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*990

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

2008

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

Open to Public Inspection

<u> </u>	or the	2008 calendar year, or tax year beginning OCT 1, 2008 and ending	<u>SEP 30, 2009</u>	
B	heck if pplicable	Please use IRS	D Employer identifi	
	Addres	s label or Cart Hand Total Canada David David Doctor		
	Name change	type Doing Business As	75-1	080987
]in:tial return ∏rermin:	See Specific P.O. BOX 1890	1 - •	r)372-2341
H	⊸atıon ∏Amend ⊸return		G Gross receipts \$	493,112,196.
	Applica		H(a) Is this a group re	
	pendin	F Name and address of principal officer DEDE S. BALLOU	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	
1 7	ax-exe	mpt status: X 501(c) (3) ◀ (insert no)	If "No," attach a	list. (see instructions)
		e: ▶ N/A	H(c) Group exemptio	
			ear of formation: 1964 n	A State of legal domicile: TX
Pa		Summary		
9		Briefly describe the organization's mission or most significant activities: THE PRIM		
Activities & Governance		PROVIDE SUPPORT TO CAL FARLEY'S BOYS RANCH,		
Veri		Check this box if the organization discontinued its operations or disposed of n	1 1	_
ĝ		Number of voting members of the governing body (Part VI, line 1a)	3	9
		Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	9
ties		otal number of employees (Part V, line 2a)	5	
Ξ		otal number of volunteers (estimate if necessary)	6	0
Ac		otal gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b l	Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
9		Contributions and grants (Part VIII, line 1h)	1,596,021.	4,606,598.
Revenue		Program service revenue (Part VIII, line 2g)	4 004 404	
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	1,881,421.	<u><36,459,311.</u> >
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,040,335.	<u>591,645.</u>
	12	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,517,777.	<31,261,068.>
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	558,418.	576,925.
Expenses		Professional furnition in the street of the		·
×		otal fundraising expenses (Part IX, column (D), line 25)		
ш	17 (Other expenses (Part JX column (A) Index a 11d, 11f-24f)	21,309,292.	<u>25,691,131.</u>
	18 7	otal expenses. Add lines 13-17 (must edit@Part IX, column (A), line 25)	21,867,710.	26,268,056.
	=19 F	Revenue less expenses. Subtract line 18 From line 12	<17,349,933.	<57,529,124.>
289		OGDEN, UT	Beginning of Year	End of Year
ase ase	20 1	otal assets (Part X, line 16)	372,260,186.	328,125,729.
	21 1	otal liabilities (Part X, line 26)	44,705,573.	34,259,562.
Net Assets or Fund Balances	22 I	let assets or fund balances Subtract line 21 from line 20	327,554,613.	293,866,167.
Pa	時 	Signature Block	· · · · · · · · · · · · · · · · · · ·	
	ے ا	Under penethes of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete Declaration of preparer (other than officer) is based og all information of which preparer has any knowle	nts, and to the best of my knowledg	ge and belief, it is true, correct,
)	Ninde Cal Dr. R Mari		
Sig	<u> </u>	L Deal Chille Balling	3/14/6	2010
Her	<u> </u>	Signature of officer	Date " " #	
Her © U	§	DEDE S. BALLOU, VP FINANCE		
Ö	5	Type or print name and title		
		Preparer's Date	Check if Prepare	er's identifying number structions)
Paid		signature / Smy // ///wthis 5-/1/0	employed (see ins	
•		Firm's name (or CONNOR MCMILLON MITCHELL & SHENNUM yours if	PLLC EIN >	
use	Only	YOU'S II		
		self-employed), P.O. BOX 15650	1	
		self-employed), address, and ZIP + 4 P.O. BOX 15650 AMARILLO, TX 79105	Phone no. ► (806)373-6661

832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2008)

Form **990** (2008)

person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial

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26

27

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: a 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, Part IV 2<u>8</u>a X b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV <u>X</u> 28b c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional X corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 X 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes, complete Schedule R, Part VI

Form **990** (2008)

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 U.S. Information Returns. Enter -0- if not applicable 0 <u>1a</u> 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <u>2b</u> Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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 X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5c 6a Did the organization solicit any contributions that were not tax deductible? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7c . . . d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e . . . Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? **7**g X For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 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 organization, have N/A excess business holdings at any time during the year? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. N/A Did the organization make any taxable distributions under section 4966? 9a N/A Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: N/A Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: N/A Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2008) CAL FARLEY'S BOYS RANCH FOUNDATION 75-1080987 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u> 260</u>	tion 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,		ļ	
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 1)		
b	Enter the number of voting members that are independent	9		
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	X	
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3	<u> </u>	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	<u> </u>	X
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 <u>a</u>	L	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X_	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
	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?	9b		
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	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<u> </u>		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Х
Sec	tion B. Policies	<u>, , , , , , , , , , , , , , , , , , , </u>		
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	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	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	l		
2	The organization's CEO, Executive Director, or top management official?	15a		_x_
ь ь	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O. (see instructions)			
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	İ		
a	taxable entity during the year?	16a		х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	10a	 	
b	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	l		
		16b		
500	exempt status with respect to such arrangements?	IOD		
17	⊔st the states with which a copy of this Form 990 is required to be filed ►KY , OR , WA			
	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		
18		101		
	public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request			
46	· · · ·			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	na tina	ancial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion.	-	
	DAVID R. SAULTZ - (806)372-2341			
	600 WEST 11TH STREET, AMARILLO, TX 79174			

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.

