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DLN: 93493315009080

Form **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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	rthe 2	2009 calendar	year	, or tax year beginning 01-0	1-2009 and ending 12	2-31-2009			
B Che	eck if ap	pplicable Please	e	C Name of organization TEXAS RANGER ASSOCIATION F	OUNDATION			D Employer i	dentification number
— Ada	lress cha	ange use IR label o		Doing Business As				74-22261 E Telephone	
Nar	ne chan	nge print o		Doing Business As				-	
Inıt	ıal retur		fic	Number and street (or P O box	ıf maıl ıs not delivered to st	treet addres	s) Room/suite	(254) 752 G Gross receipt	
Ter	mınated			104 TEXAS RANGER TRAIL				G Gloss receipt	2,012,540
_ Am	ended r	eturn		City or town, state or country, a WACO, TX 76706	and ZIP + 4		•	1	
App	lication	pending		WACO, 1X 70700					
				e and address of principal o	fficer		H(a) Is th	■ ıs a group retu	
				EN S SIKES XAS RANGER TRAIL			affilia	ates?	ΓYes Γ No
		l l		TX 76706			H(b) Are a	II affiliates inclu	ıded?
							If"N	o," attach a lıs	t (see instructions)
I Ta	x-exem	pt status ✓ 5	01(c)	(3) ◀ (insert no)	(1) or 527		H(c) Gro	up exemption r	number 🟲
J W	ebsit e	: www.thete	xasra	angers org					
			rporati	on Trust Association Oth	er ►		L Year of fo	ormation 1981	M State of legal domicile TX
Pa	1 I			organization's mission or n					
Activities & Governance	2 3	FAME AND MI OF ACTIVE T INCLUDING S ASSISTANCE Check this book	USEL EXAS SPOU :	TO ASSIST WITH THE EXP IM LOCATED IN WACO, TX IS RANGERS, AND TO ASSI ISES AND DEPENDENTS O If the organization discontinumbers of the governing both the continumbers of the governing both the continumbers of the continumbers	(, TO ESTABLISH AN ST THE TEXAS DEPA F DECEASED TEXAS	D A D M I N RTEMENT RANGERS disposed o	ISTER SCH OF PUBLIC SIN NEED C	O LARSHIPS TO SAFETY AND FEMERGENCE	O AID THE CHILDREN D THE TEXAS RANGERS, Y RELIEF AND
হ	1			ployees (Part V, line 2a)		_,			5 0
	1			unteers (estimate if necess					6 20
	7a	Total gross un	relat	ed business revenue from P	art VIII, column (C), lı	ne 12 .	•	;	7a 0
	ь	Net unrelated	busır	ness taxable income from Fo	rm 990-T, line 34 .	•	_		7b 0
							Pric	or Year	Current Year
a)	8			grants (Part VIII, line 1h)				192,414	453,830
Rayenue	9	•		evenue (Part VIII, line 2g)				45.240	0
쨢	10 11			ie (Part VIII, column (A), lii irt VIII, column (A), lines 5				45,349	11,176
	12			d lines 8 through 11 (must				167,330	275,997
				· · · · · · · · · · · ·				405,093	741,003
	13			r amounts paid (Part IX, col				204,340	173,162
	14	·		for members (Part IX, colu	,				0
8	15	Salaries, other	erco	mpensation, employee bene	fits (Part IX, column (A	(), lines 5	-		0
Expenses	16a	•	fundr	aısıng fees (Part IX, columr	ı (A), lıne 11e)				0
훘	ь	Total fundraising	g expe	nses (Part IX, column (D), line 25) ► 0				
	17	Other expens	ses (l	Part IX, column (A), lines 1:	la-11d, 11f-24f) .			121,150	143,636
	18	Total expens	es A	dd lines 13–17 (must equa	l Part IX, column (A), lı	ıne 25)		325,490	316,798
	19	Revenue less	exp	enses Subtract line 18 from	n line 12			79,603	424,205
Net Assets or Fund Balances							_	g of Current Tear	End of Year
18.00 18.00	20	Total assets	(Part	: X, line 16)				1,881,340	2,365,497
ŽŽ.	21			art X, line 26)				144,439	41,361
žĒ	22	Net assets o	r fund	l balances Subtract line 21	from line 20			1,736,901	2,324,136
Pai	t II	Signature	Blo	ck			•		
				jury, I declare that I have examin orrect, and complete Declaration					
Sign		****** Connecture of	office				2010 Date	-11-02	
Here	-	Signature of					Date		
		STEPHEN S S Type or print							
	Ī	 			Date	<u>ا ر</u>	heck if	Preparer's iden	ntifying number
Paid		Preparer's signature M	1ıke Lu	cas CPA	Juic	Se	elf	(see instruction	
	arer's	Firm's name (or	VOLITE	▶ Pattillo Brown & Hill LLP		e	mpolyed 🕨 🦵		
Use (if self-employed address, and ZIP),	PO Box 20725				EIN 🕨	
		audicəə, ailu ZIP	r 4					Phone no 🕨	(254) 772-4901
				Waco, TX 767020725				1	

