assei	3.
4.0	· · · · · ·				a atatamant ana	holonoo ahoot warka
1a	of art, historical service, provide in	n elected, as permitted under FA treasures, or other similar asse a Part XIII the text of the footnote	ts held for public exhibit to its financial statements	ion, education, that describes t	or research in hese items.	furtherance of public
b	art, historical trea	n elected, as permitted under Fasures, or other similar assets he ving amounts relating to these iter	Id for public exhibition, ed			
		ded on Form 990, Part VIII, line 1				\$
		ed in Form 990, Part X				\$
2		on received or held works of a				cial gain, provide the
	following amounts	s required to be reported under F	ASB ASC 958 relating to the	hese items:		_ · ·
а		I on Form 990, Part VIII, line 1				\$
b	Assets included ir	n Form 990, Part X				\$

Schedule D (Form 990) 2021

Schee		TESORO FOUNDAT				75-277940	5	2
Ра	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, or	Other Similar A	Assets (continu	ed)	
3	Using the organization's acquisitio collection items (check all that appl		other records, chec	k any of the	e following that n	nake significant	use of it	S
а	Public exhibition	,	d 🗌 Loan	or exchange	program			
b	Scholarly research		e Other	-	P 9			
c	Preservation for future gener	ations						-
4	Provide a description of the organ		and explain how	they further	the organization	's exempt purpo	se in Pa	rt
7	XIII.				the organization			
5	During the year, did the organizatio	n solicit or receive (Ionations of art hist	orical traasu	ires or other simil	ar		
3	assets to be sold to raise funds rath						N	
Da	rt IV Escrow and Custodial A		aneu as part or the	organization				<u> </u>
Ιa	Complete if the organiza	0	s" on Form 990 F	Part IV line	9 or reported a	in amount on F	orm	
	990, Part X, line 21.		5 011 0111 990, 1	art iv, inte	3, or reported a			
10	Is the organization an agent, trust	oo custodian or o	ther intermediary f	or contribut	ione or other see	ote not		
īa	included on Form 990, Part X?		-			Yes	N	
b	If "Yes," explain the arrangement in							0
b		r Fart All and Com				Amount		_
•	Paginning balance			10		Amount		_
с с	Beginning balance Additions during the year							
u								
e	Distributions during the year							
1	Ending balance Did the organization include an am					ability? Yes	N	
2a ⊾	If "Yes," explain the arrangement in							0
				rnas been p		<u> </u>		—
Га	rt V Endowment Funds. Complete if the organiza	tion answered "Ye	es" on Form 990. I	Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two yea		/ears back (e) Fou	r years back	 k
1a	Beginning of year balance	4,817,228.	4,639,595.	3,905,	998. 5,08	84,109. 4,	908,416.	
_	Contributions	113,231.	5,120.			11,031.	8,592.	
b		110,201.	5,120.				0,002.	—
С	Net investment earnings, gains,	952,393.	951,773.	1,118,0	-21	52,210. 1,	007,847.	
	and losses	,555.		1,110,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		—
	Grants or scholarships							—
е	Other expenditures for facilities	303,867.	722,466.	342,3	205 04	65,973.	777,806.	
	and programs	48,003.	56,794.			70,959.	62,940.	
t	Administrative expenses	5,530,982.	4,817,228.	4,639,			084,109.	
g	End of year balance					05,998. 5,	084,109.	—
2	Provide the estimated percentage Board designated or quasi-endowm			, column (a))	held as:			
a b		000 %						
c c	Term endowment \blacktriangleright 2.0000							
U	The percentages on lines 2a, 2b, a		100%					
20	Are there endowment funds not in t	•		are hold an	d administared for	the		
Ja	organization by:		le organization that	are neiu an			Yes No	_
	0 ,					3a(i)		
	(i) Unrelated organizations						X	
h	(ii) Related organizations If "Yes" on line 3a(ii), are the relate						X	<u> </u>
		0	•					—
4 	Describe in Part XIII the intended u rt VI Land, Buildings, and Equ		tion's endowment iu	nas.				—
Га	Complete if the organization	ation answered "Y	es" on Form 990,	Part IV, line		990, Part X, lir	ie 10.	
	Description of property	(a) Cost or (inves		or other basis	(c) Accumulated depreciation	(d) Book va	alue	
1a	Land	,	, , ,	571,763.	depresidion	1 55	71,763	
b	Buildings			24,588.	7,099,645.		24,943	_
c c	Leasehold improvements			, 500.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	÷
d	Equipment							—
								—
	Other I. Add lines 1a through 1e. (Column		n 000 Part X colum	n (R) line 1()c.)	0.00	16 70 <i>6</i>	—
TULA		(a) must equal FOII	n 330, Fait A, COIUIII	וווופו(ם) יו	<i></i>	9,85	96,706	<u> </u>

Schedule D (Form 990) 2021

Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11b. See Form 990, F	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)	-		
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11c. See Form 990, F	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuatior Cost or end-of-year market	
(1)			
_(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answere		J, Part IV, line 11d. See Form 990, F	
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B)	lino 15)		
Part X Other Liabilities. Complete if the organization answere line 25.		·	990, Part X,
	ption of liability		(b) Book value
(1) Federal income taxes			
(2)DUE TO AFFILIATE			864,101.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.			864,101.
2. Liability for uncertain tax positions. In Part XIII, provide the			
organization's liability for uncertain tax positions under FASB	ASC 740. Check here if		
1E1270 1.000		Sche	edule D (Form 990) 2021

