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# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

^	For th	e 2008 calendar year, or tax year beginning 09/01, 2008, and ending	· · · · · · · · · · · · · · · · · · ·	08/31,2009
_			D Employer ide	08/31, 2009
R	Check if ap	use IRS	띡	
-	chang	print or Number and street for B.O. boy if mail is not delivered to street address). Becomes in	74-2602 te E Telephone nu	
$\vdash$		type		
-	-1	return See P.O. BOX 191207 Specific City or town, state or country, and ZIP + 4	(214) / 2	20-1478
-	- Term	Instruc-		
-	returr	. I DALLAS, TX 75219	G Gross receipt  H(a) Is this a grou	12,100,000.
L	pendi	DICK DAVIS	affiliates?	F-1 F-1
		P.O. BOX 191207 DALLAS, TX 75219	H(b) Are all affilia	لسا لسا
<u>_</u>		empt status   X   501(c) ( 3 ) ◀ (insert no )   4947(a)(1) or   527		th a list (see instructions)
J		te: ▶ WWW.TPWF.ORG	H(c) Group exem	
K			mation 1991 M	State of legal domicile TX
P	art I	Summary	<del> </del>	
	1	Briefly describe the organization's mission or most significant activities		
5 Q	,	TO PROVIDE PRIVATE SUPPORT FOR THE EFFORTS OF THE TEXAS P	ARKS AND	
	<u> </u>	WILDLIFE DEPARTMENT AND TO PRESERVE TEXAS' NATURAL AND C	ULTURAL	
4 5	=	RESOURCES FOR FUTURE GENERATIONS.		
3	2	Check this box  If the organization discontinued its operations or disposed of more than:2	5% of its assets	
٦ ٥		Number of voting members of the governing body (Part VI, line 1a)		3 17
- 6	4	Number of independent voting members of the governing body (Part VI, line 1b)		4 17
	<b>≦</b> 5	Total number of employees (Part V, line 2a)		5 8
ָג נ	6	Total number of volunteers (estimate if necessary)		6 NONE
		Total gross unrelated business revenue from Part VIII, line 12, column (C)		7 a
		Net unrelated business taxable income from Form 990-T, line 34		7 b
ر چ	<del>  -</del>		Prior Year	Current Year
	8	Contribution and grants (Part VIII, line 1h)	8,548,5	41. 2,804,228.
	9	Program service revenue (Part VIII, line 2g)		ONE NONE
9	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,139,9	<del></del>
à	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	135,5	
	13	(2)	9,824,0	
	14	Books and the first of the control (Books) and the state of the state		ONE 7,127,133.
	4.5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		ONE NONE
	15 16 a		431,0	
	בון וספ	Professional fundraising fees (Part IX, column (A), line 11e)	<u>N</u>	ONE NONE
į		Total fundraising expenses, Part IX, column (D), line 25) \( \) 421, 502.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,749,2	<del></del>
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line PECENTED.	7,180,3	
_		Actende less expenses Cubitact line to from line 12	2,643,6	
ts or		Total assets (Part X, line 16)	Beginning of Y	<del></del>
ssets		Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  AUG 2 4 2010	33,050,9	75. 26,861,553.
et As:	21	Total liabilities (Part X, line 26)	2,297,8	07. 2,407,849.
ž	군 22	Net assets or fund balances Subtract line 21 from line 20	30,753,1	68. <u>24,453,704</u> .
Li	art II	Signature Block	·	
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules	and statements, an	d to the best of my knowledge
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all	information of which	n preparer has any knowledge
	Sign	Hames Warx	Δ-	19-10
	Here	Signature of officer	) Date	
		Names K Davis, executive Direc	tor	
		Type or print name and title		
_		Preparer's V. 100, JULISTIAN, CPA Date Check self-		parer's identifying number e instructions)
	aid 	signature S (2/10 emplo	yed ▶ 🗍 (se	P00548846
	reparer'	Firm's name (or yours NTCHOTAS & MONTGOMERY T.T.D	EIN >	75-2852438
U:	se Only	address, and ZIP + 4 12720 HILLCREST ROAD, SUITE 800 DALLAS, TX 75230-2081	Phone no 🕨	214-739-0888
M	ay the	IRS discuss this return with the preparer shown above? (See instructions)		X Yes No
F	or Priv	acy Act and Paperwork Reduction Act Notice, see the separate instructions.	1	Form <b>990</b> (2008)

	ì	1 1 1	1' '}	
ım 990 (2008)			74-2602504	Page 2
	ement of Program Service A	ccomplishments (see instructions)	74 2002304	
	be the organization's mission			······································
-	<del>-</del>	FOR THE EFFORTS OF THE T	EXAS PARKS AND	
		PRESERVE TEXAS' NATURAL		
RESOURCE	S FOR FUTURE GENERA	TIONS.		
Dut the second				
	000 000 570	ficant program services during the	· •	Yes X No
	ribe these new services on Sc			
Did the orga	inization cease conducting, o	r make significant changes in how	it conducts, any program	
services?				Yes X No
•	cribe these changes on Sched			
Section 501(	c)(3) and 501(c)(4) organizat		ee largest program services by expens re required to report the amount of gi n service reported	
a (Code	) (Expenses \$ 7,2	34,240. including grants of \$	7,127,133. )(Revenue \$	)
TO PROVI		AS PARKS AND WILDLIFE DE		
		INVOLVING CONSERVATION		
SCHOLARS	SHIPS AND INTERNSHIP	OPPORTUNITIES, WILDLIF	E PRESERVATION	
AND STU	DY, EXPANSION OF OUT	DOOR RECREATION AND PRE	SERVATION OF	
TEXAS' N	NATURAL AND CULTURAL	HERITAGE.		
<b>b</b> (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
,	<del></del> , · · · <u></u>			·
			<del> </del>	
			-	
	) (Expenses \$	including grants of \$	) (Revenue \$	)
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Form 990 (2008)

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Part	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?	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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	l		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	- 1		
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	<u></u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	Į		
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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,"			1
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VII, VIII, IX, or X as applicable	11	X	L
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	<u>X</u>	ļ—
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S?	14a		<u> </u>
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<del> </del>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u> </u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	ļ. —	<u> </u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<del> </del>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<b> </b> -	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
24-	Schedule J	23	<u> </u>	
24a	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 questions 24b-24d and complete Schedule K. If "No," go to question 25	١,,		
<b>L</b>	***************************************	24a	<del> </del>	<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
G	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	١	1	Ì
ı.	to defease any tax-exempt bonds?  Did the organization act as an "on hehalf of" usquer for hands outstanding at any time during the year?	24c	<b> </b>	<del> </del>
d 255	,	24d		+
25a	, , , , , , , , , , , , , , , , , , , ,			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I			
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b	┼	<u> </u>
Z U	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	1 20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	26	├	X
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		.,
	Tes, complete deficulties to a person in an animal in Tes, complete deficultie E, I alt III	141	1	<u> </u>

#### Part IV Checklist of Required Schedules (continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee 28 Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, 28a X Have a family member who had a direct or indirect business relationship with the organization? If "Yes." 28b Х Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . 29 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Form 990 (2008)

Form 990 (2008) 74-2602504 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 1a **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . . . . . . 1 b NONE Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1 c 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 . . . La b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . 2 b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a Х **b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . . . . . . . . . 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a Х b If "Yes." enter the name of the foreign country ▶\_ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . . . 5a Х **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . 5 b Х c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5с 6a Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6 b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . 7 a χ 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с Х Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . 7f Х For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . . . 7 g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 9a Х 9 b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . . . . . |10a| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . 11 Section 501(c)(12) organizations. Enter b Gross income from other sources (Do not net amounts due or paid to other sources against 11b

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10412 . . .