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

PRESERVE AND PERPETUATE THE HISTORY AND HERITAGE OF THE TEXAS RANGERS OF THE TEXAS DEPARTMENT OF PUBLIC SAFETY, TO ASSIST WITH THE EXPANSION, IMPROVEMENT AND OPERATIONS OF THE TEXAS RANGER HALL OF FAME AND MUSEUM LOCATED IN WACO, TX, TO ESTABLISH AND ADMINISTER SCHOLARSHIPS TO AID THE CHILDREN OF ACTIVE TEXAS RANGERS, AND TO ASSIST THE TEXAS DEPARTEMENT OF PUBLIC SAFETY AND THE TEXAS RANGERS, INCLUDING SPOUSES AND DEPENDENTS OF DECEASED TEXAS RANGERS IN NEED OF EMERGENCY RELIEF AND ASSISTANCE

			,	_			Form 990 (2009)
4e	Total program service expense		225,67	5			
	(Expenses \$	including	grants of	\$) (Re	venue \$)
4d	Other program services (Des	cribe in Schedule	0)				
	CONTRIBUTES TO THE TEXAS RANGE TEXAS RANGERS AND THEIR FAMILIE						
4c	, , , ,	enses \$	49,130	ıncludıng grants of		35,000) (Revenue \$)
	PROVIDE SCHOLARSHIPS TO AID CHI REQUIREMENTS AS SPECIFIED BY TH SCHOLARSHIPS OF \$1,200 EACH GIV	E BOARD OF DIRECTO	RS DURIN	NG 2009 THERE WÉF	RE 43 SCHOLARS	HIPS OF \$1,750 EACH G	GIVEN TO FULL-TIME STUDENTS, 2
4b	(Code) (Exp	enses \$	124,850	ıncludıng grants of	\$	124,850) (Revenue \$)
-1 a	RANGER REUNION - ANNUAL EVENT	·	•	3 3	•	, ,	TERVIEWS OF RETIRED RANGERS
	(Code) (Exp	enses \$	51,695	ıncludıng grants of	\$) (Revenue \$)
4	Describe the exempt purpose a Section 501(c)(3) and 501(c)(4) allocations to others, the total of	1) organızatıons a	nd sectio	on 4947(a)(1) tri	usts are requi	red to report the am	•
	If "Yes," describe these change	s on Schedule O					
3	Did the organization cease conservices?	ducting, or make s	ıgnıfıcan • •	t changes in how	ıt conducts,	any program • • • •	┌ Yes ┌ No
	If "Yes," describe these new se	rvices on Schedul	e O				
2	Did the organization undertake the prior Form 990 or 990-EZ?		ogram se • •	rvices during the	year which w	ere not listed on	┌ Yes ┌ No

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🔁	2	Yes	
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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		Νο
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 U S? <i>If</i> "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νo
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 line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νo
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

	· · · ·
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Statements Regarding Strict The Limigs and Tax Compilation		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		163	110
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
Ь	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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
Ь	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		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
6a	Prohibited Tax Shelter Transaction?	5c 6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	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?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	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			
а	Gross income from members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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WACO,TX 76706 (254) 752-1001

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 35			
ь	Enter the number of voting members that are independent 1b 35			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	1		
	other officer, director, trustee, or key employee?	2		No
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	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	<u> </u>		
Re	evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		N o
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
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		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		No
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		Νo
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate 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		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 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. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	ınızatıor	n)
	KATHY WOOD PRESBAUGH			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Forr	n 990 (2009)			Page 8
1b	Total	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
		\pm		
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0	<u> </u>		D (2000)
			orm 99 0	0 (2009)

