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. 

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Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u> </u>	or tn	e 2019	calendar year, or tax year beginning	July 1	, 2019, 1	ana enaing	Jui	ne 30		, 20
ь.			C Name of organization					D Employer ide	ntification	on number
-	heck if a	pplicable	Friends of Camp Colton	n, Inc.						
	Addr		Doing business as	· · · · · · · · · · · · · · · · · · ·				86-101	.5268	
Г	Nam	e change	Number and street (or P O box if mail is r	not delivered to street address	ss)	Room/suite		E Telephone nu	ımber	
	Initia	l return	РО Вох 393					(928)	214-	6271
-		return/	City or town, state or province, country, a	nd ZIP or foreign postal cod	e			(320)		<u>02.7 x</u>
<u> </u>	Ame		Flagstaff, AZ 86002					G Gross receipt	s.\$	303,007
-	retur Appli	n cation	F Name and address of principal officer	<del></del>			-	H(a) Is this a gro		
L	pend			N 73 CC	7.7. 0.000	$_{a}$		subordinate	ં	
	~		Arı Wilder, PO Box 393	· · · · · · · · · · · · · · · · · · ·	η	<del>/ \ \ /</del>		H(b) Are all subor		
<u>'</u> _		empt st	122 1 2 2 1 (2)(2)	) <b>(</b> (insert no )	4947(a)(1) o	527	$\longrightarrow$			(see instructions)
		ite: 🕨	friendsofcampcolton.or			<del></del>		H(c) Group exen		<del></del>
		of organ	<del> </del>	Association Other		L Year of	format	ion 2001 M	State of	legal domicile AZ
	art l		ımmary							· ·
	1	Briefly	y describe the organization's mission or	most significant activitie	s <u>To pro</u>	<u>vıde su</u>	ppor	t for pr	ogra	ms a <u>nd</u>
9	]	expe	eriential education in	the natural en	nvironme	nt.				
Governance						<u> </u>	_			
Ver	2	Check	k this box 🕨 🦳 if the organization dis	scontinued its operation	ns or disposed	l of more tha	n 25%	of its net asset	s	
မ်	3	Numb	per of voting members of the governing t	body (Part VI, line 1a)		//0	$\sim$	<u> </u>	3	10
ಳ	4		per of independent voting members of the					O <b>\</b>	4	10
ţį	5		number of individuals employed in calei					18	5	0
Activities	6		number of volunteers (estimate if necess	•			ુંગુછે		6	25
Ac	7a		unrelated business revenue from Part VII	- · · · · · · · · · · · · · · · · · · ·	````			٠٠٠/٢٠٠٢ کې ۲۰۰۰ کې ۲	7a	
	1		nrelated business taxable income from F		<b>,</b> , ,,	ر. ا	$\mathcal{I}_{I}_{\mathcal{I}_{I}}}}}}}}}}$		7b	
		IVEL UI	Trelated business taxable income from	0/11/ 390-1, line 39	· ········	10		Prior Year	<del>                                     </del>	Current Year
Revenue		Canta	thurstone and courts (Dod VIII line 4b)		.5/	1032			C1	
	8	Contri	ibutions and grants (Part VIII, line 1h)					199,7	PT -	230,876
	9	Progra	am service revenue (Part VIII, line 2g)		$\cdots \cdot \cdot$	/ }			15	
Se .	10		tment income (Part VIII, column (A), lines					8,5		9,114
	11		revenue (Part VIII, column (A), lines 5, 6			r		31,1	85	43,250
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column (	A), line 12)			239,4	93	<u>283,240</u>
	13	Grants	s and similar amounts paid (Part IX, colu	mn (A), lines 1-3)				165,2	51	112,558
	14	Benef	its paid to or for members (Part IX, colun	mn (A), line 4)						
S	15	Saları	es, other compensation, employee benef	fits (Part IX, column (A),	lines 5-10)			79,5	58	74,030
Expenses	16 a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)				_		
ğ	ı		fundraising expenses (Part IX, column (D					<del>-</del> -		
W	17	Other	expenses (Part IX, column (A), lines 11a	a-11d, 11f-24e)				22,4	77	36,252
	18		expenses Add lines 13-17 (must equal l			ſ		267,2		222,840
	19		nue less expenses Subtract line 18 from			ſ		-27.7		60,400
es					<u></u>		Begini	ning of Current	-	End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)					535,7		568,814
Ass Bal	21		liabilities (Part X, line 26)						_	
ള	22		ssets or fund balances Subtract line 21				-	100,7		66,362
	rt II		anature Block	from line 20	<u></u>		_	435,0	15]	502,452
_		<del></del>	<u> </u>		onwas sabadula	a and statem	onto o	nd to the best of		wiladaa and halief it is
true	e, corre	ect, and	of perjury, I declare that I have examined this complete Declaration of preparer (other than	officer) is based on all infor	mation of which	n preparer has	any kn	owledge	illy kno	wiedge and belief, it is
			() . A. l. F. I					10/	10/20	20
Sig	n	5	M /www					70/0	10/24	20
Hei		5	Signature of officer	N				Date		
IICI	<b>C</b>	<b>\</b> -	Ariana Wilder Executi	ve Director						
_		T	ype or print name and title							
_		Print/	Type preparer's name	Preparer's signature		Date	-	Check X	ıf PTII	N
Paid		Lor	en Cunningham	- AC		10.1.	0	self-employ	• 1	P01384169\
	oarer		name ► Loren Cunningham	, CPA PLLC				Firm's EIN	36-09	
Jse	Only		address > 9 North Elden Street,		aff. A7 P	6001			(928)	
\/la\	/ the		iscuss this return with the preparer				'	· · · · · · ·		X Yes No
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Form **990** (2019)