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . | 12b

Form 990 (2008)

12a

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Secti	on A. Governing Body and Management			
	,		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body	ļ		
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7 a	'	Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		Х
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			_
	the year by the following			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8 b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9 b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		х
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sect	on B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		х
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy?	13	<u> </u>	X
14	Does the organization have a written document retention and destruction policy?	14	х	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Х	
b	Other officers or key employees of the organization?	15b	1 -	X
_	Describe the process in Schedule O (see instructions)			<del>  ^</del>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		ļ	
	with a tayable antiby divine the ward	16a		x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1.00	<del> </del>	<del>  ^</del> -
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	i i	
Sect	ion C. Disclosure	1100	1	1
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3	s only		
	available for public inspection. Indicate how you make these available. Check all that apply	,	,	
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rect		
13	policy, and financial statements available to the public	i est		
20	State the name, physical address, and telephone number of the person who possesses the books and records of	he		
20				
	organization ▶DICK DAVIS P.O. BOX 191207 DALLAS, TX 75219			
	214-720-1478			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any officer, director, trustee, or key employee										
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)		Reportable	Reportable	Estimated				
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from	compensation from related	amount of other
	WCCK	ig of	럁	<u>લ</u>	en	nest	[편	the	organizations	compensation
		tor to	ona		ploy	ို ရ		organization	(W-2/1099-MISC)	from the
		uste	ã		ee	npe		(W-2/1099-MISC)		organization
		Ä	stee			กรล				and related organizations
						ed.				Organizations
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SEE SCHEDULE J-2										
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_	990 (2008)		<del>_</del> -						74-2602504	<del></del>				age 8
Pa	rt VII Section A. Officers, Directors, Tru (A)	stees, Ke (B)	y Em	iplo		es, a >)	and F	ligi	hest Compensate (D)	(E)	es (con		<u>()</u> (F)	
	Name and title	Average hours per week	P or director	institutional trustee	Officer	key employee	A Highest compensated a employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from relate organization (W-2/1099-M	on d ns	amo ot compe fror orgar and	mated unt of ther ensation the nization related	on In d
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												-		
									_					
					l									
1 b 2	Total								171,068. n \$100,000 in re		NONE npensa	tion fr	rom t	
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Scheoo											3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	greater t	han :	\$15	0,0	00?	Îf "	Yes,	," complete Sche	dule J for s	uch	4	х	
5	Did any person listed on line 1a receive services rendered to the organization? If "Yes,	ve or acc	rue d	com	pen	ısatı	on fi	rom	any unrelated	organization	for	5		х
Se	ction B. Independent Contractors										· ·			
1	Complete this table for your five highest compensation from the organization	compensa	ated i	nde	per	nder	it coi	ntra	ctors that receive	ed more tha	n \$100	000,0	of	
	(A) Name and business ad	dress							(B) Description of s	ervices	Co	(C) ompen		
								7						
_				-				$\dashv$						
_								$\dashv$						

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► NONE

NONE

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Form	990 (2	008)		t d		Page <b>9</b>
Pa	rt VIII	Statement of Revenue		74-2602504	<del></del>	- rage V
	•	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e	Federated campaigns				
	g h	and similar amounts not included above . 1f 2,528,080.  Noncash contributions included in lines 1a-1f \$  Total. Add lines 1a-1f	2,804,228.			
Program Service Revenue	2a b c	Business Code				
Program Ser	d e f g	All other program service revenue	NONE			
	3	Investment income (including dividends, interest, and other similar amounts)	611,750.	611,750.		
	5	Royalties · · · · · · · · · · · · · · · · · · ·	NONE NONE			
	6a b c	Gross Rents	NONE			######################################
	7a	Gross amount from sales of assets other than inventory Less cost or other basis  (i) Securities (ii) Other 8,294,383.	NONE			
	c d	and sales expenses	-1,486,679.			-1,486,679.
Other Revenue	8a	Gross income from fundraising events (not including \$				# # # # # # # # # # # # # # # # # # #
Other	b c 9a	Less: direct expenses	368,287.		· · · · · · · · · · · · · · · · · · ·	368,287.
	b	See Part IV, line 19	NONE			
	10a	Gross sales of inventory, less returns and allowances	None			
	b c	Less cost of goods sold	NONE			
	11a b					
	c d	All other revenue				
	12	Total Add lines 11a-11d				-1,118,392.

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organization	s must complete	column (A) but are	not required to comp	lete columns (B), (C), a	nd (D).
Do not include amounts reported of 7b, 8b, 9b, and 10b of Part VIII.	n lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to gov	ernments and				
organizations in the U.S. See Part I	V, line 21	7,127,133.	7,127,133.		
2 Grants and other assistance to	individuals in				
the U.S. See Part IV, line 22		NONE			
3 Grants and other assistance to	governments,				
organizations, and individuals	1				
U.S. See Part IV, lines 15 and 16		NONE			
4 Benefits paid to or for members .		NONE			
5 Compensation of current office	ers, directors,				
trustees, and key employees		190,823.		76,329.	114,494.
6 Compensation not included above	, to disqualified		i		
persons (as defined under section	4958(f)(1)) and				
persons described in section 4958	3(c)(3)(B)	NONE			
7 Other salaries and wages		188,043.	59,599.	37,109.	91,335.
8 Pension plan contributions (include	le section 401				
(k) and section 403(b) employer co	ontributions)	6,146.	1,011.	1,812.	3,323.
9 Other employee benefits		27,615.	7,269.	6,398.	13,948.
10 Payroll taxes	[	22,348.	3,676.	6,589.	12,083.
11 Fees for services (non-employees)		T			_
a Management	<i></i> _	NONE			
b Legal		582.			582.
c Accounting	[_	26,612.		26,612.	
d Lobbying		NONE			
e Professional fundraising services See	Part IV, line 17	NONE			
f Investment management fees .		56,715.		56,715.	
g Other		3,979.		3,979.	·
12 Advertising and promotion	[_	NONE			
13 Office expenses		NONE			
14 Information technology		NONE			
15 Royalties		NONE			
16 Occupancy		19,144.	3,149.	5,644.	10,351
17 Travel		11,488.	1,890.	3,387.	6,211
18 Payments of travel or entertains	ment expenses				
for any federal, state, or local	public officials	NONE			
19 Conferences, conventions, and m	eetings	1,442.		1,442.	
20 Interest		<u>NO</u> NE			
21 Payments to affiliates		NONE			
22 Depreciation, depletion, and amo	į.	487.		487.	
23 Insurance		18,360.		18,360.	·
	expenses not				
covered above (Expenses gro	uped together				
and labeled miscellaneous ma	- 1				
5% of total expenses shown on	line 25 below)				
a NET_ASSETS_RELEASED	_EXPENSE_	88,385.			88,385
b REPAIRS_AND_MAINTEN	ANCE	29,350.	4,828.	8,653.	15,869
c SCHOLARSHIPS		19,010.	19,010.		
d BANK_SERVICE_CHARGE	s [	13,767.			13,767
e OFFICE_SUPPLIES		12,564.	2,067.	3,704.	6,793
f All other expenses		64,397.	4,608.	15,428.	44,361
25 Total functional expenses. Add line	es 1 through 24f	7,928,390.	7,234,240.	272,648.	421,502
26 Joint Costs. Check here ▶	If following				
SOP 98-2 Complete this line only if				Į	
reported in column (B) joint combined educational campaign					
solicitation					