(A) Name and Title	(B) Average	/-		Pos			L A	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated and an employee		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
DAN ADAMS	1.00	J.							210 012	24 520
EX OFFICIO VOTING JOE HOWELL	1.00	^	╁	╁╴	┢	╆	-	0.	210,912.	24,530
DIRECTOR	1.00		ŀ	l	ļ			0.	0.	^
TOM BIVINS	1.00	^	╁	┢╌		-	<u> </u>	U•	U •	0
DIRECTOR	1.00	\ .	Į					0.	0.	0.
FAY MOORE	1.00	^		┢╌╴	┢	 	- -	0.		
DIRECTOR	1.00	v				1		0.	0.	0.
WALTER T. PRICE IV	1.00	<u> </u>		╁╴	├	\vdash				
VICE CHAIRMAN	1.00	Y						o.	0.	0.
ALAN ROBERSON	1.00	1	<u> </u>	-	<u> </u>	<u> </u>				
CHAIRMAN	1.00	v						0.	0.	0.
BILLY ATTEBURY	1.00			T	\vdash	 	_			
DIRECTOR	1.00	x	ĺ					0.	0.	0.
WADE PORTER		-		T	T-					
DIRECTOR	1.00	\mathbf{x}				İ		0.	_ 0.	0.
BUD JOYNER ED. D.				Γ						
DIRECTOR	1.00	X	i	1				0.	0.	0。
DAVID R. SAULTZ										
SEC/TREASURER SENIOR VP	40.00	_	l.	X	İ			159,866.	0.	18,990.
	-	_	_	-				-		
	-		_	_		-				
	 	-	-	-	-	+				
	1	1	1	1	1	f	l	l l		

Part	Section A. Officers, Directors, T	<u>rustees, Key E</u>	<u>mpl</u>	oyee	es, a	<u>ind</u>	High	<u>res</u>	t Compensated Employ	ees (continued)				
	(A)	(B)	İ		(C)			(D)	(E)			(F)	
	Name and title	Average	١.			itior			Reportable	•		stimate	-	
		hours per week	\vdash		all	that	t app	T	compensation from the	from related	d ns	com	nount other pensa	ation
			Individual trustes or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	org an	rom th anızat d relat anizatı	ion ed
			-	 										
				-				-					_ _ _	
				ļ 										
		_					-	_						
			-					-			_			
				-		ļ -		-			_			
1b To	tal	se in 1a) who re		ed n	ore	tha	 an \$1	100	159,866.	210,9	12.	4	3,5	20.
	npensation from the organization			<u> </u>			<u></u>	· • • • • • • • • • • • • • • • • • • •						1
3 Did	the organization list any former office	r. director or tru	istee	a ke	v en	nnlo	vee	or I	highest compensated en	nnlovee on	ſ		Yes	No
line	1a? If "Yes," complete Schedule J for	such individual								•	-	3		X
	any individual listed on line 1a, is the s direlated organizations greater than \$1									the organization		4	Х	
the	any person listed on line 1a receive or organization? If "Yes," complete Sche				rom	an	y uni	relat	ted organization for servi	ices rendered to		5		X
	B. Independent Contractors mplete this table for your five highest of	ompensated in		ende	nt c	ont	racto	ors t	that received more than	\$100.000 of con	npensa	ation f	rom	
	organization.										<u> </u>			
	Name and busines	s address							(B) Description of s	ervices	C	ompe	c) nsatio	n
P.O.	OF NEW YORK MELLON BOX 371791, PITTSBU ASSET MANAGEMENT	JRGH, PA	1	525	51				FINANCIAL CO	UNSEL		28	4,5	09.
P.O.	BOX 932941, ATLANTA	A, GA 31	19	3					FINANCIAL CO	UNSEL		12	0,9	05.
	MOS ADVISORS LLC BOX 2631, CAROL STE	REAM, IL	6	013	<u>32</u>				FINANCIAL CO	UNSEL		11	3,3	66.
						_		_						
	al number of independent contractors	(including those	9 IN	1) wl	no r	ece	ıved	moi	re than \$100,000 in com	pensation				<u>. </u>