ABOGT OR

Par	t IV · Checklist of Required Schedules			
	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		_	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	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
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			İ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	_X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		ļ	
	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		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	, ,	,	
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	140		٠,
20	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX column (A) line 12 if "Yes" complete Schedule I. Parts I and II	21	. l	
	gomestic government on Partix, column (A), line 17 it "Yes" complete Schedule I, Paris I and II	47	- X I	

Par	t IV Ghecklist of Required Schedules (continued)			
	1		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	l	l	1
	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	}		1
	employees? If "Yes," complete Schedule J	23	l	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	ļ	ļ	
	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		х
	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		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			T
	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? <i>If "Yes," complete Schedule L, Part II.</i>	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			<u> </u>
	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		١,,
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		<u>X</u>
28				
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)		1	ľ
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		ļ ,,
	"Yes," complete Schedule L, Part IV			<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<del> </del> -	_X_
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			l
•	"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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		<u> X</u>
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		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	Χ	
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 in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			$\square$ .
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) with backup withholding fules for reportable payments to vehicle und	1.	🗸	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	T. Control of the con		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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
~	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	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	N	A
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
L	If "Yes," enter the name of the foreign country $\triangleright$ N/A	70		
U		1		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	5a		<sub>v</sub>
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_5c	N	A
6 a	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		X_
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱		
_	gifts were not tax deductible?	6b	N	A
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	_7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N	A
c	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			
e	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
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g_		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u>X</u>
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		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources		ĺ	
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Х
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		- 1	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
_	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		- 1	
~	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand		[	
142	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	N	A
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	ļ	X
16	If "Yes," complete Form 4720, Schedule O			
	ii res, complete i umi 4720, dolledule o			

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O			tions
	Check if Schedule O contains a response or note to any line in this Part VI	• • •	<del></del>	
Sect	ion A. Governing Body and Management			
		r	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  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			
b	Enter the number of voting members included on line 1a, above, who are independent	ļ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		X
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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6_		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	<b>.</b>		.,
	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,	7b		v
	stockholders, or persons other than the governing body?	70		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following	8a	х	
a	The governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
3	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		X
	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	N	A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by		[	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	x	
a h	The organization's CEO, Executive Director, or top management official	15b	77	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	N	A
Secti	on C. Disclosure		لـــــــــــــــــــــــــــــــــــــ	
17	List the states with which a copy of this Form 990 is required to be filed ▶ N/A			
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. X Upon request. Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	finter	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 record	s <b>&gt;</b>		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

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

Γv

#### 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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	yee trust		n is both an otor/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) Thom O'Hara	2-3									
President President		X		Х		<u> </u>	_	0	0	0
(2) Neil Chapman	2-3									
Vice-President		X	_	Х				0	0	0
(3) Kathy Oliver	2-3									
Treasurer		_ X		Х			ļ	0	0	0
Emily Musta	2-3							_		_
Secretary		X		Х			<u> </u>	0	0	0
(5) Kerry Bennett	1-2									
Member		Х		_	_		<u> </u>	0	0	0
(6) Hilary Childs	1-2							_		
Member		X				<del>-</del>	_	0	0	0
(7) John Giovale	1-2		-							
Member		Х	_				-	0	0	0
(8) Soonie Wilson	1-2							_	_	_
Member		Х	_	-			_	0	0	0
(9) Heidi Wolford	1-2								•	
Member		X	-		-		-	0	0	0
(10) Samantha Field	1-2	v						o	0	
Member (44)		X	$\vdash$		$\vdash$				0	0
(11) Arı Wilder	40				,				0	74.020
Executive Director (12)					Х			0	0	74,030
(13)										
1/										
(14)	-					-	-			

Part VII Section A. Officers, Directors, Tru	stees, Key	<u> Em</u>	plo	yee	s, a	and H	igh	est Compensate	d Employe	es (co	ntınued)	
(A)	(B)	(C) (B) Position						(D)	(E)		(I	F)
Name and title	Average hours per week	box, office	unle er an	ss pe	erson	e than o is both tor/trust	an	Reportable compensation from the	Reportat compensa from rela	ition	of o	d amount ther nsation
	(list any hours for related	Individual trustee or director	Institutional	Officer	Key employee	Highest co ≥mployee	ormer	organization (W-2/1099-MISC)	organizati (W-2/1099-l	MISC)	organiza	the ation and ganizations
	organizations below dotted line)	trustee	al trustee		)yee	Highest compensated employee						
(15)					<u> </u>	ä						
(16)										1		
(17)							-					
(18)					_							
(19)					ļ							·
(20)												<u>-</u>
(21)												
(22)												
(23)									-			
(24)												
(25)												<del>.</del>
1b Subtotal			• •	• •	• •	• • •	<b>•</b>	4100				74 020
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)							<u> </u>	14000			•	74,030 74,030
Total number of individuals (including but n reportable compensation from the organization)		o tho:		o 0	d at	oove)	who	o received more ti	nan \$100,0 	00 of	<u> </u>	
3 Did the organization list any former of												res No
employee on line 1a? If "Yes," complete Schee  4 For any individual listed on line 1a, is the	sum of re	porta	ble	cor	npe	nsatio	n a	and other comper	sation from	the	3	<u> </u>
organization and related organizations g											4	X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "											5	x
Section B. Independent Contractors											- 0406	
Complete this table for your five high compensation from the organization Report	est compe t compens	ensate ation	for	the	cal	ndent endar	ye:	ar ending with or	within the	organiz	ation's t	ax year
(A) Name and business addi	ress					_		(B) Description of ser	vices	С	(C) ompensate	on
None												
			·			_					_	
2 Total number of independent contractor							to	those listed abo	ve) who	<del></del>		
received more than \$100,000 of compensat	ion from the	orga	nıza	ation	า ▶			0			Form 9	90 (2019)

# Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to an	y line in this Part V	/		
	``			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns 1a	83,481				
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues 1b					
۾ ق	c	Fundraising events 1c	10,000				-
ffs r A	ď	Related organizations 1d					
Ω.≅	e	Government grants (contributions) 1e	32,500				
Sir	f	All other contributions, gifts, grants,	527555				
it i		and similar amounts not included above . 1f	104,895				
혈죽	g	Noncash contributions included in	2017.030				
50	9	lines 1a-1f 1g	<b>s</b> 20,000				
ತ್ತಿ ಜ	h	Total. Add lines 1a-1f		230,876			
	<del>  "</del>	Total. Add lines Ta-11	Business Code	230,070			<del>                                     </del>
به	_		Dusiless Code				<del> </del>
Program Service Revenue	2a						<del> </del>
Ser	b						<del> </del>
E P	C				<del>-</del>		<del> </del>
Re	d						<del> </del>
Š	е						
о.	f	All other program service revenue	L			· · · · · · · · · · · · · · · · · · ·	
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	9,114	<u></u>		9,114
	4	Income from investment of tax-exempt bond					
	5	Royalties					
	l	(ı) Real	(II) Personal				
	6a	Gross rents 6a					
	b	Less rental expenses 6b					
	С	Rental income or (loss) 6c				<u></u>	
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>a</u>	ь	Less cost or other basis					
Revenue		and sales expenses 7b					
Š	С	Gain or (loss) 7c					
	d	Net gain or (loss)					
Other	8a	Gross income from fundraising			_		
ō	""	events (not including \$ 10,000					
		of contributions reported on line					
		· 1 -	63,017				
	_	1c) See Part IV, line 18 8a Less direct expenses 8b	19,767	İ	ĺ		
	b c	Net income or (loss) from fundraising events.		43,250	·		43,250
		` '		13/200			13/230
	9a	Gross income from gaming activities See Part IV, line 19 9a					
	١.						
	l	Less direct expenses 9b					<del>                                     </del>
	C	Net income or (loss) from gaming activities.					<del></del>
	10a	Gross sales of inventory, less			ļ		J
	ļ	returns and allowances					
	b	Less cost of goods sold		<del></del>			<del> </del>
	<del>c</del>	Net income or (loss) from sales of inventory.					<del> </del>
SP.			Business Code				<del> </del>
eo ne	11a		ļ <u>_</u>				<del> </del>
Miscellaneous Revenue	b						
e Se	С						<del> </del>
Mis F	d	All other revenue	L				<b>!</b>
	e	Total. Add lines 11a-11d					<del> </del>
	12	Total revenue. See instructions	<u></u> ▶	283,240			52,364

## 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 resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			1	
	and domestic governments. See Part IV, line 21	112,558	112,558		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors,				<del></del>
•	trustees, and key employees	74,030	58,484	5,922	9,624
6	Compensation not included above to disqualified			3,322	
Ŭ	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				* ***
	Fees for services (nonemployees)				
	Management				
_	Legai				
	Accounting	6,146		6,146	
	Lobbying				
	Professional fundraising services See Part IV, line 17.				
f	Investment management fees	2,423		2,423	·····
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	3,163			3,163
	Office expenses	4,476	3,536	358	582
14	Information technology	5,101	4,029	408	664
15	Royalties				
	Occupancy	6,084	4,806	487	791
	Travel	1,676			1,676
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	69		69	
	Conferences, conventions, and meetings				<del></del>
20 21	Payments to affiliates				
22					
23	Insurance	2,000		2,000	
24					
	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	Licenses & Dues	193		193	
b	Printing, Publishing & Postage	2,789		2,789	
c	Miscellaneous	1,703	1,703		
d	Bank Charges	429		429	
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	222,840	185,116	21,224	16,500
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here   if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	,	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year	:	(B) End of year
	1	Cash - non-interest-bearing	89,943	1	129,427
	2	Savings and temporary cash investments	184,491	2	184,580
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,704	4	
	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		5	
	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).		6	
છ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	_	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	h	Less accumulated depreciation 10b	:	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11,		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	259,644	15	254,807
	16	Total assets. Add lines 1 through 15 (must equal line 33)	535,782	_	568,814
$\neg \dashv$	17	Accounts payable and accrued expenses	55,383		30,978
	18	Grants payable	33,303	18	30,310
	19	Deferred revenue,	45,384	19	35,384
1	20	Tax-exempt bond liabilities.	45/304	20	33,304
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	<del></del>
	22	· · · · · · · · · · · · · · · · · · ·	<del></del>	21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ij		controlled entity or family member of any of these persons		22	
<u>e</u> .	22			23	
Ì	23 24	Secured mortgages and notes payable to unrelated third parties		24	<del></del>
		Unsecured notes and loans payable to unrelated third parties		24	
	25	· · · · · · · · · · · · · · · · · · ·			
		parties, and other liabilities not included on lines 17-24) Complete Part X		25	
	26	of Schedule D	100,767	-	66 363
	20	Organizations that follow FASB ASC 958, check here ► X	100,707	20	66,362
Ses		and complete lines 27, 28, 32, and 33.	,		
auč	27	Net assets without donor restrictions	202 011	27	270 647
Ba		Net assets with donor restrictions	302,811	27	379,547
٦	28		132,204	28	122,905
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
AS	31	Retained earnings, endowment, accumulated income, or other funds		31	
<u></u>	32	Total net assets or fund balances	435,015	32	502,452
_ <b>z</b>	33	Total liabilities and net assets/fund balances	535,782	33	568,814
					Form <b>990</b> (2019)