Pa	rt X	Balance Sheet								
	•		(A) Beginning of year		E	(B) Ind of	year			
	1	Cash - non-interest-bearing	-16,503.	1			78,5	<u>34.</u>		
	2	Savings and temporary cash investments	1,100,072.	2		4,3	27,5	48.		
Ì	3	Pledges and grants receivable, net	1,579,500.	3		3	56,8	61.		
	4	Accounts receivable, net		4						
1	5	Receivables from current and former officers, directors, trustees, key								
		employees, or other related parties Complete Part II of Schedule L		5						
- 1	6	Receivables from other disqualified persons (as defined under section		1						
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II								
l		of Schedule L		6						
ets	7	Notes and loans receivable, net		7						
Assets	8	Inventories for sales or use		8						
٨	9	Prepaid expenses and deferred charges		9						
		Land, buildings, and equipment cost basis 10a 35,491.								
	b	Less accumulated depreciation Complete								
		Part VI of Schedule D	1,334.	-				<u> 348.</u>		
	11	Investments - publicly traded securities	20,334,020.	$\overline{}$		<u>12,1</u>	92,0	)73.		
	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	10,052,552.				05,6			
_	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	33,050,975.			<u> 26,8</u>				
	18	Accounts payable and accrued expenses	1,484.		-,-		13,2	<u>240.</u>		
	19	Deferred revenue	264 502	18						
	20	Tax-exempt bond liabilities	364,583.	19		5	40,2	<u> 250.</u>		
	21	Escrow account liability Complete Part IV of Schedule D		21						
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,	<del></del>	-						
ΞĘ	* *	highest compensated employees, and disqualified persons. Complete Part II								
Lia		of Schedule L		22						
	23	Secured mortgages and notes payable to unrelated third parties		23		———				
	24	Unsecured notes and loans payable		24						
	25	Other liabilities Complete Part X of Schedule D	1,931,740.	++		1 9	54,			
	26	Total liabilities. Add lines 17 through 25	2,297,807	26			07,			
- sa		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.	2,237,007.		-		0,,	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
Š	27	Unrestricted net assets	6,768,698	27		5 6	27,	963		
Sala	28	Temporarily restricted net assets	12,102,062	28			11,			
ā	29	Permanently restricted net assets	11,882,408	<del> </del>	_	11,9				
or Fund Balances	   	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	22,000,100					<u> </u>		
	30	Capital stock or trust principal, or current funds		30						
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31						
A	32	Retained earnings, endowment, accumulated income, or other funds		32						
Net	33	Total net assets or fund balances	30,753,168	+		24.4	53.	704		
	34	Total liabilities and net assets/fund balances		<del>'                                     </del>		24,453,70 26,861,55				
Pa	rt XI		0.070075.0				<u> </u>	<u> </u>		
1		ounting method used to prepare the Form 990 Cash X Accrual Oth	or.				Yes	No		
2а		e the organization's financial statements compiled or reviewed by an independent account				2 a		v		
b		e the organization's financial statements audited by an independent accountant?						<u>X</u> _		
c		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility				_ £ U	_^_			
_		t, review, or compilation of its financial statements and selection of an independent acco	· -			2 c	Х	ı		
3 a		result of a federal award, was the organization required to undergo an audit or audits as								
		Single Audit Act and OMB Circular A-133?				3a		X		
b		es," did the organization undergo the required audit or audits?				3 b				

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 74-2602504 TEXAS PARKS & WILDLIFE FOUNDATION INC Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II c Type III - Functionally Integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? . . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9) in col (i) listed in your the organization in organization in col support (i) organized in the above or IRC section governing document? col (i) of your (see instructions)) US? support? Yes Yes SEE STATEMENT

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

7,127,133.

74-2602504 Page 2 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) Section A. Public Support (a) 2004 (b) 2005 (c) 2006 Calendar year (or fiscal year beginning in) (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . . Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . Total Add lines 1-3 . . . . . . . . . . . . . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . . Public support Subtract line 5 from line 4 Section B. Total Support (a) 2004 Calendar year (or fiscal year beginning in) (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 4. . . . . . . . . . Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources.......... Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . . . . . Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . . . . . 11 Total support. Add lines 7 through 10... 12 Gross receipts from related activities, etc. (See instructions.) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . . % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ................. 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Sect	tion A. Public Support								
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
1	Gifts, grants, contributions, and			1					
	membership fees received (Do not include								
	any "unusual grants ")								
2	Gross receipts from admissions, merchandise								
	sold or services performed, or facilities								
	furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513								
4	Tax revenues levied for the organization's								
	benefit and either paid to or expended on								
	its behalf								
5	The value of services or facilities						<del></del>		
	furnished by a governmental unit to the		ļ	ļ					
	organization without charge								
6	Total. Add lines 1-5								
7 a	Amounts included on lines 1, 2, and 3								
	received from disqualified persons		(						
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of 1% of		Į						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000	Ì							
c	Add lines 7a and 7b								
8	Public support (Subtract line 7c from								
	line 6)								
Sec	tion B. Total Support								
C	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest, dividends,								
	payments received on securities toans, rents, royalties and income from similar	ļ							
	sources								
b	Unrelated business taxable income (less	1			İ				
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
С	Add lines 10a and 10b			<u> </u>					
11	Net income from unrelated business	Į		Į.			1		
	activities not included in line 10b,								
	whether or not the business is regularly carried on		ļ.,						
12	Other income Do not include gain or	Ì							
	loss from the sale of capital assets								
	(Explain in Part IV)				<u> </u>	<u> </u>	ļ		
13	Total support. (Add lines 9, 10c, 11,		<del> </del>				_		
	and 12)		1	1		1	1		
14	First five years. If the Form 990 is fo	=			•				
	organization, check this box and stop here			<u></u>	<u> </u>	<u> </u>	▶		
Sec	tion C. Computation of Public Su					<del>-                                    </del>			
15	Public support percentage for 2008 (line to						%_		
16	Public support percentage from 2007 Sch			• • • • • • •	· · · · · · · · ·	16	%_		
	tion D. Computation of Investme			40 1 (0)		<del></del>			
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h  18  %								
18							<u> </u>		
19a	33 1/3% support tests - 2008 If the or	-		•		•			
	17 is not more than 33 1/3 %, check this b								
b	33 1/3% support tests - 2007. If the org								
24	line 18 is not more than 33 1/3 %, check the					•			
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Schedule A (	Form 990 of 990-E2) 2008 74-2602504	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)	0,
		<b></b>
		- <b>-</b>
		- <b></b>
		- <b></b>
	~	

#### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047 **Open to Public** 

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Inspection Employer identification number

Name	of the organization			Employer identification number
TEX	AS PARKS & WILDLIFE FOUNDATION INC			74-2602504
Par	Organizations Maintaining Donor Adv the organization answered "Yes" to For	ised Funds or Other Similar Fun m 990, Part IV, line 6.	ds or A	Accounts. Complete if
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a	dvisors in writing that the assets hel	d in don	or advised
	funds are the organization's property, subject to the	•		
6	Did the organization inform all grantees, donors, a			
	used only for charitable purposes and not for the b			
	impermissible private benefit?	<u> <del></del> </u>		Yes No
Pai	t II Conservation Easements. Complete i	the organization answered "Yes	" to For	rm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	organization (check all that apply)		
	X Preservation of land for public use (e.g., recre	eation or pleasure) Preserva	ation of	an historically importantly land area
	X Protection of natural habitat	Preserva	ation of	certified historic structure
	X Preservation of open space			
2	Complete lines 2a-2d if the organization held a qu	alified conservation contribution in th	ne form	of a conservation easement
	on the last day of the tax year		<b>.</b>	
			-	Held at the End of the Year
а	Total number of conservation easements			2a 1
b	Total acreage restricted by conservation easement		–	2b 373.44
C	Number of conservation easements on a certified			
d	Number of conservation easements included in (c			
3	Number of conservation easements modified, tran	sferred, released, extinguished, or t	terminat	ed by the organization during
	the taxable year  NONE			•
4	Number of states where property subject to conse			
5	Does the organization have a written policy regard			
_	enforcement of the conservation easements it hold			
6	Staff or volunteer hours devoted to monitoring, ins	·	_	,
7 8	Amount of expenses incurred in monitoring, inspe Does each conservation easement reported on lir	_ ·		
0	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •		
9	In Part XIV, describe how the organization reports	conservation easements in its rever	nue and	expense statement, and
	balance sheet, and include, if applicable, the text		financia	al statements that describes
	the organization's accounting for conservation eas			
Pa	Organizations Maintaining Collection Complete if the organization answere	s of Art, Historical Treasures, or d "Yes" to Form 990, Part IV, line	r Other 8.	Similar Assets.
1 a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	ld for public exhibition, education, o	r resear	ch in furtherance of public service.
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for provide the following amounts relating to these items.	or public exhibition, education, or res	tement a search i	and balance sheet works of art, n furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line	1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X			<b>&gt;</b> \$
2	If the organization received or held works of art, h	nstorical treasures, or other similar a	assets fo	or financial gain, provide the
	following amounts required to be reported under	SFAS 116 relating to these items		-
а	Revenues included in Form 990, Part VIII, line 1 .			<b>&gt;</b> \$
b	Assets included in Form 990, Part X			<b>&gt;</b> \$
	Privacy Act and Paperwork Reduction Act Notice, see the Instru			Cab - dula D (5 000) 0000

Par	Organizations Maintaining Collec	tions of Art, Hi	storical	Treasures,	or Other	r Similar As	sets (co	ontinued)	
_				4.11		<b>.</b>		n	
3	Using the organization's accession and other	recoras, cneck a	iny of the	tollowing the	at are a si	ignificant use	of its co	nection	
_	items (check all that apply) Public exhibition	a		l oon or evel	nongo oro	arome			
a	Scholarly research	d e	$\vdash$	Loan or exch Other	lange pro	granis			
b	Preservation for future generations	e		Other				<del></del>	
C A	Provide a description of the organization's col	lactions and evn	lain how	they further t	he organi	zation'e even	ant nurn	ACD IN	
4	Part XIV	lections and exp	alli llow	they fulfiles t	ne organi	Zation's exem	ipt puip	036 111	
5	During the year, did the organization solicit or	receive donatio	ns of art	historical tre	acurec o	r other similar	•		
,	assets to be sold to raise funds rather than to							Yes	No
Par	Trust, Escrow and Custodial Arra Part IV, line 9, or reported an amo	ingements. Co	mplete i	if organization					1110
						<del></del>			
1 a	Is the organization an agent, trustee, custodia	in or other intern	nediary fo	or contributio	ns or othe	er assets not	_		_
	ıncluded on Form 990, Part X?						L	Yes	No
þ	If "Yes," explain the arrangement in Part XIV a	and complete the	followin	g table	· · · · · · · · · · · · · · · · · · ·				
						Am	ount		
	Beginning balance			_					
d	Additions during the year			<u> </u>					
е	Distributions during the year			þ				<del> </del>	
f	Ending balance								
	Did the organization include an amount on Fe	orm 990, Part X,	line 21?				[_	Yes	No
	If "Yes," explain the arrangement in Part XIV	<del></del>					4.0		
Par	t V Endowment Funds. Complete if								
	(a) Curre	nt Year (b) Pr	or year	(c) Two yea	irs back	(d) Three year	s back	(e) Four years	back
_	Beginning of year balance			ļ					
b	Contributions			ļ					
2	Investment earnings or losses			<del></del>					
ď	Grants or scholarships			<u> </u>					
е	Other expenditures for facilities .								
	and programs			<del>- </del>					
	End of year balance	<del></del>		<b></b>		<del> </del>			
g	Provide the estimated percentage of the year	r and halanaa hal		.l					
2 a	Board designated or quasi-endowment	" end balance her	u as						
ь	Permanent endowment > %								
	Term endowment ▶ %								
	Are there endowment funds not in the posse	ession of the ora	anızatınn	that are held	d and adm	unistered for t	he		
-	organization by	,331011 01 the org	arii20(1011	that are nece	and adn	iiiiigterea tor t	110	Yes	No
	(i) unrelated organizations							3a(i)	+
	(ii) related organizations							3a(ii)	+
b	If "Yes" to 3a(II), are the related organizations							3 b	+
4	Describe in Part XIV the intended uses of the	•						L	
	t VI Investments - Land, Buildings, a				rt X. line	10.			
	Description of investment	(a) Cost or other ba (investment)		(b) Cost or other basis (other)		Depreciation	(0	d) Book value	
1a	Land					·			
b	Buildings ,								
С	Leasehold improvements								
d	Equipment								
_е	Other								
Tota	al. Add lines 1a-1e (Column (d) should equal F	orm 990, Part X,	column	(B), line 10(c)	))	<u></u> . <b>&gt;</b>			
							0-1		