Form 99	•							Page 9
Part	/!!!	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
ats ats	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es 1b					
ე≝	c	Fundraising eve	ents 1c	79,050				
£	d	Related organiz	zations 1d					
% <u>E</u>	l e	Government grants						
흜	f f	All other contribution	ons, gifts, grants, and 1f	374,780		i		
更	'	sımılar amounts no	ot included above					
きまる	g		butions included in					
등필	h		s 1a-1f	.	453,830			
<u> </u>		Totali Add Illies			,			
e⊟]			Business Code				
Xen	2a 							
<u>æ</u>	Ь							
AC.	C							
Program Service Revenue	d							
Ē	e	-						
<u>≏</u>	f	All other progra	am service revenue					
<u>&</u>	g	Total. Add lines	s 2a-2f					
	3		ome (including dividen					
			aramounts)	·	54,838			54,838
	4		stment of tax-exempt bond					
	5	Royalties		▶				
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss)	me or (loss)	<u> </u>				
	<u> </u>	Net rental inco	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	1,159,336	(II) O LIIEI				
	Ь	Less cost or other basis and	1,202,998					
		sales expenses	42.662					
	c	Gain or (loss)	-43,662		42.662			42.662
	d		ss)	►	-43,662			-43,662
Other Revenue	8a	events (not inc \$	rom fundraising luding ,050 s reported on line 1c) ne 18					
<u>.</u>	_		а	326,304				
ŧ	b		penses b		203,525	203,525		
•	c 9a		(loss) from fundraising	events F	203,323	203,323		
	94	See Part IV, lin	rom gaming activities ne 19 a	60,720				
	b		penses b		F7 010	F7.010		
	C 10-		(loss) from gaming acti	vities	57,910	57,910		
	10a	Gross sales of returns and allo		17,912				
	b		oods sold b	3,350				
	С		(loss) from sales of inv		14,562	14,562		
	<u> </u>	Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	C							
	d	All other reven						
	e	Total. Add lines						
	12	Total revenue.	See Instructions .		741,003	275,997	0	11,176

Part IX Statement of Functional Expenses

T GT	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).								
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	35,000	35,000					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	138,162	138,162					
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees							
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (non-employees)							
а	Management							
b	Legal	3,351		3,351				
c	Accounting	14,315		14,315				
d	Lobbying							
e	Professional fundraising See Part IV, line 17							
f	Investment management fees							
g	Other	36,000		36,000				
12	Advertising and promotion	4,933		4,933				
13	Office expenses	18,222	5,250	12,972				
14	Information technology	285		285				
15	Royalties							
16	Occupancy	11,549		11,549				
17	Travel	1,701		1,701				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	48,312	46,445	1,867				
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	1,611		1,611				
23	Insurance	2,430		2,430				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	MISCELLANEOUS	927	818	109				
b		, , ,	510	103				
c								
d								
e								
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	316,798	225,675	91,123	0			
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in	310,770	223,073	71,123	0			
	column (B) joint costs from a combined educational campaign and fundraising solicitation							

Part X Balance Sheet (A) (B) Beginning of year End of year 252.189 201.907 1 Cash—non-interest-bearing 1 199,999 2 120,927 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 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 6 Notes and loans receivable, net Inventories for sale or use 8 38,710 9 Land, buildings, and equipment cost or other basis Complete Part 63.022 10a 10a VI of Schedule D 17.522 10b 45.500 b Less accumulated depreciation 47,112 **10c** 1,343,330 11 11 12 1,997,163 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 1,881,340 16 2,365,497 6.672 17 41.361 17 Accounts payable and accrued expenses 18 18 137,767 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 144,439 26 41,361 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 678,356 881,302 27 27 Unrestricted net assets 28 253.895 28 474.457 Temporarily restricted net assets Fund 804.650 29 968.377 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 1,736,901 33 2,324,136 34 Total liabilities and net assets/fund balances 1.881.340 2,365,497 34

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
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 Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Name of the organization TEXAS RANGER ASSOCIATION FOUNDATION