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Form 99	90 (2019)				Fa	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>	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			283,	240
2	Total expenses (must equal Part IX, column (A), line 25)	2			222,	840
3	Revenue less expenses Subtract line 2 from line 1	3			60,	400
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			435,	015
5	Net unrealized gains (losses) on investments	5			-11,	470
6	Donated services and use of facilities	6			16,	084
7	Investment expenses	7			2,	423
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			502,	452
Part						
	Check if Schedule O contains a response or note to any line in this Part XII	<b>.</b>	<u></u>			لحل
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	ın			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis			۱		
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 aud	ted o	n a	,		
	separate basis, consolidated basis, or both			'		
	X Separate basis Consolidated basis Both consolidated and separate basis		_			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				.,	
	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c	_X	
	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		the	3a		v
_	Single Audit Act and OMB Circular A-133?		• • •	Ja		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such a sourced audit or audits overlain why an Schodulo O and describe any stops token to undergo such a			3b	N	Α
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	. CIID			990	
						, ,

### 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.

2010 10

Department of the Treasury Internal Revenue Service

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

Open to Publi	С
Inspection	

OMB No 1545-0047

. 41116	e or trie	organization					Employer identi	ication number	
Fr:		s of Camp Colton,					86-101		
Pai	rt I	Reason for Public Cha	rity Status (All o	organizations must d	complet	e this pa	art ) See instructions	S	
The	organi	ization is not a private fou	ndation because if	t is (For lines 1 throu	gh 12, cł	neck only	one box )	$i\mathcal{N}$	
1									
2	A	school described in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 9	90 or 990	)-EZ) )		
3	A	hospital or a cooperative	hospital service o	rganization described	ın sectio	n 170(b)	(1)(A)(iii).	•	
4	A	medical research organiz	zation operated in	conjunction with a ho	spital de	scribed ii	n section 170(b)(1)(A	)(iii). Enter the	
		ospital's name, city, and st					· · · · ·		
5	A	in organization operated t	for the benefit of	a college or universi	ty owne	d or ope	erated by a governme	ental unit described in	
	s	ection 170(b)(1)(A)(iv). (C	Complete Part II)						
6	A	federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	tion 170(	b)(1)(A)(v).		
7	X A	in organization that norma	ally receives a sub	ostantial part of its su	ipport fr	om a go	vernmental unit or fr	om the general publi	
		escribed in section 170(b)							
8	A	community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II)				
9	A:	n agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	I in conjunction with a	land-grant college	
	01	r university or a non-land-	grant college of ag	griculture (see instruc	tions) E	nter the	name, city, and state o	f the college or	
	$\overline{}$	niversity							
0	A	n organization that norma	lly receives (1) m	ore than 331/3 % of its	support	from co	ntributions, members	nip fees, and gross	
	re Si	eceipts from activities rela upport from gross investm	ted to its exempt the sent income and up	unctions - subject to one	certain e able inco	exception ome (les:	is, and (∠) no more tha s section 511 tax) from	n 331/3% of its businesses	
	a	cquired by the organizatio	n after June 30, 1	975 See section <b>509</b>	(a)(2). (C	Complete	Part III )		
1	—	n organization organized a	•	•	•		, , , ,		
2	A	n organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes	
	of	f one or more publicly su	pported organizati	ons described in sect	tion 509	(a)(1) or	section 509(a)(2). S	see section 509(a)(3).	
	C	theck the box in lines 12a t	hrough 12d that de	escribes the type of s	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g	
a		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving	
		the supported organization	n(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the	
		supporting organization \	ou must complet	e Part IV, Sections A	and B.				
þ		Type II. A supporting org	anızatıon supervisi	ed or controlled in co	nnection	with its	supported organizati	on(s), by having	
		control or management of	of the supporting o	rganization vested in	the sam	e persor	is that control or man	age the supported	
		organization(s) You must	complete Part IV	, Sections A and C.					
C		Type III functionally integ	grated. A supporti	ng organization opera	ited in c	onnectio	n with, and functional	lly integrated with,	
		its supported organization		•					
þ		Type III non-functionally	•		•		• •	• , ,	
		that is not functionally inte	egrated The organ	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness	
		requirement (see instructi	•	-					
e		Check this box if the orga					- · · · · · · · · · · · · · · · · · · ·	I, Type III	
		functionally integrated, or			porting o	organizat	ion		
T		the number of supported							
		de the following information					(.) A	(-2) A	
	(I) Name	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
				above (see instructions))	-	ment?	instructions)	instructions)	
					Yes	No			
A)									
			<del></del>					<del>-</del>	
B)									
		<del></del>			<del></del>				
C)					) 				
—— D)									
-, 		·				ļ			
Ε)									
					<del></del>				
ota	I								

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	202,419	147,156	216,759	199,761	230,876	996,971
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	000 110	147 156	6,336	11,336		
<b>4 5</b>	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	202,419	147,156	223,095	211,097	246,960	1,030,727
	shown on line 11, column (f)						490,155
	Public support. Subtract line 5 from line 4					L	540,572
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4	202,419	147,156 2,688	223,095	211,097 8,547	246,960 9,114	1,030,727 51,329
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					<del></del>	1,082,056
12	Gross receipts from related activities, etc. (s						268,906
13	First five years. If the Form 990 is forganization, check this box and stop here tion C. Computation of Public Sup	<u> </u>	<u> </u>	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
				11	<del></del>	44	40 0570%
14 15	Public support percentage for 2019 (lii Public support percentage from 2018						49.9579% 72.5037%
	331/3% support test - 2019. If the org						
ıva	box and stop here. The organization qu	=					. [
b	331/3% support test - 2018. If the org	•		-			
_	this box and <b>stop here.</b> The organization						· —
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization	_					
	Part VI how the organization meets to organization			-	•		
b	10%-facts-and-circumstances test - 2	2018. If the org	anization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga						
	Explain in Part VI how the organization supported organization						▶ □
18	Private foundation. If the organization				•		
	instructions	· · · · · · · · · · · ·	· · · · · · · · · · ·	<u> </u>	<u> <u>.</u></u>		••••