Security Security				FARLEY'S BOY	S RAN	CH FOUNDAT	ION	75-1080	987 Page 9
### Total Add lines 1a-1f ### Total Add lines 1	Pa	rt VII	II Statement of Reve	nue	· · · · · · · · · · · · · · · · · · ·				
Business Code							Related or exempt function	Unrelated business	excluded from tax under sections 512
2 a Business Code	Other Revenue Bevenue and other similar amounts	b b	Membership dues	1b					
Business Code 2 a			Government grants (contribu	tions) 1e					
Business Code		f							
Business Code			similar amounts not included abo						
Business Code	동말	_			500.	4606500	{		
2 a b	- 1	<u>h</u>	Total. Add lines 1a-1f			4606598.	ļ		
Total, Add lines 2a 2f		_		T	ess Code				ļ
Total, Add lines 2a-2f		2 a							
Total, Add lines 2a-2f		b							
Total, Add lines 2a-2f		C							
Total, Add lines 2a-2f	Pa Pa	a							
Total Add lines 2a 2f	۳. ا	4	All other program service rev	00116					
3 Investment income (including dividends, interest, and other similar amounts) 7,963,60 7,9	1		. •						
Other similar amounts	\neg			dividends, interest, and	3				
1		_		,,,	- ▶	7963601.			7 963 601.
(i) Real (ii) Personal 3, 490. 1,530	evenue	4	•	ax-exempt bond proceed	as 🖊				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(a) Real (b) Personal (c) P		5	Royalties .			590,115.			590,115.
b Less, rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of inventory b Less: cost or other basis and sales expenses sed Net income or (loss) 6 d Net gain or (loss) 7 a Gross income from fundraising events (not including \$			•	(i) Real (ii) P	ersonal				
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 524, 371, 304, c Gam or (loss) d Net gain or (loss) 444, 422, 912 d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		6 a	Gross Rents	3,490.					
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 524, 371, 304, c Gain or (loss) 8 a Gross income from fundraising events (not including \$		b	Less. rental expenses	1,960.					
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 524, 371, 304. c Gain or (loss) 444, 422, 912. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		С	Rental income or (loss)	1,530.					
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 444,422,912 d Net gain or (loss) a Gross income from fundraising events (not including \$		d	Net rental income or (loss)		▶	1,530.			1,530.
b Less: cost or other basis and sales expenses 524,371,304 c Gann or (loss) 444,422,912. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C All other revenue e Total, Add lines 11a-11d 12 Tetal Revenue. Add lines 11a-11d 12 Tetal Revenue. Add lines 11a-11d 15 Tetal Revenue. Add lines 11a, 20, 3, 4, 5, ed, 7d, 8c, 9c, 10c, and 11e Add 371, 304 444, 422, 912 444, 422, 912 444, 422, 912 444, 422, 912 444, 422, 912 444, 422, 912 444, 422, 912		7 a	Gross amount from sales of	(i) Securities (ii)	Other				
and sales expenses Gain or (loss) Net gain or (loss) Region of (loss) Region of (loss) Region of (loss) Region of (loss) Region of (loss) Region of (loss) Region of (loss) Region of contributions reported on line 1c). See part IV, line 18 Region of contributions reported on line 1c). See part IV, line 19 Region of (loss) from fundraising events Region of contributions reported on line 1c). See part IV, line 19 Region of (loss) from garning activities. See part IV, line 19 Region of (loss) Region			assets other than inventory	479,948,392.					
C Gain or (loss) A Net gain or (loss) B a Gross income from fundraising events (not including \$		b							
d Net gain or (loss)			•						
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		-	•	<44,422,912.b					
including \$ of contributions reported on line 1c). See Part IV, line 18						<44,422,912.	<u> </u>		<44,422,912.
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e > All 21, 261, 068, D O All 5, 867, 666		6 a	including \$	of					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e > All 21, 261, 068, D O All 5, 867, 666	<u>ا</u>		Part IV, line 18	. a					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e 	美	b	Less: direct expenses .	b					1
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 		c	Net income or (loss) from fun-	draising events					
b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e 		9 a	Gross income from gaming a	ctivities. See					
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e > All other sevenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e > All other sevenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e All other sevenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e All other sevenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e All other sevenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e All other sevenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e			Part IV, line 19	a					
10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e 3			•	·					
and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e	l l		· · · · · ·						
b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e 2 31, 261, 068 0 0 0 < 35, 867, 668	ŀ	10 a		1					
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d ▶ 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e ▶ <31, 261, 068		ь	•	ì					
Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e All other revenue 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e									
11 a	Ī				ess Code				
b	Ţ	11 a							
c d All other revenue e Total. Add lines 11a-11d	ŀ								
d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e									
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e < 31, 261, 068 D		d							
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e < 31, 261, 068, 0. 0. <35, 867, 660		е	Total. Add lines 11a-11d		🕨				
832009	83200		Total Revenue. Add lines 1h, 2g, 3,		1e	<31,261,068.	0.	0.	<35,867,666.

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b, Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 178,856. 178,856. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 311,365. 311,365. Other salanes and wages Pension plan contributions (include section 401(k) 21,354. 21,354. and section 403(b) employer contributions) Other employee benefits 34,290. 34,290. 31,060. 31,060. Payroll taxes 10 Fees for services (non-employees): a Management ь Legal Accounting . . . d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f g Advertising and promotion 12 620. 620. 13 Office expenses Information technology 14 Royalties ... 15 Occupancy ... 16 7,477. 7,477. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 23,807,299. 23,807,299 Payments to affiliates 21 553. 553. 22 Depreciation, depletion, and amortization <u>1,55</u>8. ,<u>55</u>8. Insurance 23 Other expenses. Itemize expenses not covered 24 above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 1,760,953. 1,760,953. INVESTMENT EXPENSES LEGAL/FIDUCIARY/INVESTM 76,040. 76,040. ACCOUNTING/FIDICUARY/IN 23,390. 23,390. 5,566. 5,566. d PROFESSIONAL DUES AND S 4,396. 4,396. e PROFESSIONAL DEVELOPMEN 3,279. 3,279. f All other expenses 0 26,268,056. Total functional expenses. Add lines 1 through 24f 26,268,056. 0. Joint Costs. Check here I I I following 26 SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Form **990** (2008)