Part Vil	Investments - Other Securities. S	See Form 990, Part X, line 12	)
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial deri	ivatives and other financial products		
	equity interests		
		I I	
Total. (Column	(b) should equal Form 990, Part X, col (B) line 12	<b>&gt;</b>	
Part VIII	Investments - Program Related.	See Form 990, Part X, line 1:	3.
	(a) Description of investment type	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total, (Column	n (b) should equal Form 990, Part X, col (B) line 13	) 🕨	
Part IX	Other Assets. See Form 990, Pa		
T CHANGE		(a) Description	(b) Book value
CONSERVA	ATION EASEMENT	(4)	8,000,000
	INTEREST RECEIVABLE		51,330
	INVESTMENTS		1,854,359
AGENCI .	INVESTMENTS		1,034,333
		· · · · · · · · · · · · · · · · · · ·	
Total (Column	n (b) should equal Form 990, Part X, col (B) line 15	1	▶ 9,905,689
Part X	Other Liabilities. See Form 990,		
Palt A	(a) Description of liability	(b) Amount	
Federal inco	<del></del>	(b) Amount	
		1 254 252	
AGENCY	INVESTMENTS	1,854,359.	
		<del></del>	
		<del></del>	
Total. (Colum	n (b) should equal Form 990, Part X, col (B) line 25	1,854,359.	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part 2	Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
	Total revenue (Form 990, Part VIII, column (A), line 12)	1		2,297,586.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		7,928,390.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		-5,630,804.
4	Net unrealized gains (losses) on investments	4		-668,660.
5	Donated services and use of facilities	5	<u> </u>	
6	Investment expenses	6	<u> </u>	56,715.
7	Prior period adjustments	7	<u> </u>	
8	Other (Describe in Part XIV)	8	<u> </u>	
9	Total adjustments (net) Add lines 4-8	9		-611,945.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10		-6,242,749.
Part			<u> </u>	<u></u>
1	Total revenue, gains, and other support per audited financial statements	.	1	1,658,902.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1	
а	Net unrealized gains on investments	0.		
b	Donated services and use of facilities	_		
C	Recoveries of prior year grants	_	- 1	
d	Other (Describe in Part XIV)			
е	Add lines 2a through 2d	.	2 e	-581,969.
3	Subtract line 2e from line 1	$\cdot$	3	2,240,871.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 56,71	5.		
b	Other (Describe in Part XIV)	_	1	
C	Add lines 4a and 4b		4c	<u>56,715</u> .
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	_	5	2,297,586.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Retu		
1	Total expenses and losses per audited financial statements	٠,	1	7,958,366.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities 2a	-		
b	Prior year adjustments 2b		- 1	
C	Losses reported on Form 990, Part IX, line 25			
đ	Other (Describe in Part XIV)  2d 86,69	1.	_	
	Add lines 2a through 2d	.	2e	86,691.
3	Subtract line 2e from line 1	•	3	7,871,675.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	_ \	l	
a	Investment expenses not included on Form 990, Part VIII, line 7b	5.		
	Other (Describe in Part XIV)	$\dashv$		
	Add lines 4a and 4b	-	4 c	56,715.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	7,928,390.
Part				· <u> </u>
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art I	√, line	es 1b
	p, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b			
SEE_	PAGE 5			

FUNDRAISING EVENT EXPENSES
SCHEDULE D, PART XII, LINE 2D AND PART XII, LINE 2D
NETTED WITH FUNDRAISING EVENT REVENUES ON STATEMENT OF REVENUE, REPORTED
AS SEPARATE EXPENSE ITEM ON AUDITED FINANCIAL STATEMENTS.
REPORTING OF CONSERVATION EASEMENT
SCHEDULE D, PART II, LINE 9
THE CONSERVATION EASEMENT IS REPORTED ON THE STATEMENT OF FINANCIAL
POSITION AT ESTIMATED FAIR VALUE ON DATE OF GRANT. THE EASEMENT VALUE WAS
CALCULATED AT 50% OF TOTAL ACREAGE VALUE AND WAS APPROVED BY THE INTERNAL
REVENUE SERVICE. ATTACHED TO THE RETURN IS THE FOOTNOTE TO THE FINANCIAL
STATEMENTS REGARDING THE CONSERVATION EASEMENT.
MONITORING OF CONSERVATION EASEMENT
SCHEDULE D, PART II, LINE 5
THE CONSERVATION AGREEMENT BETWEEN CANADIAN RIVER CATTLE COMPANY, L.P.
AND TEXAS PARKS AND WILDLIFE FOUNDATION, INC. IS FOR THE PURPOSE OF
ASSURING THAT THE PROPERTY WILL BE RETAINED FOREVER PREDOMINANTLY IN ITS
NATURAL CONDITION TO PREVENT ANY USE OF THE PROPERTY THAT WILL
SIGNIFICANTLY IMPAIR OR INTERFERE WITH THE CONSERVATION VALUE OF THE
PROPERTY. THE ORGANIZATION HAS BEEN GRANTED ACCESS TO THE PROPERTY WITH
AT LEAST FOURTEEN DAYS PRIOR WRITTEN NOTICE OF THE PROPOSED TIME OF ENTRY
AND NOT TO EXCEED TWO CONSECUTIVE DAYS WITH NO MORE THAN TWO ENTRIES TO
BE ALLOWED PER CALENDAR YEAR FOR THE PURPOSE OF MONITORING, INSPECTING
AND RESPONDING TO VIOLATIONS AND ENFORCING CONSERVATION EASEMENTS. THE
ENTRIES MAY NOT OCCUR DURING ANY HUNTING SEASON APPLICABLE TO THE
PROPERTY. ASIDE FROM THE TWO FOUNDATION ENTRIES PER YEAR, TEXAS PARKS AND

#### SCHEDULE G

(Form 990 or 990-EZ)

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

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, Department of the Treasury 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Internal Revenue Service

OMB No 1545-0047

Employer identification number Name of the organization TEXAS PARKS & WILDLIFE FOUNDATION INC 74-2602504 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations а Email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events C g đ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table (i) Name of individual (ii) Activity (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (or retained by) or entity (fundraiser) custody or control of (or retained by) from activity contributions? fundraiser listed in organization col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2008 74-2602504 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events (Add col. EXPO BANQUET NONE NONE (a) through col (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 454,978. 454,978. 2 Less Charitable contributions . . . . . . . . . . . . . . . . . 276,148. 3 Gross revenue (line 1 minus line 2) . . . . . . . . . . . . . . . . . . 178,830. 178,830. 4 Cash prizes NONE NONE 5 Non-cash prizes NONE NONE 6 Rent/facility costs 5,000 5,000. 7 Other direct expenses . . . . . . . 81,691 81,691. 8 Direct expense summary Add lines 4 through 7 in column (d) <u>8</u>6,691.) 9 Net income summary Combine lines 3 and 8 in column (d)........ 92,139. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (Add col (a) through col (c)) (c) Other gaming Revenue (b) Pull tabs/instant bingo/progressive bingo 1 Gross revenue . . . . . . . . . . . . . . . . . 2 Cash prizes Expenses Direct 5 Other direct expenses . . . . . . . Yes Yes 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) Yes No Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? 9 a b If "No," Explain 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," Explain Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

16 Gaming manager information

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer

Employee Independent contractor

17 Mandatory distributions

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ►\$

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE (Form 990) Department of the Treasury

Grants and Other Assistance to Organizations,

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the U.S.

