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SCANNED SEP 1 7 2010

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 980. All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

		of the Treesury		assets	less than \$1,250,000 at t may have to use a copy o	he end of the year may f this return to setisfy s	use this	form. etina reautrem	ents.		În	spection
_		enue Service ne 2009 calend	ar vagr	or tax year beginn				nd ending				, 20
_		if applicable:	Please	C Name of organizat					D Employer Identification number			ation number
$\overline{}$		Address change use IRS Texas Section Society for Range Management						·	7	4 6083	3109	
▯	Name	change	iabel or print or		or P.O. box, if mail is not		ress) F	Room/suite	E Telepi	none n	ımber	
_	initial r Termin		type. Ses	P.O. Box 43]			32	5 387	2942
H		ded return	Specific	City or town, state or	country, and ZIP + 4				F Grou	p Exe	mptio	
Ħ		ation pending	instruc- tions.	Sonora, TX 76950-	-0043				1	ber I	•	
=	• Se	ection 501(c)(3)	organiz	rations and 4947(a)	(1) nonexempt chari	table trusts must a	ttach	G Accou	nting Me	thod:		ash 🗹 Accrual
					A (Form 990 or 990-E				(specify)			
								H Check	▶ 🗸 i	f the c	rganiz	zation is not
1 1	Neb	site:▶ www	.rangela	and.org/texas				require	ed to att	ach S	hedul	le B (Form 990,
J	Гах-е	xempt status (check o	nty one) — 🗸 501(c	:)(3) ◄ (insert no.)	4947(a)(1) or	527	990-E	Z, or 990	-PF).		
K	Chec	k ▶ 🔲 rfth	e organi	zation is not a section	on 509(a)(3) supporting	organization and its	gross r	eceipts are n	ormally	not m	ore tha	ın \$25,000. A
_					but if the organizatio					ete re	um.	
<u>L /</u>	Add III	nes 5b, 6b, and 7	b, to line	e 9 to determine gross	s receipts; if \$500,000 o	or more, file Form 990) instead	of Form 990	EZ ▶	\$		122,310.20
P	art	Revenu	e, Exp	enses, and Cha	anges in Net Ass	ets or Fund Ba	lance	s (See the	instruc	tion	for	
	1	Contributio	ons, gif	ts, grants, and sim	nilar amounts recelv	ed			[1		14,729.00
	2	Program s	ervice i	revenue including	government fees as	nd contracts .				2		38,315.14
	3	Membersh	ip dues	s and assessment	s			. <i>.</i>		3		4,790.00
	4						12.3		<u>:-:-</u>	4		5,207.65
	5	_			other than inventory	·	5a		,877.37			
	1			er basis and sales			_5b		081.68)			(0.004.04)
0					ther than inventory (∴⊣ ŀ	5c		(9,204.31)
Revenue	6	Special event	s and as	uvites (complete applic	cable parts of Schedule (m gainn	y, check nere				
Š		1 1 .		ot including \$	410.00	of contributions	احما	10	,090.00			
Œ	,	reported o	u iiue i	o 2010 191	ndraising expenses		6a 6b		512.85)			
	1								312.03/	-		8,577.15
	l _				vents and activities	•	7a	ю он ,	805.45	6c		0,377.13
	7	b Less: cost			ns and allowances		7b		584.85)			
					nventory (Subtract	ine 7h from line 7	ساستسا	<u>`</u>	,	7c		220.60
	8	•			Fee Reimbursements		-	ate Sign	· ; }	8		1,495.59
	9		•		5c, 6c, 7c, and 8				. ▶	9		64,130.82
_	10				ttach schedule) .					10		2,500.00
	11			or for members .					1	11		
ø	12	•			employee benefits				[12		
ĕ	13	Profession	al fees	and other payme	nts to independent	contractors			[13		
xpenses	. 14	Occupanc	y, rent,	utilities, and main	ntenance				[14		
Ð	15	Printing, p	ublicati	ions, postage, and	d shipping				[15		2,921.59
	16			describe > See					>	16		62,867.65
	17				ugh 16	<u> </u>	• •	· · · ·	. ▶	17		68,289.24
23	18				tract line 17 from lir					18		(4,158.42)
Net Assets	19				ginning of year (fro							
Ž					r year's return) .					19		219,021.84
2	20				d balances (attach e					20		35,303.14
	21	Net assets	or fun	o palances at end	of year. Combine I	ines 18 through 20	<u>U .</u>	om flatte	. •	21	ا مد ا	250,166.56
	Part	Daianc	s Snet		s on line 25, column ctions for Part II.)	1 (B) are \$1,250,00	UU OT IT		inning of			B) End of year
_	^	Cook codes						<u> </u>	206,1	<u></u>		234,262.33
2									200,11		23	-0-
2									14 F	40.86		19,969.23
2		Total assets			s, Frepaid Expenses,				220,7			254,231.56
2					r Payable, Bank Mgt.					3.40)	-	(4,065.00)
2					of column (B) must			·'	219.0		_	250 166 56