Part X Balance Sheet (A) Beginning of year End of year Cash - non-interest-bearing 1 1 Savings and temporary cash investments 40,232,724. 2 29,450,243. 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 25,000. 23,982. Notes and loans receivable, net 7 Inventories for sale or use 8 5,000. Prepaid expenses and deferred charges 9 1,127,358. 10a Land, buildings, and equipment: cost basis 10a b Less: accumulated depreciation. Complete 1.127,358. 10b 219,358. Part VI of Schedule D 10c 302,064,063. 260,905,983. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 27,873,478. 20,448,806. 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 1,165. 612. 14 Other assets. See Part IV, line 11 ... 12,626,879. 5,381,264. 15 15 328,125,729. <u>372,260,186.</u> Total assets. Add lines 1 through 15 (must equal line 34) 16 16 469,366. 426,475. 17 Accounts payable and accrued expenses 17 18 Grants payable . 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow account liability. Complete Part IV of Schedule D 21 -iabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable 24 24 44,236,207. 33,833,087. Other liabilities. Complete Part X of Schedule D ... 25 25 44,705,573. 34,259,562. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances <u>309,577,808.</u> 273,401,534. 27 Unrestricted net assets 27 3,226,287**.** 2,170,457. 28 28 Temporarily restricted net assets 14,750,518. 18,294,176. Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 327,554,613. 293,866,167. 33 33 Total net assets or fund balances 372,260,186, 34 328,125,729. Total liabilities and net assets/fund balances Part XI | Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a **b** Were the organization's financial statements audited by an independent accountant? X 2b c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? X 2c 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2008 Open to Public Inspection

Name of the organization

Employer identification number

			TRA. S BOAR E					1	<u> </u>	<u>5-108098</u>	<u> </u>
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) (see ins	tructions)			
he orgar	nization is not	a private foundation	because it is: (Please ch	eck only o	ne organi	zation.)					
1 🗀	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ection 170	(b)(1)(A)(i).			
2 🗀			'0(b)(1)(A)(ii). (Attach Sc					•			
з 🔲	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii), (At	tach Sche	edule H.)		
4 🔲			operated in conjunction							the hospital's n	ame,
	city, and stat				•			· · · · · · · · · · · · · · · · · · ·	•	•	,
5 🔲	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or or	perated by	a govern	mental un	t describ	ed in	
)(b)(1)(A)(iv). (Comple		•		•					
6 🗀			ent or governmental uni	t describe	d in sectio	n 170(b)(1γΔγν).				
7 🗔			eives a substantial part					or from the	general	public describe	ed in
		(b)(1)(A)(vi). (Comple				90.0			90	p	
8 🔲			ection 170(b)(1)(A)(vi).	(Complete	Part II)						
9 🗔	-		eives: (1) more than 33		•	rom contr	ibutions n	nembersh	ın fees a	nd arass recein	ts from
·			nctions - subject to certa								
			axable income (less sec								
		509(a)(2). (Complete	•		,	0.1100000	aoquii ou E	y and dige		and danced,	0.0.
ю 🗀			perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(1) (see ins	tructions	9	
			perated exclusively for the								ne or
			ations described in secti								
		-	organization and compl		•		-,. 000 00	J.1011 000 ₁	u)(0). 0		•
	a X Type	·· · · ·	Type II		e III - Func		tegrated		а□	Type III - Othe	er
e X			t the organization is not			•	•	r more dis			
	-		han one or more publicl			-	=				
f			ten determination from		_				σ(α)(.) σ.	2001.011 200(2)(_,.
•		rganization, check th	_			po 1, 1 , po	, II, OI 19P	<i>,</i>			ГП
		_	organization accepted ar	ov aft or co	ontributior	from any	of the follo	 nwina ner	 sons?	••	
g	_		irectly controls, either al			•		• •		Ye	s No
	• •	-	upported organization?		J. 101 111.11	po.000 t	200011200	iii (ii) aira (,, 50.0	11g(i)	X
	_		n described in (i) above?	1					•	11g(ii)	X
		-	person described in (i)	•	 a?		•		•	11g(iii)	X
h		<u>•</u>	about the organizations			onorts .	•	•	•	. [119(11)]	42
"	1 10 VIGE the I	Ollowing intomitation	about the organizations	tilo olgan	ization suj	oports.					
//> NI		(1) 5101	(iii) Type of	(iv) Is the c	organization	(v) Did vo	u notify the	(vi) ls	the		<u> </u>
	of supported anization	(ii) EIN	organization		sted in your		ion in col.	organizati	on in col.	(vii) Amour	
Ol y	amzation	İ	(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S		support	
			(see instructions))	Yes	No	Yes	No	Yes	No		
'AT. F	'ARLEY'S								1		
		75-0808768	9	х		x		x		23 80	7 299
010	1411011	7.5 0.007.00		 					1 7	23,00	11,200
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					[Į.			
		 		<u> </u>			 	 	 		
otal										23 807	299