									74-22261	56		
Pa	rt I	Reas	on for Pul	blic Charity State	us (All orga	anızatıons	must comp	lete this pa	art.) See ın:	structions		
he d	organız	zation is	not a private	e foundation because	ıtıs (Forlu	nes 1 throu	gh 11, check	only one bo	x)			
1	Г	A churc	h, conventio	on of churches, or as	sociation of	churches s	ection 170(b))(1)(A)(i).				
2	Γ	A scho	ol described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedi	ıle E)					
3	\sqcap	A hosp	tal or a coop	perative hospital serv	/ice organiza	atıon descri	bed in sectio i	n 170(b)(1)((A)(iii).			
4	Γ			organization operate y, and state	ed in conjunc	tion with a	hospital desc	rıbed ın sec t	tion 170(b)(1	l)(A)(iii). Ent	er the	
5	Γ	_	-	rated for the benefit		or universi	y owned or o	perated by a	governmenta	al unit describ	 ped in	
	_		. , . , .	A)(iv). (Complete Pa	•							
6	<u> </u>			local government or o	_							
7	 	describ	ed in	t normally receives a A)(vi) (Complete Pa		part of its	support from	a governmei	ntal unit or fro	om the genera	ıl public	
8	\vdash	A comm	community trust described in section 170(b)(1)(A)(vi) (Complete Part II)									
9	Γ	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										
		ıts supp	ort from gro	ss investment incom	ne and unrela	ated busine	ss taxable ind	ome (less s	ection 511 t	ax) from busıı	nesses	
		acquire	d by the org	anızatıon after June 3	30,1975 Se	e section 5	509(a)(2). (Co	omplete Part	: III)			
0	Γ	Anorga	ınızatıon org	anızed and operated	exclusively	to test for p	oublic safety	See section	509(a)(4).			
.1	Γ	one or i	more publicly	anized and operated y supported organiza- pes the type of suppo b Type II	tions describ rting organiz	bed in secti zation and o	on 509(a)(1)	or section 5 3 11e throug	509(a)(2) Se gh 11h	e section 509		
e	Γ	other th		x, I certify that the o								
f g		check t	his box	eceived a written det						II supporting	organization,	
_			g persons?	, ,	•	, 3		,				
		(i) a pe	rson who dır	ectly or indirectly co	ntrols, eithe	r alone or t	ogether with p	ersons des	cribed in (ii)		Yes No	
				governing body of the			ation?			11g(i)		
		` '	•	r of a person describ	` ,					11g(ii)		
				ed entity of a person						11g(iii)	
h		Provide	the followin	g information about t	he supporte	d organızat	ion(s)					
	(i) Name suppor rganiza	of rted	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	e ion in ted in rning	(v) Did you no organiza col (i) o suppo	otify the tion in f your	(vi Is th organiza col (i) or in the l	he ition in ganized	(vii) A mount of support?	
				instructions))	Yes	No	Yes	No	Yes	No		
							1		1	1		

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if yo	ou checked the	box on line 5,	7, or 8 of Part I.)			
	ection A. Public Support	1	1		T			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	288,21	0 78,38	5 79,889	144,267		453,830	1,044,581
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	288,21	0 78,38	5 79,889	144,267		453,830	1,044,581
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included or line 1 that exceeds 2% of the amount shown on line 11, column							
6	(f) Public Support. Subtract line 5 from line 4	1						1,044,581
5	ection B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts from line 4	288,210	73,869	79,889	144,267	4	153,830	1,044,581
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	54,022	73,869	30,651	63,092		54,838	276,472
9 10	sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income (Explain in Part IV) Do not include gain or loss						387,024	387,024
	from the sale of capital assets							
11	Total support (Add lines 7 through 10)	(5						1,708,077
12	Gross receipts from related activiti		•			12		639,464
13	First Five Years If the Form 990 is check this box and stop here			, third, fourth, or fi	fth tax year as a !	501(c)(3)	organiz	ation, ▶
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2009			11 column (fl)		14		61 160 %
15	Public Support Percentage for 2008		•			15		71 990 %
16a	33 1/3% support test—2009. If the	-			ne 14 ıs 33 1/3%		check ti	his box
	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organization in Part IV how the organization mee organization	organization did n qualifies as a pu — 2009. If the orga tion meets the "fa	not check the bo blicly supported inization did not o icts and circums	x on line 13 or 16a organization check a box on line tances" test, chec	e 13, 16a, or 16b k this box and st	and line op here. E	14 Explain	▶ ┌
ь 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization Private Foundation If the organizat	nization meets the tion meets the "fa	e "facts and circu acts and circums	imstances" test, c tances" test The	heck this box and organization qual	d stop hei ifies as a	r e. publicly	▶ □
	ınstructıons							▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493315009080