	•
545-0047	90
No 1	20
OMB	

Open to Public

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(h) Purpose of grant or assistance CONSERVATION RESERVATION VILDLIFE MGT RAINING CTR STATE PARK SDUCATION/ OUTREACH Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. EARNING Employer identification number X Yes HABITATS OUTDOOR **TEALTHY** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on COUTH 74-2602504 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. 255,000. 166,000 1,632,719. 4,061,460 94,550. 917,404 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 74-1680372 74-1680372 74-1680372 74-1680372 74-1680372 TEXAS PARKS & WILDLIFE FOUNDATION INC 74-1680372 (b) EIN 1200 SMITH SCHOOL ROAD AUSTIN, TX 78744 1200 SMITH SCHOOL ROAD AUSTIN, IX 78744 4200 SMITH SCHOOL ROAD AUSTIN, TX 78744 4200 SMITH SCHOOL ROAD AUSTIN, TX 78744 4200 SMITH SCHOOL ROAD AUSTIN, IX 78744 4200 SMITH SCHOOL ROAD AUSTIN, TX 78744 TEXAS PARKS AND WILDLIFE DEPARTMENT \_\_\_ TEXAS PARKS AND WILDLIFE DEPARTMENT 1 (a) Name and address of organization or government Name of the organization

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Enter total number of other organizations

Schedule I (Form 990) 2008

8E1288 2 000

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2008

Part III Grants an

-cash assistance					,	nation.			 			1 1 1 1 1 1 1 1 1 1 1 1					 
(f) Description of non-cash assistance				,		and any other additional information			1 1 1 1 1 1 1 1 1 1				; 1 1 1 1 1 1 1 1 1				 
J.						any oth		 	 	 		] [ ] ]	! ! !	]   		   	   
(e) Method of valuation (book, FMV, appraisal, other)						N	1	 	! ! !				1	; ; ;		! ! ! !	! ! ! !
hod of valt V, apprais						Supplemental Information Complete this part to provide the information required in Part I, line		 	 	1 1 1	1 1 1	 	 	 	 	 	 
(e) Met FM						d in Pa		 			ŒNT.	 	i 1 1 1	1 1	 	; ! ! !	; ! ! !
ount of ssistance						reduire		 		NATURAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRE	<u>parks and wildliff. department</u>			 	\$ 	 	
(d) Amount of non-cash assistance						mation		; ; ; ;			I E E D	 	1		 	 	
						ne Infor		 		리 이 리	ĪĞĪĪM.		!	! ! !	! ! !	 	 
(c) Amount of cash grant						ovide t		 			S_AND		 	1 1 1 1	: : : : :	! ! ! !	 
						rt to pr		 	,			 	! !	1	 	 	 
(b) Number o						this pa	SUNITE ENERGY BO			ZOTEST TOTAL	<u>The Authority of the texas</u>				 	 	 
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						Cor	) <u>[</u>	) 		ASED	TY_OF		1 1 1	 		1	
sistance						ormatic	911			E - [2]	THORI	1 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	 	 	 
grant or as						ntal Inf	1 D			<u>12922</u>	HE AU	! ! !	! ! !	 	       	1 1 1	1 1 1
(a) Type of grant or assistance						neme			FAKI	ARE L	<u>īdēr. 1</u>	!		1	 	1 1 1	1 1
(a)						1			7 - 1 - 1 - 1	ZANTS.	<u>vv</u> . uv	!	1 1 1	 		 	 
						Dart IV		LOCATION NONTRANSPORTED		<u>ALL GRANTS, ARE, DISPERSED, BASED, ON RECOEST.</u>	<u>Programs_ under_</u>	-	 	 	       	! ! !	

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#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23. OMB No 1545-0047

2008

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number

TEXAS PARKS & WILDLIFE FOUNDATION INC 74-2602504 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a a Receive a severance payment or change of control payment? Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 b Х c Participate in, or receive payment from, an equity-based compensation arrangement? Х

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7. For persons lated in Form 000, Rort VIII, Seaton A line 1a, did the arrestration provide only not fixed.

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

a The organization?

b Any related organization?

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

compensation contingent on the revenues of

If "Yes" to line 5a or 5b, describe in Part III

compensation contingent on the net earnings of

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

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

Schedule J (Form 990) 2008

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Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization form related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(t)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(ı) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	Ξ	161,068.		10,000.		21,864.	192,932.	166,753.
JAMES R DAVIS	(11)		N		NONE			
	Θ							
	Ξ							
	Ξ							
	(E)							
	Ξ							
1	(11)							
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							SCT B.	Schedule J (Form 990) 2008

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# SCHEDULE J-2 (Form 990)

## **Continuation Sheet for Form 990**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the Organization

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Employer Identification number