	A (Form 990 or 990-EZ) 20	800
Part II	Support Schedule	e fo

Page 2

Pa	rt II Support Schedule for	Organizations	Described in	n Sections 170)(b)(1)(A)(iv) an	nd 170(b)(1)(A)(v	/i)
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.)			
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					}	
	ınclude any "unusual grants.")				Ĺ	L	
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf			<u> </u>			
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 - 3			<u> </u>			
5	The portion of total contributions			1			
	by each person (other than a			1		1	
	governmental unit or publicly					-	
	supported organization) included	!		1	ļ		
	on line 1 that exceeds 2% of the	!					
	amount shown on line 11,				1		
	column (f)				ļ		
	Public Support. Subtract line 5 from line 4		L		<u> </u>		
	ction B. Total Support			1		Υ	
_	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4		<u> </u>	 	 	 	
8	Gross income from interest,	į					
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources			 		 	<u></u>
9	Net income from unrelated business				İ		
	activities, whether or not the			1			
	business is regularly carned on			-			
10	•						
	or loss from the sale of capital						
	assets (Explain in Part IV)			 	 		
	Total support. Add lines 7 through 10 Gross receipts from related activities,	oto (soo instructi	one)	1	<u> </u>	10	<u> </u>
	First five years. If the Form 990 is fo	•	,	 ird fourth or fifth t	av vear as a sectu	12 on 501(c)(3)	
13	organization, check this box and stop		s mst, second, tri	iid, ioditii, oi iiitii t	ax year as a section	011 30 1(c)(3)	▶[~
Sec	ction C. Computation of Publ	ic Support Pe	rcentage	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2008 (column (fl)		14	%
	Public support percentage from 2007			(1)		15	%
	33 1/3% support test - 2008. If the o			on line 13, and line	14 is 33 1/3% or i		
,	stop here. The organization qualifies	-					▶□
b	33 1/3% support test - 2007. If the				d line 15 is 33 1/39	% or more, check th	nis box
_	and stop here. The organization qual	_				, , , , , ,	▶□
17a	10% -facts-and-circumstances tes			· ·	e 13, 16a, or 16b.	and line 14 is 10%	or more,
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			_		3	▶ □
b	10% -facts-and-circumstances tes	=			=	17a, and line 15 is	10% or
_	more, and if the organization meets the	=					
	organization meets the "facts-and-cire				•		►□
18	Private foundation. If the organization						s
	-						

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not		ļ		ļ		
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 bus-		1				
iness under section 513	·					
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to					[
the organization without charge		1				
6 Total. Add lines 1 · 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b) Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support						
Calendar 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 loans, rents, royalties and income from similar sources						
b Unrelated business taxable income] -	
(less section 511 taxes) from businesses acquired after June 30, 1975					:	
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly camed on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	he organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here	<u> </u>					▶□
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2008 (lir			column (f))		15	
16 Public support percentage from 2007 \$	Schedule A, Part	IV-A, line 27g			16	
Section D. Computation of Invest						
17 Investment income percentage for 200			ne 13, column (f))		17	
18 Investment income percentage from 20					18	
19a 33 1/3% support tests - 2008. If the o				15 is more than 3		
more than 33 1/3%, check this box and	_					▶
b 33 1/3% support tests - 2007. If the o	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
		•	•		-	
20 Private foundation. If the organization	GIG HOL CHECK &	DUX UIT III 10 14, 19	a, or rap, check th	no DUX AND SEE IN	31140110113	

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

2008
Open to Public Inspection

Name of the organization

Employer identification number

_	CAL FARLEY'S BOYS R			<u> 75-1080987</u>
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accou	ints. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6			
		(a) Donor advised funds	(b) Fun	ds 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 advisors in wh	iting that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv	risors in writing that grant funds may be	used only	
	for charitable purposes and not for the benefit of the donor or c		=	Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (e.g., recreation or plea	``` ' ''	orically impo	ortant land area
	Protection of natural habitat	Preservation of certifie		
	Preservation of open space	r roos ration or contino	G motorio ot	ractaro
2	Complete lines 2a-2d if the organization held a qualified conservation	vation contribution in the form of a cons	envation eas	sement on the last day
_	of the tax year.		0,741,017,040	omone on allo last day
	or the tax year.			Held at the End of the Year
а	Total number of conservation easements		2a	Tiesd at the Lind of the Tear
b	Total acreage restricted by conservation easements		2b	
_	Number of conservation easements on a certified historic struc	ture included in (a)	2c	
d	Number of conservation easements included in (c) acquired afti	** ** ** **	2d	
3	Number of conservation easements modified, transferred, relea	•••		during the tavable
•	year	ised, extinguished, or terminated by the	Organization	running the taxable
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the period		d	
9	enforcement of the conservation easements it holds?	die monitoring, inspection, violations, an	u	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, and	enforcing escements during the year	•	L res no
7	Amount of expenses incurred in monitoring, inspecting, and en	• • •		
	Does each conservation easement reported on line 2(d) above			
8	and section 170(h)(4)(B)(ii)?	satisty the requirements of section 170(i	1)(4)(0)(1)	Yes No
^	In Part XIV, describe how the organization reports conservation		atatamant d	
9				
	include, if applicable, the text of the footnote to the organization	ir s imanciai statements triat describes t	ne organiza	tion's accounting for
Par	conservation easements. t III Organizations Maintaining Collections of A	Art Historical Treasures or Ot	her Simil	ar Assets
· ui	Complete if the organization answered "Yes" to Form 99	•		ai Addeta.
	Complete ii the organization answered Tes to Form os	o, raitiv, mie o.		
4-	If the averagination elected on permitted under SEAS 116, not to	a rapart in its revenue atatament and ha	langa ahaat	warden of art bistancel
ıa	If the organization elected, as permitted under SFAS 116, not to	•		
	treasures, or other similar assets held for public exhibition, educ	•	nic service, p	Diovide, in Part XIV, the text of
	the footnote to its financial statements that describes these iter		a abaat wa	des of out bustoment transcripes
D	If the organization elected, as permitted under SFAS 116, to rep			
	or other similar assets held for public exhibition, education, or re	esearch in furtherance of public service,	provide the	tollowing amounts relating to
	these items:			Φ.
	(i) Revenues included in Form 990, Part VIII, line 1			*
				\$
2	If the organization received or held works of art, historical treasi		gain, provid	е
	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	Assets included in Form 990, Part X	• •	>	\$