Schedule A (Form 990 or 990-EZ) 2019

Sche	dule A (Form 990 or 990-EZ) 2019						Page 3
Pai	rt III Sùpport Schedule for Organ						/
	(Complete only if you checke						der Part II
	If the organization fails to qua	illy under the	e tests listed be	low, please co	omplete Part	II )	
_	tion A. Public Support	(-) 2045	(h) 2046	4-1.0047	(4) 0040	T (-) 2040	10 7 11 1
	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 ")	<del></del>		-		<del> </del>	/
2	Gross receipts from admissions, merchandise			Ï			Y
	sold or services performed, or facilities						
	furnished in any activity that is related to the		}				
	organization's tax-exempt purpose					<del> /</del>	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	<del> </del>	<del>                                     </del>			<del>                                     </del>	<del>                                     </del>
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf					<del> </del>	
5	The value of services or facilities			ł			ł
	furnished by a governmental unit to the						
_	organization without charge		<del></del>				<del></del>
6	Total. Add lines 1 through 5			<del></del>		<del> </del>	
7 a	Amounts included on lines 1, 2, and 3					1	
h	received from disqualified persons Amounts included on lines 2 and 3				<i></i>		
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						]
200	tion P. Total Support			/			<u> </u>
	tion B. Total Support	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
ale	ndar year (or fiscal year beginning in)	(a) 2013	(6) 2010	(6) 2017	(4) 2010	(6) 2019	(1) 10(a)
9 10 a	Amounts from line 6				<del></del>	· · · · · · · · · · · · · · · · · · ·	
	payments received on securities loans,						
	rents, royalties, and income from similar						
h	Unrelated business taxable income (less		<del>-/</del>		_ <del></del>		
D	section 511 taxes) from businesses						
	acquired after June 30, 1975					ŀ	
	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						
	• • • • • • • • • • • • • • • • • • • •	/					<del></del> -
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	r the organiza	tion's first secon	nd third fourth	or fifth tax v	ear 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 2019 (line 8,			nn (f))		15	%
16	Public support percentage from 2018 Sched						<u> </u>
	tion D. Computation of Investment					<del>. :</del>	
17	Investment income percentage for 2019 (line			3, column (ft)		17	%
18	Investment income percentage from 2018 S						%
	331/3% support tests - 2019 If the ord						

17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. **b** 331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

## 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	g Organizations
---------------------------	-----------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	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	3a_		
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 <b>Part VI</b> when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c_		
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	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b_		
С	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 <b>Part VI</b> 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	4c		_
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 <b>Part VI</b> , 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)	5a_		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI.</b>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	_6_	-+	
•	(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)	7		
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)	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		
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 <b>Part VI</b> .	9c		
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	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		_

Part	Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	<u> </u>	
	A family member of a person described in (a) above?	11b		1
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u></u>	<u> </u>
Secti	on B. Type I Supporting Organizations			1
	•		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			1
			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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
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	Yes	No
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see institution of the organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see its supported organization).		ŕ	
2	Activities Test Answer (a) and (b) below.	_	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a_		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3 a	Parent of Supported Organizations <i>Answer (a) and (b) below</i> .  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		

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

Schedule A (Form 990 or 990-EZ) 2019

Sect	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
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 organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
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			<u></u>
	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			
a	From 2014			
b	From 2015			
С	From 2016			
d	From 2017		<u> </u>	
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		·	
h	Applied to 2019 distributable amount	·-·- <sub></sub>		
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			<del></del>
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			***
<u>а</u>	Excess from 2015		<del></del>	
b	Excess from 2016			
<u> </u>	Excess from 2017			<del></del> -
d	Excess from 2018			
е	Excess from 2019			<del> </del>

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

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)
•	
-	
	·
<del></del>	
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# SCHEDULE D (Form 990).

Department of the Treasury

Internal Revenue Service

**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

2019

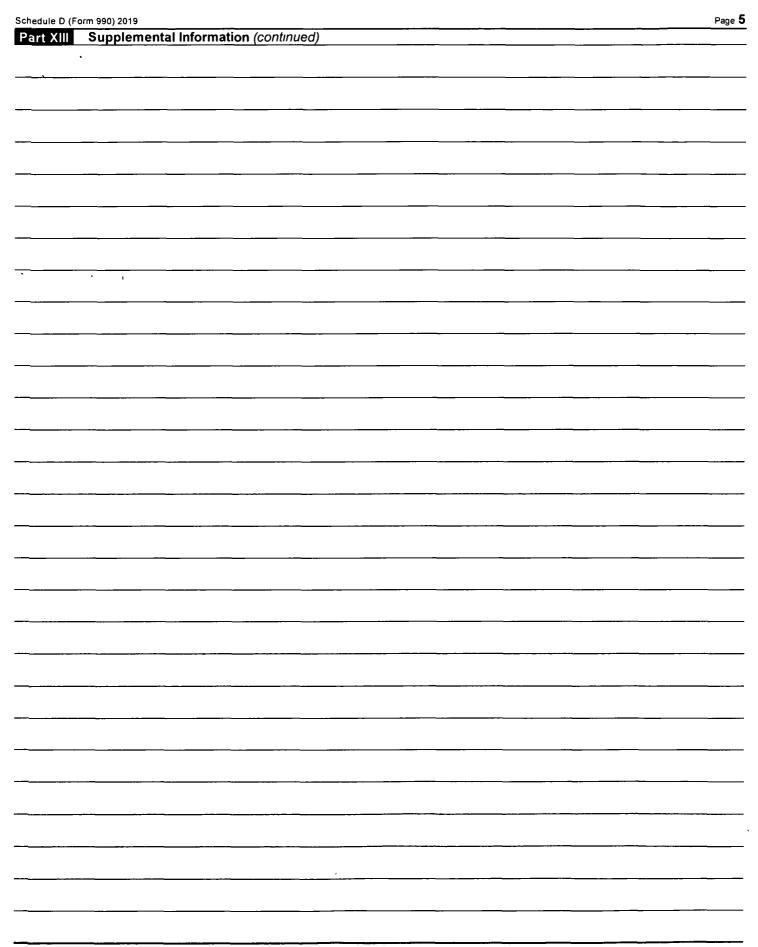
Open to Public Inspection

Employer identification number Name of the organization Friends of Camp Colton, Inc. 86-1015268 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts N/A 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . 3 Aggregate value at end of year. . . . . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.......... 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ \_\_\_ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items Assets included in Form 990, Part X. . . . . . . . .