Schedu	ILE D (Form 990) 2021 EL TESORO FOUNDATION	75-	-2779404 F	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	۱.		
1	Total revenue, gains, and other support per audited financial statements	1	741,9	04.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities 2b			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e	-166,2	61.
3	Subtract line 2e from line 1	3	908,1	65.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
с	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	908,1	65.
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.	rn.		
1	Total expenses and losses per audited financial statements	1	464,9	85.
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 2b			
с	Other losses			
d	Other (Describe in Part XIII.) 2d			
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	464,9	85.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b 303,867.			
c	Add lines 4a and 4b	4c	303,8	67.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	768,8	
Part	XIII Supplemental Information.	I		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

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 XI, LINE 2D

RECONCILIATION OF REVENUE PER AUDITED FINANCIALS WITH THE RETURN:

PAYMENT TO SUPPORTED ORGANIZATION \$(303,867)

SCHEDULE D, PART XII, LINE 4B

RECONCILIATION OF EXPENSES PER AUDITED FINANCIALS WITH THE RETURN: PAYMENT TO SUPPORTED ORGANIZATION \$303,867

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 I (Form 990)		nts, and li	Assistance t Idividuals in Swered "Yes" on F ttach to Form 990	n the Unite orm 990, Part IV	d States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	► Go t	to www.irs.gov	/Form990 for the I	atest informatior	1.		Inspection
Name of the organization						Employer identificat	ion number
EL TESORO FOUNDATION						75-2779404	
Part I General Information on Gran	nts and Assistance	e					
 Does the organization maintain record the selection criteria used to award th Describe in Part IV the organization's Part II Grants and Other Assistance 	e grants or assistanc procedures for mor	e? hitoring the use	of grant funds in th	e United States.			X Yes No
Part IV, line 21, for any recip	ient that received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CAMP FIRE FIRST TEXAS							
2700 MEACHAM BLVD FORT WORTH, TX 76137	75-0851201	501(C)(3)	303,867.				TO SUPPORT CAMP FIRE
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3 Enter total number of other organization 		-					1

Schedule I (Form 990) 2021

75-2779404

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information.	information re	equired in Part I,	line 2, Part III, o	column (b); and any c	ther 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.

Page 2

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

EL TESORO FOUNDATION

Employer identification number

FORM 990, PART VI, SECTION A, LINE 6

MEMBERS OR STOCKHOLDERS:

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

SOLE MEMBER.

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

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

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

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

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

REVIEW OF FORM 990:

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

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

PROCESS TO MONITOR AND ENFORCE CONFLICT OF INTEREST POLICY: THE BOARD OF DIRECTORS ARE REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICT OF INTEREST IN A WRITTEN STATEMENT TO THE BOARD. FURTHER, WHERE THERE IS A CONFLICT OR POTENTIAL CONFLICT, THE BOARD MEMBER IS REQUIRED TO ABSTAIN FROM ANY VOTE RELATED TO SUCH CONFLICT.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS:

THE FOUNDATION'S IRS FORM 990 IS MADE AVAILABLE UPON REQUEST. AUDITED

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

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.
 Inspection

Employer identification number

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 \$39,193 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.

Department of the Treasury Internal Revenue Service Name of the organization

EL TESORO FOUNDATION

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

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

Part II

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

Name, address,	(a) 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	cont	g) 512(b)(13) rolled ity?
							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		х
(2)								
(3)								
(4)								
_(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2021

OMB No. 1545-0047

Open to Public

Inspection

2

Employer identification number

75-2779404

JSA

Schedule R (Form 990) 2021

EL TESORO FOUNDATION

75-2779404

Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	() Disprop alloca		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)	_											
(2)	_											
(3)												
	_											
(4)												
(5)												
(6)	_											
(7)	-											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2021

75-2779404

Page 3

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	_	١	ſes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	. L	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	. L	1b	Х	
	Gift, grant, or capital contribution from related organization(s).		1c		Х
	Loans or loan guarantees to or for related organization(s)		1d		Х
	Loans or loan guarantees by related organization(s)		1e		Х
f	Dividends from related organization(s)		1f		Х
a	Sale of assets to related organization(s).	. F	1g		Х
	Purchase of assets from related organization(s)		1h		Х
	Exchange of assets with related organization(s).		1i		Х
	Lease of facilities, equipment, or other assets to related organization(s).	. –	1j		Х
,		•			
k	Lease of facilities, equipment, or other assets from related organization(s)	-	1k		Х
	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)	• –	m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			Х	
			-	X	
0	Sharing of paid employees with related organization(s)	• -			
	Reimbursement paid to related organization(s) for expenses.	-	1p	x	
	Reimbursement paid to related organization(s) for expenses		1q		х
q		• -	· 4		<u></u>
	Other transfer of each or more article demonstration (a)		1r		х
	Other transfer of cash or property to related organization(s)			x	<u> </u>
	Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction to				
2	(a) (b) (c)		d)	•	
		hod of		mining	g
	type (a-s) a	amount	invol	ved	
(1)					
(1)					
(2)					
(2)					
(2)					
(3)					
(A)					
(4)					
(5)					
(5)					

1E1309 1.000

(6)

JSA

75-2779404

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

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

	(d) Predominant income (related, unrelated, excluded from tax under	501(organiz	tion c)(3) ations?	total income	(g) Share of end-of-year assets	alloca	ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(j) General or managing partner?		managing		(k) Percentage ownership
	sections 512 - 514)	Yes	No			Yes	No	(1 0 1 0 0 0)	Yes	No					
-															
-															
-															
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_															
											<u> </u>				
											Image: state in the				

Schedule R (Form 990) 2021