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Open to Public

	me of the organization AS RANGER ASSOCIATION FOUNDATION		Emp	loyer identificat	ion numb	er
Pa	rt I Organizations Maintaining Donor Ac	dvised Funds or Other Similar F		2226156 or Accounts.	Comple	te ıf the
	organization answered "Yes" to Form 99	0, Part IV, line 6.			•	
		(a) Donor advised funds	(b) Funds and ot	heraccou	ints
•	Total number at end of year					
:	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
ŀ	Aggregate value at end of year					
i	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		nor advı	sed	☐ Yes	☐ No
,	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for a	ny othe	r purpose	┌ Yes	┌ No
Pa	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forn	n 990, Part IV,	, lıne 7.	
<u>.</u>	Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality easement on the last day of the tax year	Preservation of a	certifie	d historic struct	ure	
				Held at the I	nd of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified his	` ,	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	ed by th	e organization d	uring	
Ļ	Number of states where property subject to conserva	ation easement is located 🗠				
i	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	violations, and	☐ Yes	☐ No
,	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easen	nents di	uring the year 🛌		
'	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s during	; the year ► \$ _		
\$	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
)	In Part XIV, describe how the organization reports contained sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financia				
aTi	t III Organizations Maintaining Collectio		or Otl	ner Similar A	ssets.	
	Complete if the organization answered '					
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch ın fu			e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			- \$		
2	If the organization received or held works of art, histo	orical treasures, or other similar assets fo	or finan	cıal gaın, provid	e the	
	following amounts required to be reported under SFA					

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

CIL	Organizations Maintaining Co	llections of Art	, HIS	tori	<u>cai ire</u>	<u>easur</u>	es, or C	tne	r Simila	Ir Asse	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne fol	lowing th	at are	a significa	ant u	se of its o	ollectio	n	
а	Public exhibition		d	Γ	Loan o	rexcha	ange prog	rams				
b	Scholarly research		e	Γ	Other							
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explain	ın hov	w the	v further	the or	danization	ı's ex	emnt nur	nose in		
•	Part XIV	meetions and expla	111 110	v the	y luitilei	the or	gamzatioi	13 CX	cilipt pui	pose III		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Y	es" to F	orm 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontributi	ions or	other ass	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Г					
								_		A mou	ınt	
с	Beginning balance						-	1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance						L	1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete										_	
_		(a)Current Year 1,058,545	(b)Prior	Year 1,190,185	(c)Tw	o Years Back	((d)	Three Year	s Back (e	Four Y	ears Back
1a	Beginning of year balance							+-				
b	Contributions	523,265			55,745			_				
С	Investment earnings or losses							_				
d	Grants or scholarships	120.075			107.005			_				
e	Other expenditures for facilities and programs	138,976			187,385							
f	Administrative expenses											
g	End of year balance	1,442,834		:	1,058,545							
2	Provide the estimated percentage of the yea	r end balance held a	ıs					_				
а	Board designated or quasi-endowment	32 880 % %										
ь	Permanent endowment ► 67 120 % %											
	Term endowment ► %											
c 3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that a	are held	and ad	ministere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations									3a(i)		Νo
	(ii) related organizations					•				3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organizatio	•						٠		3b		<u> </u>
4	Describe in Part XIV the intended uses of th					0 B	1.37 1	10				
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S			•					Ι	
	Description of investment				a) Cost or sıs (ınvest		(b)Cost or basis (ot			mulated ciation	(d) B	ook value
1a	Land		ı									
b	Buildings		•								<u> </u>	
С	Leasehold improvements						4	4,306		2,801	<u> </u>	41,505
d	Equipment		•				1	8,716		14,721		3,995
е	Other			-1			I					
	I. Add lines 1a-1e (Column (d) should equal Fo											

Part VII Investments—Other Securities. See (a) Description of security or category	Form 990, Part X, line 12 (b) Book value	(c) Metho	d of valuation
(including name of security) Financial derivatives	(B)BOOK VAIUE	Cost or end-of	f-year market value
Closely-held equity interests			
Other FROST INVESTMENT ACCOUNT	1,035,031		С
AMERICAN BALANCED FUND	149,214		С
BOND FUND OF AMERICA	310,435		С
CAPITAL INCOME BUILDER	122,166		C
CAPITAL WORLD BOND FUND	84,534		C
CAPITAL WORLD GROWTH & INCOME	101,331		<u>C</u>
FUNDAMENTAL INVESTORS	65,701		С
INCOME FUND OF AMERICA	128,751		С
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	1,997,163		
Part VIII Investments—Program Related. See		13.	d of valuation
(a) Description of investment type	(b) Book value		f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶			