Pa	rt III Organizations Maintain	ing Collections of	Art, Histo	rical Tre	easures	s, or	Other	Similar A	ssets (d	continue	ed)	
3	Using the organization's acquisition	on, accession, and	other recor	ds, checl	k any o	of the	follow	ring that m	ake sigi	nıfıcant	use o	of its
	collection items (check all that app	ly)										
а	Public exhibition		d [	Loan	or excha	ange	progra	m				
b	Scholarly research		e	Other								
С	Preservation for future gene	rations		_								
4	Provide a description of the organ	nization's collection	s and expla	ain how t	they fur	rther	the or	ganization's	exemp	t purpos	se in	Part
	XIII				-							
5	During the year, did the organization	on solicit or receive	donations o	f art, hist	orical tr	easur	es, or	other sımıla	r			
	assets to be sold to raise funds rath									Yes		No
	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											
1 a	Is the organization an agent, truste			-					_	_	_	_
	included on Form 990, Part X?								[	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fol	lowing tat	ole							
									<u>Amount</u>			
С	Beginning balance					-						
d	Additions during the year					-						
e	Distributions during the year					1e						
f	Ending balance											<b></b>
	Did the organization include an am									Yes	$\perp$	No
b	If "Yes," explain the arrangement i	n Part XIII Check h	nere if the ex	φlanation	has be	en pro	ovided	on Part XIII		<u></u>		<u> </u>
Pa	rt V Endowment Funds.											
	Complete if the organiza	•	es" on For	m 990, F								
		(a) Current year	(b) Prio	r year	(c) Tw	o years	back	(d) Three ye	ars back	(e) Four	years	back
1 a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance	<u> </u>										
2	Provide the estimated percentage		end balance	e (line 1a.	column	ı (a)) l	held as					
а	Board designated or quasi-endown		%	` .		. ,,						
b	Permanent endowment ▶	%										
С	Term endowment ▶	%										
	The percentages on lines 2a, 2b, a	and 2c should equal	100%									
3a	Are there endowment funds not in	the possession of t	he organiza	tion that	are held	d and	admır	nistered for t	he	_		
	organization by										Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	ed as require	ed on Sch	edule R	?				3b		
4	Describe in Part XIII the intended i		ation's endo	vment fur	nds							
Pa	rt VI Land, Buildings, and Equ	ipment.			Dod 11.4	l,	11- 1			ا ∨ بس	~ 40	
	Complete if the organization of property	ation answered "Y	es" on For	(b) Cost of				see Form :		ιπ Χ, III ) Book va		
	Description of property	(a) Cost of	stment)		ther)	4313		eciation	,0	, Dook va	ue	_
1a	Land											
b	Buildings					$\prod$						
С	Leasehold improvements											
d	Equipment											
е	Other											
	I. Add lines 1a through 1e (Column		m 990, Part	X, columi	n (B), lın	ne 100	;)	▶				

Schedule D (Form 990)	2019			Page 3
	stments - Other Securities. plete if the organization answered	d "Yes" on Form 990	, Part IV, line 11b See Form 990,	Part X, line 12
(a) Des	cription of security or category cluding name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion
/1) Financial deriv	atives			
	quity interests		-	
				<del>-</del>
(3) Other				<del></del>
(B)				
(C)				
(D)				
(E)	<del></del>			
(F)	**	-		
(G)	· · · · · · · · · · · · · · · · · · ·		<del></del>	
(H)				<del></del>
	t equal Form 990, Part X, col (B) line 12) .			
	stments - Program Related.			
	plete if the organization answered	d "Yes" on Form 990	, Part IV, line 11c See Form 990,	Part X, line 13
	Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion
(1)				
(2)				
(3)				<del></del>
(4)	<del></del>			
(5)				
(6)			<del></del> -	
(7)			:	
(8)				
(9)				
	t equal Form 990, Part X, col (B) line 13).			
	r Assets.			
Com	plete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d See Form 990,	Part X, line 15
		scription		(b) Book value
(1) Contract				254,807
(2)	Receivable		-	2017001
(3)		· · ·		· · · · · · · · · · · · · · · · · · ·
(4)	<u> </u>			
(5)			-	<del></del>
(6)		-		
(7)		<del></del>		
(8)				
(9)		<del></del>	· ·	<del></del>
	must equal Form 990, Part X, col (B) I	ine 15 )	<b>&gt;</b>	254,807
	Liabilities.		· · · · · · · · · · · · · · · · · · ·	
	plete if the organization answered	l "Yes" on Form 990	, Part IV, line 11e or 11f See Fori	m 990, Part X,
1.	(a) Descrip	otion of liability		(b) Book value
(1) Federal incor	ne taxes			
(2)				
(3)				
(4)				
(5)		_		
(6)				
(7)				
(8)				
(9)				
	ust equal Form 990, Part X, col (B) line 25)		<u> </u>	
2. Liability for uncert	tain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements th	nat reports the
organization's liability	y for uncertain tax positions under FASB	ASC 740 Check here if	the text of the footnote has been provid	ed in Part XIII
JSA 9E1270 1 000			Sc	hedule D (Form 990) 2019