TEXAS PARKS & WILDLIFE FOUNDATION INC

74-2602504

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A)	(B)			(0	;)			(D)	(E)	(F)
Name and Title	Average hours per week		-i	_		hat app	<del></del>	Reportable compensation	Reportable compensation	Estimated amount of
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
WILL BEECHERL										
CHAIRMAN	1.	X			_		_	NONE	NONE	NON
ERNIE_ANGELO							1	}		
TRUSTEE	1	X	_		<u> </u>			NONE	NONE	NON
LAURANCE ARMOUR, III										
TRUSTEE	1.	X		<u> </u>	<b> </b>	<u> </u>		NONE	NONE	NON
ALFRED GLASSELL, III							}			
TRUSTEE	1	X	<u> </u>					NONE	NONE	NON
WINDI GRIMES					ļ					
TRUSTEE	1	х		L			<u> </u>	NONE	NONE	NON
WILL HARTE										
TRUSTEE	1.	Х					L	NONE	NONE	NON
HUNTER HENRY										
TRUSTEE	1	х	<u></u>			<u> </u>		NONE	NONE	NON
DON HUMPHREYS										
TRUSTEE	1	Х						NONE	NONE	иои
GARY HOCKSTRA			_							
TRUSTEE	1.	X					ì	NONE	NONE	иои
JOE MCBRIDE										
TRUSTEE	1.	X						NONE	NONE	иои
ANDY MILLS					Γ		1			
TRUSTEE	1.	x						NONE	NONE	NON
JOHN MURPHY							1			
TRUSTEE	1.	х			1			NONE	NONE	иои
PAT_MURRAY		1			1		1	1		
TRUSTEE	1.	x			l		ļ	NONE	NONE	NOI
BRYAN_PICKENS		†**	1			·	1	None	, NOIVE	
TRUSTEE	1	x					1	NONE	NONE	NOI
TODD PILAND		1	╁	1-	1	<del>                                     </del>	╁	NONE	NONE	NO.
TRUSTEE	1.	x			1	}		NONE	NONE	NO
		┼^-	╁╌	+	+	┼	╁	NONE	NONE	NOI
KARL ROVE	, ,	V						None	Nove	, ,,,,
TRUSTEE MINI 2004	1.	X	+-	+	+	<del> </del>	+	NONE	NONE	NO
MIMI_ZOCH	,	,,					1		,	]
TRUSTEE	1	<u> </u>	+-	+	+-	+-	╁	NONE	NONE	NOI
PAT OLES			l	1	1	-	}		_	]
ADVISORY CHAIR COUNCIL	1.	X	+	-	+	┼	+	NONE	E NONI	NO:
CARTER SMITH	_				1	1				
EX-OFFICIO ASSOCIATE TRUSTEE	1	X	1	-	<del> </del>			NONE	NONE	NO NO
MARK BIVINS	}	1	1	1		1	1		1	
EX-OFFICIO ASSOCIATE TRUSTEE	1.	X	1	╁	$\perp$	<u> </u>	_	NONI	E NON	NO NO
RALPH_DUGGINS			1							
ASSOCIATE TRUSTEE	1.	<u> </u>	ot					NONI	E NONI	NO

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

# SCHEDULE-J-2 (Form 990)

#### **Continuation Sheet for Form 990**

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

TEXAS PARKS & WILDLIFE FOUNDATION INC

Employer Identification number

74-2602504

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Employees										
(A)	(B)	ŀ		(0	;)			(Đ)	(E)	(F)
Name and Title	Average hours	Posit	ion (	chec	k all	that ap		Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
LEE_M. BASS HONORARY TRUSTEE	1.	х						NONE	NONE	NONE
EDWIN COX HONORARY TRUSTEE	1.	Х						NONE	NONE	NONE
GEORGE_HIXON_										
HONORARY TRUSTEE	. 1.	Х						NONE	NONE	NONE
JAMES R DAVIS										
EXECUTIVE DIRECTOR	40.	<u> </u>	ļ	ļ	x		ļ	171,068.	NONE	NONE
	L	<del>                                     </del>	T	<del> </del>	┢	1	1			
			1							
	-									
				<u> </u>	1					
			$\dagger$			-				
		-				-	$\dagger$	<del> </del>		
	<del> </del>	+	+	+	+	+	+	<del></del>	<del> </del>	
				_		_	$\perp$			
For Drivery Act and Department Reduction	A - A - N - A	45 - 1			<del></del>	<del></del> _		- 000	<del></del>	<del></del>

#### SCHEDULE O (Form 990)

# Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the

OMB No 1545-0047 Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or to provide any additional information.

TEXAS PARKS & WILDLIFE FOUNDATION INC	74-2602504
ENFORCEMENT OF WRITTEN CONFLICT OF INTEREST POLICY	
FORM 990, PART VI, SECTION B, LINE 12C	
THE ORGANIZATION MONITORS AND ENFORCES THE CONFLICT OF INTEREST P	Ōŗīcā
WHEN NEEDED ON A CASE BY CASE BASIS.	
	***************************************
<del></del>	

Schedule O (Form 990) 2008	Page Z
Name of the organization	Employer identification number
TEXAS PARKS & WILDLIFE FOUNDATION INC	74-2602504
PROCESS FOR DETERMINING EXECUTIVE DIRECTOR COMPENSATION	<u>ON</u>
FORM 990, PART VI, SECTION B, LINE 15A	
COMPENSATION FOR THE EVECUTIVE DIRECTOR IS DETERMINED	DV THE COVERNING
COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED	PI THE GOAPHAING
BOARD.	

#### SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

:=\$=====###===#########################

(1) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
TEXAS PARKS AND WILDLIFE DEPARTMENT	74-1680372	06	Х	Х	Х	7,127,133.
TOTAL AMOUNT OF SUPPORT						7,127,133.

#### SCHEDULE D (Form 1041)

**Capital Gains and Losses** 

► Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2008

Department of the Treasury Internal Revenue Service

Name of estate or trust

Employer identification number

TEXAS PARKS & WILDLIFE FOUNDATION INC 74-2602504 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (d) Sales price (see page 4 of the (Example 100 shares 7% preferred of "Z" Co ) (mo . dav. vr ) (mo . dav. vr ) instructions) Subtract (e) from (d) 1 a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1 b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2007 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back . . Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (b) Date acquired (c) Date sold (see page 4 of the instructions) (d) Sales price the entire year Subtract (e) from (d) (mo, day, yr) (mo , day, yr ) 6a **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b -1,486,679.Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts Capital gain distributions Gain from Form 4797, Part I 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2007 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, 12 column (3) on the back. -1,486,679