		RLEY'S BOYS	RANCH	FOUN	DATIO	<u>N</u>		<u>75-10</u>	<u>80987</u>	Page 2
Par	t III Organizations Maintaining (Collections of A	rt, Histori	cal Tre	asures, c	or Oth	er Simil	ar Asse	ts (continu	ued)
3	Using the organization's accession and other	er records, check any	y of the follov	ving that a	are a signifi	icant us	e of its col	lection ite	ms (check	all
	that apply):									
а	Public exhibition	C	i 🔲 Loar	or excha	ange progra	ams				
b	Scholarly research	•	Othe	er						
С	Preservation for future generations									
4	Provide a description of the organization's of	collections and explain	in how they f	urther the	organizati	on's exe	empt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit									
	to be sold to raise funds rather than to be m	naintained as part of	th <u>e organizat</u>	ion's coll	ection?				Yes	☐ No
Par	t IV Trust, Escrow and Custodia	I Arrangements	. Complete	f organiza	ation answe	ered "Ye	s" to Forn	n 990, Par	t IV, line 9,	or
	reported an amount on Form 990, Pa	art X, line 21								
1a	Is the organization an agent, trustee, custoo	dian or other interme	diary for cont	nbutions	or other as	sets no	t included			_
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV			:						
									Amount	
C	Beginning balance						1c			
d	Additions during the year			-			_1d	·		
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	Form 990, Part X, line	21?		•		••••		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV						_			
Pai	t V Endowment Funds. Complete	ıf organization answ	ered "Yes" to	Form 99	0, Part IV, I	ine 10.				
		(a) Current year	(b) Pnor	/ear	(c) Two year	s back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	15 356 304	l 							
b	Contributions	3543658.								
С	Investment earnings or losses	<302,724.	>							
d	Grants or scholarships								l	
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	18,597,238,								
2	Provide the estimated percentage of the year	ar end balance held	as:	_	· -					
а	Board designated or quasi-endowment	.00	_%							
ь	Permanent endowment ▶ 98.00	%								
С	Term endowment ▶2.00	%								
3a	Are there endowment funds not in the poss	ession of the organiz	ation that are	held and	d administe	red for	he organiz	zation		
	by:								Y	es No
	(i) unrelated organizations						_		3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related organization	is listed as required o	on Schedule	R?					_3b	
4	Describe in Part XIV the intended uses of th	e organization's end	ow <u>ment f</u> und	S						
Pai	t VI Investments - Land, Buildin	gs, and Equipm	ent. See Fo	rm 990, F	Part X, line	10.				
	Description of investment	(a) Cost or o		b) Cost o basis (o		(c) [Depreciation	on .	(d) Book v	/alue
	Lond	1,127,		24010 (0					1 127	350
	Land	1,141,	770.						1,127	, , , , , ,
	Buildings			-						
	Leasehold improvements									
	Equipment					_				
	Other		(C) :	40(-) 1				_ _	1 100	250
<u>Total</u>	. Add lines 1a-1e. (Column (d) should equal F	om 990, Part X, colu	um <u>n (B), line</u>	10(c).)					<u>1,127</u>	<u>, 358.</u>

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶ 33,833,087. ☐
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.

	t XI Reconciliation of Change in Net Assets from Form 990 to I			omonte	/5-	1080987 Pag	ge 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)	man	ciai Stat	1		<31,261,06	. 0
2	Total expenses (Form 990, Part IX, column (A), line 25)	• • •	•	2		26,268,05	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		·· ·· ·	3		<57,529,12	
4	Net unrealized gains (losses) on investments		• •••	4		23,840,67	
5	Donated services and use of facilities			5		23,040,01	<u> </u>
6	Investment expenses		• •	6	-		
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)		• ••	8			
9	Total adjustments (net). Add lines 4-8	• • • • •	••	9		23,840,67	18.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	•		10		<33,688,44	
	t XII Reconciliation of Revenue per Audited Financial Statemen	ıts W	ith Rever				
1	Total revenue, gains, and other support per audited financial statements			*******	1	<9,181,34	3.>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•				
а	Net unrealized gains on investments	2a	23,84	0,678.			
ь	Donated services and use of facilities	2b			1		
С	Recovenes of pnor year grants	2c			1		
d	Other (Describe in Part XIV)	2d			1		
е	Add lines 2a through 2d				2e	23,840,67	8.
3	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •			3	<3302202	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•		_		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1.76	0,953.			
b	Other (Describe in Part XIV)	4b		<u> </u>	1		
C	Add lines 4a and 4b				4c	1,760,95	3.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)				5	<3126106	
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	/ith Expe	nses per	Retu		
1	Total expenses and losses per audited financial statements				1	24,507,10	3.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b] .		
С	Losses reported on Form 990, Part IX, line 25	2c] ;		
d	Other (Describe in Part XIV)	2d]		
е	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1	•			3	24,507,10	3.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-		-			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,76	0,953.			
b	Other (Describe in Part XIV)	4b					
С	Add lines 4a and 4b				4c	1,760,95	3.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)				5	26,268,05	
Pai	t XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	a and 4; Pa	rt IV, lines 1	b and	2b, Part V, line 4; Pa	art
X, Pa	rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.						
PAI	T V, LINE 4: THE INTENDED USE OF THE ORGAN	IZA'	rion's	ENDOW	MEN	T FUNDS	
IS	TO BE HELD INDEFINITELY AND THE INCOME FRO	M W	<u>HICH I</u>	S GENE	RAL	LY	
UNI	ESTRICTED AND USED TO PROVIDE FINANCIAL SU	PPO!	RT TO	CAL FA	RLE	Y'S BOYS	
<u>RAI</u>	ICH.						
	- v			TOM 0-			
PAI	XT X: THE ORGANIZATION HAS CHOSEN TO DEFER	THE	ADOPT	TON OF			
	. 40 110 70 00000000000000000000000000000		T1/0-2-0				
FIL	1 48 AND IS CURRENTLY EVALUATING THE POTENT	TAL	TWPAC	T, IF	ANY	, THAT THE	<u> </u>
	ADMINI OF BIN 40 MILL WAITS ON THE BINGS	~	7 W.D. 5	ma	.	DVD1m	
AD(OPTION OF FIN 48 WILL HAVE ON ITS FINANCIAL	-ST	ATEMEN	15. MA	MAG	EMENT	