Part 2	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n.	
1	Total revenue, gains, and other support per audited financial statements	1	307,621
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	]	
С	Recoveries of prior year grants	]	
d	Other (Describe in Part XIII )	]	
е	Add lines 2a through 2d	2e	24,381
3	Subtract line 2e from line 1	3	283,240
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	1	
	Other (Describe in Part XIII )	1 . }	
_	Add lines 4a and 4b	4c	202 040
5 Part	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		283,240
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	240,184
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	1	
	Prior year adjustments		
С	Other losses	-	
	Other (Describe in Part XIII )	1 1	
_	Add lines 2a through 2d	2e	19,767
3	Subtract line 2e from line 1	3	220,417
	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b		
a		1	
	Other (Describe in Part XIII )	4c	2,423
_	Add lines 4a and 4b		222,840
	XIII Supplemental Information.		2227010
2, Part 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, PXI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional inform  XI, Line 2d - \$19,767 Direct Fund Raising  XII, Line 2d - \$19,767 Direct Fund Raising	iation	ne 4, rait X, inie



## **SCHEDULE G** (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No 1545-0047

Open to Public

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 Inspection Employer identification number

riends of Camp Colton, In	c.				86-1015268	
Form 990-EZ filers are not				Yes" on Form 9	90, Part IV, line 1	7
1 Indicate whether the organization				activities Check	all that apply	
a Mail solicitations	e			non-government g		
b Internet and email solicitation	s f			government grant		
c Phone solicitations	g			ising events		
d In-person solicitations	J			J		
2a Did the organization have a writter	or oral agreement v	with any in	dividual (in	ncluding officers.	directors, trustees,	
or key employees listed in Form 9  b If "Yes," list the 10 highest paid in compensated at least \$5,000 by the	90, Part VII) or entity ndividuals or entities	y in connec	ction with p	professional fundra	iising services?	Yes No fundraiser is to b
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3				<u>.</u>		
4						
5						
6		-				
7			<u> </u>			
8						
9		<del> </del>				
0		-				
3 List all states in which the organi registration or licensing				contributions or	has been notified	it is exempt from
rizona				·····	<del> </del>	
		<del></del>	_			

		events with gross receipts gre	(a) Event #1 Kahtoola	(b) Event #2	(c) Other events	(d) Total events
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	73,017			73,017
Ω.	2	Less Contributions	10,000			10,000
		Gross income (line 1 minus line 2)	63,017			63,017
	4	Cash prizes		<del></del>		-
S	5	Noncash prizes				
ense	6	Rent/facility costs				
Direct Expenses		Food and beverages				
		Entertainment				
	9	Other direct expenses	10 767			19,767
						19,767
	10	Direct expense summary Add line Net income summary Subtract lir	es 4 through 9 in coluine 10 from line 3, coluing anization answered "	mn (d) . <u></u>	<u></u> ▶	19,767 43,250
Pa	10 11	Direct expense summary Add line Net income summary Subtract lir  Gaming. Complete if the orga	es 4 through 9 in coluine 10 from line 3, coluing installation answered "	mn (d) . <u></u>	<u></u> ▶	19,767 43,250
	10 11 rt	Direct expense summary Add line Net income summary Subtract lir  Gaming. Complete if the orga	es 4 through 9 in coluine 10 from line 3, coluine 10 from line 3, coluine 10 from line 3 in coluine 10 from line 10 from l	mn (d)	Part IV, line 19, or	19,767 43,250 reported more than
Revenue a	10 11 rt	Direct expense summary Add line Net income summary Subtract lin  Gaming. Complete if the orga \$15,000 on Form 990-EZ, line	es 4 through 9 in coluine 10 from line 3, coluine 10 from line 3, coluine 10 from line 3 in coluine 10 from line 10 from l	mn (d)	Part IV, line 19, or	19,767 43,250 reported more than
Revenue a	10 11 rt	Direct expense summary Add line Net income summary Subtract lin  Gaming. Complete if the orga \$15,000 on Form 990-EZ, line  Gross revenue	es 4 through 9 in coluine 10 from line 3, coluine 10 from line 3, coluine 10 from line 3 in coluine 10 from line 10 from l	mn (d)	Part IV, line 19, or	19,767 43,250 reported more than
Pa	10 11 rt	Direct expense summary Add line Net income summary Subtract lir  Gaming. Complete if the orga \$15,000 on Form 990-EZ, line  Gross revenue  Cash prizes	es 4 through 9 in colui ne 10 from line 3, colu anization answered "\ e 6a (a) Bingo	mn (d)	Part IV, line 19, or	19,767 43,250 reported more than
Revenue a	10 11 rt	Direct expense summary Add line Net income summary Subtract lir  Gaming. Complete if the orga \$15,000 on Form 990-EZ, line  Gross revenue  Cash prizes  Noncash prizes	es 4 through 9 in colui ne 10 from line 3, colu anization answered "\ e 6a (a) Bingo	mn (d)	Part IV, line 19, or	19,767 43,250 reported more than  (d) Total gaming (add col (a) through col (c))
Revenue a	10 11 rt    1 2 3 4 5	Direct expense summary Add line Net income summary Subtract lir  Gaming. Complete if the orga \$15,000 on Form 990-EZ, line  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	es 4 through 9 in colui ne 10 from line 3, colu anization answered "\ e 6a (a) Bingo	mn (d)	Part IV, line 19, or	19,767 43,250 reported more than  (d) Total gaming (add col (a) through col (c))
Revenue a	10 11 rt   1 2 3 4 5	Direct expense summary Add line Net income summary Subtract lir  Gaming. Complete if the orga \$15,000 on Form 990-EZ, line  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	es 4 through 9 in colume 10 from line 3, columne 10 from line 3, columnization answered "\e 6a  (a) Bingo	mn (d)	Part IV, line 19, or  (c) Other gaming  Yes%  No	19,767 43,250 reported more than  (d) Total gaming (add col (a) through col (c))
Revenue a	10 11 rt 1 2 3 4 5 6 7	Direct expense summary Add line Net income summary Subtract lir  Gaming. Complete if the orga \$15,000 on Form 990-EZ, line  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses.	es 4 through 9 in coluine 10 from line 3, coluine 10 from line 3, coluine 10 from line 3, coluine 10 from line 3, coluine 10 from line 3, coluine 10 from line 3, coluine 10 from line 3, coluine 10 from line 3, coluine 10 from line 10	mn (d)	Part IV, line 19, or  (c) Other gaming  Yes%  No	19,767 43,250 reported more than  (d) Total gaming (add col (a) through col (c))