Schee	dule D (Form 1041) 2008					Page 2
Pai	Summary of Parts I and II		(1) Beneficiaries'	(2) Estate		(3) Total
	. Caution: Read the instructions before completing this pa	rt.	(see page 5)	or trust's	5	(6) 10141
13	Net short-term gain or (loss)	13				<del></del>
14	Net long-term gain or (loss):	ļ				
a	Total for year	14a		<u> </u>		-1,486,679.
	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b				<del> </del>
	28% rate gain					
15				L	<del></del>	<u>  -1,486,679.</u>
	2: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Foi art V, and do not complete Part IV-If line 15, column (3), is a net loss, complete F					
_		01111	and the ospital 2000 od	Tryover Worksin		
	Capital Loss Limitation		4- 4			
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F				. /	2 000 \
Note Cany	The loss on line 15, column (3) or b \$3,000 If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page over Worksheet on page 7 of the instructions to figure your capital loss carryove	 je 1, lii er	ne 22 (or Form 990-T,	ine 34), is a los	s, con	3,000.)  nplete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rates					
	n 1041 filers. Complete this part only if both lines 14a and 15 in colu	umn (:	2) are gains, or an a	mount is enter	red in	Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mo					
	tion: Skip this part and complete the worksheet on page 8 of the instru	ctions	ıf			
	other line 14b, col (2) or line 14c, col (2) is more than zero, or					
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.					
	n 990-T trusts. Complete this part only if both lines 14a and 15 ar orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pa					
	orm 990-1, <b>and</b> Form 990-1, line 34, is more than zero. Skip this pa er line 14b, col. (2) or line 14c, col. (2) is more than zero.	art and	complete the work	rsneet on pag	je o d	or the instructions if
		• • •	<del></del>	<del></del>	-	<del></del>
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34) .	17			
18	Enter the smaller of line 14a or 15 in column (2)				Ì	
	but not less than zero 18					
19	Enter the estate's or trust's qualified dividends			ļ		
	from Form 1041, line 2b(2) (or enter the qualified					
	dividends included in income in Part I of Form 990-T)					
20	Add lines 18 and 19					
21	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g, otherwise, enter -0 ▶ 21					
22	Subtract line 21 from line 20 If zero or less, enter -0		· · <del>  </del>			
23	Subtract line 22 from line 17 If zero or less, enter -0-		23			
2.4	Enter the amplification of the amplification has 47 as \$2,200			1		
24	Enter the smaller of the amount on line 17 or \$2,200		24			
25	Is the amount on line 23 equal to or more than the amount on line 2				ļ	
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" both			Ì		
26	No. Enter the amount from line 23		25			
26	Subtract line 25 from line 24.  Are the amounts on lines 22 and 26 the same?		26			
27			0.7			
	Yes. Skip lines 27 thru 30, go to line 31 NO. Enter the smaller of line 17 or	line 22	27		1	
20	Enter the amount from line 26 /lf line 26 in blank, enter 0.)		20			
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28	_		
20	Subtract line 28 from line 27				ļ	
29	Subtract line 28 from line 27					
30	Multiply line 29 by 15% (15)			- · · · · ·	30	
31	-					
	the Schedule Ginstructions)		· · · · · · · · · · · · · · · · · · ·	· · · · · · -	31	
2.2	Add lives 20 and 21				_	
32	Add lines 30 and 31			<u>.</u>	32	
33	Figure the tax on the amount on line 17. Use the 2008 Tax Rate S			•		
2.4	the Schedule Ginstructions)  Tax on all taxable income. Enter the smaller of line 32 or				33	
34	Schedule G, Form 1041 (or line 36 of Form 990-T)			,	34	

Schedule D-1 (Form 1041) 2008

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side Employer identification number TEXAS PARKS & WILDLIFE FOUNDATION INC 74-2602504 Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (d) Sales price (see page 4 of the instructions) (e) Cost or other basis (see page 4 of the instructions) (b) Date (a) Description of property (Example 100 sh 7% preferred of 'Z" Co) (c) Date sold (f) Gain or (loss) Subtract (e) from (d) acquired (mo, day, yr) (mo , day, yr ) 6a **VARIOUS** SALE OF SECURITIES VARIOUS 8,294,383. 9,781,062. -1,486,679.6b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b . . . . . . . -1,486,679.

JSA

# PARKS AND WILDLIFE FOUNDATION OF TEXAS, INC. Notes to Financial Statements, continued August 31, 2009 and 2008

#### (6) Net Assets, continued

	2009			2008
Permanently restricted (note 7):				
Parrie Haynes Ranch Mitigation	\$	1,532,500	\$	1,532,500
Sea Center Texas		603,789		603,689
Lone Star Legacy General Fund		582,130		574,617
Palo Duro Canyon State Park		263,800		263,800
Other permanently restricted funds		932,307		907,802
Conservation Easement	_	8,000,000	_	8,000,000
Total permanently restricted net assets	_	11,914,526		11,882,408
Total net assets	\$	24,453,704	\$_	30,753,168

The Canadian River Cattle Company, LP (the Grantor) has granted the Foundation in perpetuity conservation rights to a tract of land in Oldham County, Texas. The easement, which is the right afforded to another person to make limited use of another's real property, was granted to the Foundation in order to preserve the natural, scenic, open space, historical, cultural and educational values of great importance to the Grantor and the people of the State of Texas. The terms of the agreement state that the conservation values of the property should be preserved and maintained by permitting only those land uses on the property that do not significantly impair or interfere with ranching, hunting and fishing activities. The easement was recorded at date of grant at an estimated fair value of \$8,000,000

The following is a summary of net assets released from donor restrictions by incurring expenditures satisfying the restricted purposes

	2009		2008	
Purpose restrictions accomplished.	_			
Game Wardens Training Center	\$	4,259,403	\$	1,549,844
Negley Conservation		1,147,902		96,680
TPWF Scholarships		19,010		18,623
Walmart Water for Texas		189,059		-
Other	_	528,019		3,735,188
Total net assets released from restrictions	\$	6,143,393	\$_	5,400,335

The Board of Directors has adopted the policy of withdrawing up to three percent of temporarily restricted net assets to reimburse the Foundation for fund raising costs and administrative costs of managing and disbursing the funds. Net assets released reported above include \$338,498 in fiscal 2009 and \$110,950 in fiscal 2008 for these reimbursements.

#### Form 8868

(Rev April 2009)

## Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury File a separate application for each return. Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits Type or Name of Exempt Organization Employer identification number print TEXAS PARKS AND WILDLIFE FOUNDATION, INC. 74-2602504 Number, street, and room or suite no. If a P.O. box, see instructions File by the due date for P.O. BOX 191207 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return See instructions DALLAS, TX 75219 Check type of return to be filed (file a separate application for each return) Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5227 Form 990-FZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 The books are in the care of ▶ DICK DAVIS Telephone No ▶ 214 720-1478 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box . \(\bigsim \subseteq \subsete and attach a list with the names and EINs of all members the extension will cover I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 04/15 , 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year tax year beginning 09/01,2008 , and ending 08/31,2009 If this tax year is for less than 12 months, check reason | Initial return | Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3 a \$ If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit. \$ 3 b NONE Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)

for payment instructions.

 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed) Name of Exempt Organization Employer identification number Type or print TEXAS PARKS AND WILDLIFE FOUNDATION, INC 74-2602504 Number, street, and room or suite no. If a P.O. box, see instructions For IRS use only File by the P.O. BOX 191207 due date for filing the City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions DALLAS, TX 75219 Check type of return to be filed (File a separate application for each return). Form 1041-A Form 6069 X | Form 990 Form 990-PF Form 4720 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 8870 Form 990-EZ Form 990-T (trust other than above) Form 5227 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ► DICK DAVIS Telephone No. ▶ 214 720-1478 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box ... > If it is for part of the group, check this box ... > and attach a list with the names and EINs of all members the extension is for I request an additional 3-month extension of time until \_\_07/15/2010 5 For calendar year , or other tax year beginning <u>09/01/2008</u> and ending 08/31/2009 6 If this tax year is for less than 12 months, check reason: Initial return Change in accounting period Final return 7 State in detail why you need the extension THE TAXAPAYER IS WAITING ON AUDITED FINANCIAL IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN, THEREFORE, AN EXTENSION OF TIME TO FILE IS RESPECTFULLY REQUESTED If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax less any nonrefundable credits. See instructions 8a \$ If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 8b NONE Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

Signature >

NICHOLAS O MONTGOMERY LLP

Title > CD

Date > -1/0/10

8c \$

Form **8868** (Rev 4-2009)

12720 HILLCREST ROAD, SUITE 800 DALLAS, TX 75230-2081