Schedule D (Form 990) 2008

Sched	lule D	(Form	990) 2	800		C2	AL I	AR.	LEY	<u>''S</u>	BO	YS	RAN	ICH	FOU	JNDA'	CION		•	75-10	080	987 Page 5
Par	t XIV	Sup	plem	₀₀₈ ental	Info	rmat	tion (contir	nued)	1												
											ALU	ATI	ON,	TH	IAT	THE	IMP	ACT	OF	FIN	48	WILL
<u>ron</u>	BE	SI	GNII	FICA	NT	то	THE	3 F	INA	NC:	IAL	ST	ATE	MEN	ITS.	•						
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SCHEDULĖ J (Form 990)

Department of the Treasury

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

Name of the organization

CAL FARLEY'S BOYS RANCH FOUNDATION

Employer identification number

75-1080987

Questions Regarding Compensation Yes No ta 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 1b 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? 2 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 X Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations 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? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X The organization? 5a X b Any related organization? 5b If "Yes," to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a **b** Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 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 7 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

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

Schedule J (Form 990) 2008

75-1080987

Page 2

CAL FARLEY'S BOYS RANCH FOUNDATION

Schedule J (Form 990) 2008

Part il 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 on row (i) and from 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)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(0)	(a)	(E)	(F)
(А) Nате		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	Deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	ε	0	0	0	0	0	0	0
DAN ADAMS	(ii)	210,91			15,818.	8,712.		0
	(i)	159			11,990.	1	178,856.	0
DAVID R. SAULTZ	(ii)				0	0	0	0
	(I)							
	(ii)							
	ω							
	(ii)							
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Schedule J (Form 990) 2008

- SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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 Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

CAL FARLEY'S BOYS RANCH FOUNDATION

Employer identification number 75-1080987

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ORGANIZATION. THE CAL FARLEY ORGANIZATION PROVIDES PROGRAMS AND
SERVICES FOR AT-RISK BOYS AND GIRLS FROM THROUGHOUT THE UNITED STATES
AT NO CHARGE TO THEIR FAMILIES. CHILDREN FROM PRE-SCHOOL THROUGH HIGH
SCHOOL LIVE IN GROUP HOMES AND ARE PROVIDED A VARIETY OF ACADEMIC,
VOCATIONAL, SPIRITUAL, AND EXTRA-CURRICULAR ACTIVITIES TO HELP THEM
BECOME RESPONSIBLE AND RESILIENT YOUNG PEOPLE. IN FISCAL YEAR
2008-2009, THE CAL FARLEY ORGANIZATION SERVED OVER 3,934 FAMILIES AND
CHILDREN THROUGH OUTREACH INITIATIVES. A TOTAL OF 470 CHILDREN WERE
SERVED IN RESIDENCE.
FORM 990, PART VI, SECTION A, LINE 2: FAY MOORE (DIRECTOR OF BOTH CAL
FARLEY'S BOYS RANCH & CAL FARLEY'S BOYS RANCH FOUNDATION) AND ENTITIES
CONTROLLED BY HER, ARE INVESTORS IN A REAL ESTATE PARTNERSHIP OF WHICH
CHRIS STORM (DIRECTOR OF CAL FARLEY'S BOYS RANCH) IS THE OWNER OF THE
GENERAL PARTNER.
BILLY ATTEBURY (DIRECTOR OF BOTH CAL FARLEY'S BOYS RANCH & CAL FARLEY'S
BOYS RANCH FOUNDATION) INVESTS IN OIL AND GAS PROPERTIES OWNED, MANAGED OR
PROMOTED BY TOM ROACH (DIRECTOR OF CAL FARLEY'S BOYS RANCH). WHILE THESE
INVESTMENTS ARE IN THE ORDINARY COURSE OF BUSINESS, THEY ARE NOT OFFERED TO

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 FOR THIS COMPANY WAS

PREPARED BY AN OUTSIDE CPA FIRM AND REVIEWED BY THE BUDGET/AUDIT COMMITTEE

PRIOR TO SIGNING AND MAILING.