Sched	lule G (Form 990 or 990-EZ) 2019	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	
•	formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	
		%
a	The organization's facility	——————————————————————————————————————
b	An outside facility	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name ▶	
	Address >	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party	
	Name ▶	<u></u>
	Address ►	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$	
Part		
	<del></del>	

### **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

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

Friends of Camp Colton, Inc.	86-1015268
Part VI, Section A, Line 3 - The Executive Director is an employe	ee of Flagstaff
Unified School District.	
Part VI, Section B, Lines 11b & 19 - The organization's Treasure	of the Board reviews
IRS Form 990 and related schedules prior to filing and makes its	governing documents,
conflict of interest policy and financial statements available to	the public upon
request.	
Part VI, Section A, Line 12c - The organization requires recusal	from voting on items
which a Board member has a pecuniary interest on an ongoing basis	3
Par VII - The salary of the Executive Director is paid by Flagsta	aff Unified School
District.	

Friends of Camp Colton, Inc.  86-1015268	Name of the organization	Employer identification number
	·	
	·	
		<u> </u>
	•	
		<del></del>

# SCHEDULE R (Form 990)

Friends of Camp Colton, Inc.

Name of the organization Department of the Treasury Internal Revenue Service

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.

Employer identification number Inspection

86-1015268

Part !	Identification of Disregarded Entities. Complete if the	ie organization answered "Yes" on Form 990, Part IV, line 33	ered "Yes" on F	orm 990, Part IV	/, line 33			
	(a) Name, address, and EIN (if applicable) of disregarded entity	ď	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	rolling
(1)								
(2)								
(3)								
(4)								
(5)								
(9)								
= +100		Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had	anization answe	ered "Yes" on Fc	orm 990, Part IV,	line 34, because	it had	
	one or more related tax-exempt organizations during the	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 chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) illed y?
							Yes	Š
(1) Flag: 3285	staff Unified School District E Sparrow Ave, Flag, AZ 86004 86059304	   PublicEducatibAZ	ò <b>A</b> Z			N/A		×
(2)								
(3)								
(4)								
(5)								
(9)								

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

Schedule R (Form 990) 2019

9E1307 1 000

Schedule R (Form 990) 2019

Section 512(b)(13) controlled entity? Schedule R (Form 990) 2019 Yes No (k) ' Percentage ownership (h) Percentage Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inc. 34, because it had one or more related organizations treated as a corporation or trust during the tax year (J) General or managing partner? Yes No 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 (g) Share of end-of-year assets Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income (h) Dusproportorate Ŷ Yes (g) Share of end-of-year assets (C corp, S corp or trust) (f) Share of total income (d) Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicile (state or foreign country) (b) Primary activity (d) Direct controlling entity (c)
Legal
domicile
(state or
foreign (a)Name, address, and EIN of related organization (b) Primary activity (a) Name, address, and EIN of related organization Part III Part IV <u>4</u> 9 (7) 2 (3) £ 2 3 (6) (1) **4** 9 9 (7)

Schedule R (Form 990) 2019

Page 3

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

Note: 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 listed in Parts II-IV?	ated organizations liste	ed in Parts II-IV?		
. Beceint of (i) interest (ii) amulities (iii) rovalities or (iv) rent from a controlled entity			19	×
Giff prant or capital contribution to related organization(s)			1b	×
Giff grant or capital contribution from related organization(			10	×
			19	×
d Loalis of Idali gualatitees to of 101 felated digalifation(s)				>
e Loans or loan guarantees by related organization(s)			<u>.</u>	4
f Dividends from related organization(s)			=	×
n Sale of assets to related organization(s)			1g	×
B Durchase of assets from related organization(s)			£	×
i Exchange of assets with related organization(s)			=	×
i Lease of facilities, equipment or other assets to related organization(s)			<b>;</b> -	×
k lease of facilities equipment or other assets from related organization(s)			<b>+</b>	×
			=	×
		•	E-	×
			<b>-</b>	×
			:	<b>&gt;</b>
o Sharing of paid employees with related organization(s)			<u>:</u> : :	-
			7	×
				┿
q Reimbursement paid by related organization(s) for expenses			:	<
			•	:
r Other transfer of cash or property to related organization(s)			:	×
s Other transfer of cash or property from related organization(s)			18	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	s line, including cover	covered relationships and transaction thresholds	action thresholds	S
(e)	(q)	(2)	(p)	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	rmining
(1) Flagstaff Unified School District	q	112,558	FMV	
(2) Flagstaff Unified School District	۵۰	74,030	Cost	
(3)				
(4)				
(9)				
(9)				
		Sch	Schedule R (Form 990) 2019	990) 2019

Unrelated Organizations Taxable as a Partnership. Complete If the organization answered "Yes" on Form 990, Part IV, line 37 Part VI 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) (b) (c) (d) Are all partners Share of Share	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(I) General or managing partner?	(k) Percentage ownership
		:	sections 512-514)	Yes No			Yes No		Yes No	
(1)							-			_
(2)										
(3)				+						
3									1	
(4)							_			
(5)					-					
(9)										ļ
(2)		:				}				
(8)										
(6)						!			_	
(10)										!
(11)										
(12)										
(13)				!						
(14)										
(15)										
(16)										