Schedule D (Form 990) 2009

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	741,003
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	316,798
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	424,205
4	Net unrealized gains (losses) on investments	4	170,773
5	Donated services and use of facilities	5	
6	Investment expenses	6	-7,740
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	- 3
9	Total adjustments (net) Add lines 4 - 8	9	163,030
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	587,235
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	904,035
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	170,772
3	Subtract line 2e from line 1	3	733,263
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 7,740		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	7,740
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	741,003
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	316,799
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
a	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 1	1	
e	Add lines 2a through 2d	2e	1
3	Subtract line 2e from line 1	3	316,798
4	A mounts 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		
ь	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	316,798
Pai	t XIV Supplemental Information		•

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS ARE INTENDED TO BE USED FOR NEED BASED AID, SCHOLARSHIPS, SUPPORT OF THE TEXAS RANGER MUSEUM, AND AS OTHERWISE DESIGNATED
Part XI, Line 8 - Other Adjustments		ROUNDING ADJUSTMENT -3
Part XIII, Line 2d - Other Adjustments		ROUNDING ADJUSTMENT 1

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DLN: 93493315009080

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Name of the organization **Employer identification number**

EXAS	RANGER ASSOCIATIO	IN FOUNDATION						74-2226156		
Part		tivities. Completers are not required					to Form	990, Part IV	, line 17.	
1 In	idicate whether the orga	nization raised funds	through a	nv of the	e follow	ıng activities. Ch	eck all th	nat apply		
а Г	Mail solicitations					Solicitation of no				
ьГ	Internet and e-mail so	olicitations		f		Solicitation of go	_	_		
сГ	Phone solicitations			а		Special fundraisir		-		
dГ	In-person solicitation	s		,		,	. .			
or b If	od the organization have key employees listed in "Yes," list the ten highe be compensated at leas	ı Form 990, Part VII st paıd ındıvıduals or	or entity entities (in conne (fundraise	ection v ers) pu	with professional rsuant to agreem	fundraisi ents und	ng activities? er which the fui		Гм
	Name of individual entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu	er have dy or ol of		Gross receipts om activity	(or r fundra	nount paid to etained by) iser listed in col (i)	(vi) A mount p (or retained organizati	by)
					+					
otal .										
_			_				_			
	_ist all states in which th icensing	ne organization is reg	istered o	rlicensed	d to so	licit funds or has	been not	ified it is exem	pt from registrat	ion or

			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tot (Add col	(a) thr	
			GALA (event type)	GOLF TOURNAMENT (event type)	(total number)	со	(c))	
₽	1	Gross receipts	359,669	22,900	22,785		405	5,354
Reveilue	2	Less Charitable	79,050				7 9	9,050
~	3	Gross income (line 1 minus line 2)	280,619	22,900	22,785		326	5,304
	4	Cash prizes						
ر س	5	Non-cash prizes						
Expenses	6	Rent/facility costs						
	7	Food and beverages						
Drea Dread	8	Entertainment						
ੂ ∣	9	Other direct expenses .	116,892	5,887			122	2,779
	10	Direct expense summary Add lir	ies 4 through 9 in column	(d)	•		122	2,779
	11	Net income summary Combine li	nes 3, column d, and line	10			203	3,52!
Part	311	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e than	1
Revenue		,	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
								720,720
~	1	Gross revenue			60,720		60	
		Gross revenue			60,720		60	
	2				2,810			2,810
Expenses	2	Cash prizes			,			2,810
Direct Expenses R	2 3 4	Cash prizes			,			2,810
Expenses	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs	Г Yes		,			2,810
Expenses	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses	ΓNο	ΓNο	2,810		2	
Expenses	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor	No	П No	2,810 ☐ Yes		2	2,810 2,810 7,910
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	S 2 through 5 in column (d)	2,810 ☐ Yes		2	2,810
Expenses	2 3 4 5 6 7 8 Enter	Cash prizes	No s 2 through 5 in column (abine lines 1, column d, an	No d)	2,810 Yes	· 9a	2 57	2,810
Direct Expenses	2 3 4 5 6 7 8 Enter Is t If "I	Cash prizes	No s 2 through 5 in column (abine lines 1, column d, an	No d)	2,810 Yes	· 9a	2 57	2,81(7,91(No
Direct Expenses	2 3 4 5 6 7 8 Entrust If "I EXE	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Comer the state(s) in which the organization licensed to operate	S 2 through 5 in column (abine lines 1, column d, an ation operates gaming act gaming activities in each	No d)	2,810 Yes	· 9a	2 57	22,811 7,91(No
Direct Expenses	2 3 4 5 6 7 8 Enter Is t If "I EXE Wern"	Cash prizes	S 2 through 5 in column (abine lines 1, column d, an ation operates gaming act gaming activities in each	No d)	2,810 Yes		2 57	2,81(7,91(No
Direct Expenses	2 3 4 5 6 7 8 Enter Is t If "I EXE Wern"	Cash prizes	S 2 through 5 in column (abine lines 1, column d, an ation operates gaming act gaming activities in each	No d)	2,810 Yes		2 57	No