THE GENERAL PUBLIC.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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 Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

CAL FARLEY'S BOYS RANCH FOUNDATION

Employer identification number 75-1080987

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST
QUESTIONNAIRE IS SENT TO DIRECTORS AND OFFICERS ANNUALLY. THE PRESIDENT AND
CEO ENSURES THAT ALL ARE COMPLETED AND MAINTAINED ON FILE IN THE OFFICE.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON
REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE
PUBLIC THROUGH THE FORM 990.
FORM 990 PART XI LINE 2C
FINANCIAL STATEMENTS AND REPORTING
THE FINANCIAL STATEMENTS FOR THIS COMPANY WERE AUDITED BY AN OUTSIDE
INDEPENDENT CPA FIRM. THE AUDIT COMMITTEE OVERSEES THE AUDIT OF THE
FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS
PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

CAL FARLEY'S BOYS RANCH FOUNDATION

Open to Public OMB No 1545-0047 Inspection Employer identification number

75-1080987

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Schedule R (Form 990) 2008 CAL FARLEY'S BOXS RANCH Direct controlling **Direct controlling** entity Ē End-of-year assets status (if section Public charity 501(c)(3)) Œ 509(A)(2) 509(A)(1) Œ Total income Exempt Code 9 <u>@</u> 501(C)(3) 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>©</u> TEXAS CHILDREN RESIDENTIAL CAMPUS TEXAS LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. EDUCATIONAL INSTITUTION Primary activity Primary activity <u>@</u> <u>@</u> Identification of Related Tax-Exempt Organizations 75-6000229 P.O. BOX 219 BOYS RANCH, TX BOYS RANCH INDEPENDENT SCHOOL DISTRICT -Identification of Disregarded Entities CAL FARLEY'S BOYS RANCH - 75-0808768 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity AMARILLO, TX 79174 P.O. BOX 1890 Part II Part 79010

75-1080987 Page 2

Schedule R (Form 990) 2008 CAL FARLEY'S BOYS RANCH FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership

(A)	(g)	ζ	5	٥	_	٥	(
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(E) Predominant income (related, investment, unrelated)		Share of total income	(4) Share of end-of-year assets	F X % L	Code V.UBI amount in box	General or managing Partner?
		country)						Yes	- 1	5) Yes No
Part IV Identification of Related Organizations Taxable as a Corporation or Trust	ganizations Taxable as a Cor	rporation or	Trust					<u> </u>		
(A) Name, address, and EIN of related organization	N. c.	P. I	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp., S corp. or trust)		(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Schedule R (Form 990) 2008

832162 12-23-08

Page 3

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.			Yes	۱ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			_	
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		19		×
b Gift, grant, or capital contribution to other organization(s)	-	1b		×
c Gift, grant, or capital contribution from other organization(s)		10	_	×
d Loans or loan guarantees to or for other organization(s)		19		×
e Loans or loan quarantees by other organization(s)	•	4		×
		<u> </u>		4
f Sale of assets to other organization(s)		#		×
g Purchase of assets from other organization(s)		1g		×
h Exchange of assets		ŧ		×
i Lease of facilities, equipment, or other assets to other organization(s)		;=		×
j Lease of facilities, equipment, or other assets from other organization(s) .		1j		×
k Performance of services or membership or fundraising solicitations for other organization(s)		+	_	×
•				×
m Sharing of facilities, equipment, mailing lists, or other assets	• •	£	×	i
n Sharing of paid employees		4	×	
o Reimbursement paid to other organization for expenses		9		×
p Reimbursement paid by other organization for expenses		10	_	×
	: :			l
q Other transfer of cash or property to other organization(s)		10	×	
r Other transfer of cash or property from other organization(s).		-		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	saction thresholds.			
(y)	8	٥	_	
Name of other organization(s)	Transaction type (a-r)	Amount involved	volved	
(1)				
(2)				
(6)				
(4)				
(9)				
(9)				

Schedule R (Form 990) 2008

832163 12-23-08

75-1080987

Page 4

Schedule R (Form 990) 2008 CAL FARLEY'S BOYS RANCH FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership

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

(4)	(8)	3	É	(6)	ú	9	17
		<u>.</u>	2	· (1)	()	2	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners' section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	Code V-UBI amount in box 20	General or managing
		country)	Yes No		Yes No	(Form 1065)	1 1
							, <u></u>
							_
						Schedule R (Form 990) 2008	990) 2008

Form **8868** (Rev. Ápril 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545 1709

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

 \mathbf{x} 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 Part I only 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 Filing (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 Form 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 Charities & Nonprofits. Name of Exempt Organization Type or Employer identification number print CAL FARLEY'S BOYS RANCH FOUNDATION 75-1080987 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your P.O. BOX 1890 return See City, town or post office, state, and ZIP code For a foreign address, see instructions instructions AMARILLO, TX 79174 Check type of return to be filed (file a separate application for each return): X Form 990 Form 990-T (corporation) Form 4720 Form 990-T (sec 401(a) or 408(a) trust) Form 990-BL Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 DAVID R. SAULTZ The books are in the care of ▶ 600 WEST 11TH STREET - AMARILLO, TX 79174 Telephone No \triangleright (806)372-2341 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) . If this is 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 will cover. I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until MAY 17, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning OCT 1, 2008 , and ending SEP 30, 2009 Fınal return If this tax year is for less than 12 months, check reason: _ Initial 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. 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. 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).

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

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

Form 8868 (Rev. 4-2009)

See instructions