			Yes	No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
Ь	An outside facility			
L4	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name -			
	Name P	1		
	Address 🟲			
.5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
		15a		Νo
Ь	If "Yes," enter the amount of gaming revenue received by the organization 🟲 \$ and the			
	amount of gaming revenue retained by the third party 🟲 \$			
С	If "Yes," enter name and address			
	Name Name	-		
	Address •			
L6	Gaming manager information			
	Name DANNY CHANDLER			
		1		
	Gaming manager compensation 🕨 \$0			
	Description of services provided COORDINATES DONATIONS, COORDINATES DISTRIBUTION OF RAFFLE			
	TICKETS & PRIZES	-		
	Director/officer Employee Independent contractor			
.7	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
-	retain the state gaming license?	170		N. c
ь	Enter the amount of distributions required under state law distributed to other exempt organizations or spent	17a		Νo
-	in the organization's own exempt activities during the tax year > \$			

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Department of the Treasury

Schedule T

(Form 990)

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Grants and Other Assistance to Organizations,

Open to Public Inspect ion

Internal Revenue Service Name of the organization Employer identification number TEXAS RANGER ASSOCIATION FOUNDATION 74-2226156 Part General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Use

(b) EIN (c) IRC Code section (e) A mount of non-(a) Name and address of (d) A mount of cash (f) Method of (a) Description of (h) Purpose of grant organization ıf applicable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) 501(C)(3) 35.000 EDUCATION TEXAS RANGER HALL OF FAME AND MUSEUMPO BOX 2570 WACO, TX 76702

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS	53	124,850			
GIFTS & ASSISTANCE	9	13,312			
See Additional Data Table					

Part IV Suppleme	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.											
Ident if ier	Return Reference	Explanation										

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DLN: 93493315009080

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization
TEXAS RANGER ASSOCIATION FOUNDATION

Employer identification number

74-2226156

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		MANAGEMENT DUTIES HAVE BEEN DELEGATED TO EXECUTIVE ADMINISTRATOR KATHY WOOD PRESBAUGH'S COMPANY, MADERA MARKETING
Form 990, Part VI, Section B, line 11		THE FORM 990 IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE AND THE FINANCE COMMITTEE BEFORE SIGNING AND FILING
Form 990, Part VI, Section C, line 19		DOCUMENTS ARE AVAILABLE UPON REQUEST

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

Cat No 51056K

Schedule O (Form 990) 2009

Software ID: Software Version:

EIN: 74-2226156

Name: TEXAS RANGER ASSOCIATION FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
ANTONIO LEAL DIRECTOR	1 00	X						0	0	0
ROBERT L DABNEY JR DIRECTOR	1 00	X						0	0	0
EE HUDSON DIRECTOR	1 00	X						0	0	0
JOEL JACKSON DIRECTOR	1 00	X						0	0	0
RUSSELL MOLINA DIRECTOR	1 00	X						0	0	0
HENRY J N TAUB II DIRECTOR	1 00	Х						0	0	0
CONSTANCE WHITE DIRECTOR	1 00	X						0	0	0
RICHARD SWEANEY DIRECTOR	1 00	X						0	0	0
DANNY CHANDLER TREASURER	2 00	Х		X				0	0	0
GARY CRAWFORD VICE CHAIRMAN	2 00	x		X				0	0	0
GRAY MCWHORTER DIRECTOR	1 00	Х						0	0	0
FREEMAN MARTIN DIRECTOR	1 00	Х						0	0	0
STEVE SIKES CHAIRMAN	2 00	Х		X				0	0	0
RANDY WATSON DIRECTOR	1 00	X						0	0	0
RANDY PRINCE DIRECTOR	1 00	Х						0	0	0
SCOTT EGERT DIRECTOR	1 00	X						0	0	0
JOE KAY DIRECTOR	1 00	X						0	0	0
LEE KIDD DIRECTOR	1 00	Х						0	0	0
BRYANT WELLS DIRECTOR	1 00	X						0	0	0
JACK DEAN DIRECTOR	1 00	X						0	0	0
JAMES HASSLOCHER DIRECTOR	1 00	X						0	0	0
THOMAS A SHETINA DIRECTOR	1 00	X						0	0	0
JAMES K BRITE JR DIRECTOR	1 00	X						0	0	0
J MARVIN SMITH II DIRECTOR	1 00	X						0	0	0
AL ALEXIS DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation				
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
SCOTT BUGAI	1 00	X				·		0	0	0
DIRECTOR THOMAS W SCHLEIER DIRECTOR	1 00	×						0	0	0
VERN FOREMAN DIRECTOR	1 00	X						0	0	0
TOM SLOAN DIRECTOR	1 00	X						0	0	0
BENNY VANECEK DIRECTOR	1 00	X						0	0	0
JOE K YORK JR DIRECTOR	1 00	Χ						0	0	0
KIRBY DENDY DIRECTOR	1 00	X						0	0	0
JIM CHIONSINI SECRETARY	2 00	X		Х				0	0	0
TOM LACY DIRECTOR	1 00	X						0	0	0
MICHAEL LAM DIRECTOR	1 00	X						0	0	0
JACK LAYNE DIRECTOR	1 00	X						0	0	0
JERRY BYRNE DIRECTOR	1 00	X						0	0	0
JOE HINTON DIRECTOR	1 00	X						0	0	0
SHAWN PALMER DIRECTOR	1 00	X						0	0	0
H D HENDERSON DIRECTOR	1 00	X						0	0	0
TONY HILL DIRECTOR	1 00	X						0	0	0
T D HO WELL DIRECTOR	1 00	X						0	0	0
JERRY BOX DIRECTOR	1 00	X						0	0	0
PHILIP HUNKE DIRECTOR	1 00	Χ						0	0	0
BILL HARTMAN DIRECTOR	1 00	X						0	0	0
SHANNA RAMIREZ DIRECTOR	1 00	X						0	0	0
HANK WHITMAN DIRECTOR	1 00	X						0	0	0
JOSE ANTONIO ELIAS CALLE DIRECTOR	1 00	X						0	0	0
GLENN ELLIOTT RETIRED RANGER	1 00	X						0	0	0
BOB BUSTIN DIRECTOR EMERITUS	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	independ	ent co	Compensated Employees, and Independent Contractors								
(A) Name and Title	(B) Average hours	that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
FRANK CAMP DIRECTOR EMERITUS	1 00	X						0	0	0	
CHARLES CHAMBERLAIN DIRECTOR EMERITUS	1 00	X						0	0	0	
BEN CHOATE DIRECTOR EMERITUS	1 00	X						0	0	0	
BILLY CRAWFORD DIRECTOR EMERITUS	1 00	X						0	0	0	
LEE DRAIN DIRECTOR EMERITUS	1 00	X						0	0	0	
W LEWIS EPPS DIRECTOR EMERITUS	1 00	X						0	0	0	
RAY HARGROVE DIRECTOR EMERITUS	1 00	X						0	0	0	
MARK HERFORT DIRECTOR EMERITUS	1 00	X						0	0	0	
CHARLES MATTO X DIRECTOR EMERITUS	1 00	X						0	0	0	
JOHN OMOHUNDRO DIRECTOR EMERITUS	1 00	Х						0	0	0	
WENDELL TUCKER DIRECTOR EMERITUS	13 00	X						0	0	0	
ROBERT ROSS FOUNDING DIRECTOR EMERIT	1 00	X						0	0	0	
R E SPRADLIN FOUNDING DIRECTOR EMERIT	1 00	Χ						0	0	0	
KATHY WOOD PRESBAUGH EXECUTIVE ADMINISTRATOR	10 00			X				36,000	0	0	

Additional Data

Software ID:

Software Version:

EIN: 74-2226156

Name: TEXAS RANGER ASSOCIATION FOUNDATION

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value		
FROST INVESTMENT ACCOUNT	1,035,031	С		
AMERICAN BALANCED FUND	149,214	С		
BOND FUND OF AMERICA	310,435	С		
CAPITAL INCOME BUILDER	122,166	С		
CAPITAL WORLD BOND FUND	84,534	С		
CAPITAL WORLD GROWTH & INCOME	101,331	С		
FUNDAMENTAL INVESTORS	65,701	С		
INCOME FUND OF AMERICA	128,751	C		