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Cat. No. 106421

Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses
What	is the organization's primary exempt purpose?	Rangeland Education				ared for section
	ribe what was achieved in carrying out the org)(3) and 501(c)(4) szations and section
manı	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	mation for	, -	a)(1) trusts; optional
each	program title.				for ot	hers.)
28	Annual Meeting					
	Sponsored the Annual Meeting in Beaumont, TX on	October 7th to October 9th 20	109, with the theme	"Hills to	i	
	Bays: Impacts Are Clear Approximately 184 people	attended the meeting.				
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	37,579.83
29	Youth Activities- Sponsored the 55th Annual Youth F	Range Workshop in Junction,	TX on June 21st -	June 26th	í	
	2009, 31 4-H & FFA youth learned about range mana	gement & leadership. Also, s	ent 3 High School	Youth		
	Forum Delegates + 1 Adult Leader to our SRM Intern	ational meeting held in Albud	querque, NM			
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a	15,300.45
30	Scholarships	·				
	To university students in the natural resource area o	f study				
		,_				
	(Grants \$ 2,500.00) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a	2,500.00
31	Other program services (attach schedule)					
		includes foreign grants, che		. ▶ Џ	31a	5,713.81
	Total program service expenses (add lines 28a t			▶	32	61,094.09
Par	List of Officers, Directors, Trustees, and Key					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	plans &	(e) Expense account and
		devoted to position	enter -0)	deferred comper	sation	other allowances
	ny C. Sikes,	President 2 Hours	_		_	_
	1 Fitzgerald Drive, San Angelo, TX 76904		-0-		-O-	-0-
	am E. "Bill" Pinchak	First Vice Pres. 2 Hours				_
	Beaver Street, Vernon, TX 76384		-0-		-0-	-0-
	hew W. "Matt" Wagner	Second VP 2 Hours				
	Smith School Road, Austin, TX 78744		-0-		-0-	-0-
	e S. Healy	Secretary 2 Hours	_		_	_
	Box 67, Tynan, TX 78391		4-		-0-	-0-
	ert Moen	Treasurer 2 Hours				
	Box 43, Sonora, TX 76950		-0-		-0-	-0-
	ald Q. Cox Box 8742. Midland. TX 79708	Director 1/2 Hour				•
	A. Knox		-0-		-0-	-0-
	Foothill Road, Abilene, TX 79602	Director 1/2 Hour	-0-		-0-	
	t James Petty		4.			-0-
	State Hwy. 173 N, Hondo, TX 78861	Director 1/2 Hour	-0-		-0-	-0-
	glas J. "Jeff" Goodwin					
	W. Hwy 22, Corsicana, TX 75110	Director 1/2 Hour	-0-		-0-	-0-
	W. Murry			ļ <u>.</u>		
	Beefeater Drive, Wichita Falls, TX 76308	Director 1/2 Hour	-0-		-0-	-0-
	Ferguson		<u> </u>			
	Box 478, Valley Mills, TX 76689	Director 1/2 Hour	-0-		-0-	-0-
		1				
						
] _				
]	L			

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -0-			
ь	Did the organization file Form 1120-POL for this year?	37b	L	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part il and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9	ļ		
ь	Gross receipts, included on line 9, for public use of club facilities	ļ		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		✓
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed. ▶ None			
42a	The organization's books are in care of ▶ Robert Moen Telephone no. ▶	325 38	7 294	2
	Located at ► P.O. Box 43 , Sonora, TX ZIP + 4 ►	76950	-0043	
b	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		Yes	No
	account)?	42b		- ✓
	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.	40-	 	
¢	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	L	<u>√</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. I	▶ □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	<u> </u>		
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
) E7	<u> </u>

Part VI	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 49- and complete the tables for lines 50 ar	section 4947(a)(1) non 47(a)(1) nonexempt cha nd 51.	exempt charita aritable trusts m	i ble trusts only. A ust answer question	All sections 46⊸	on 49b
	I the organization engage in direct or indirect				Y	es No
	ndidates for public office? If "Yes," complete	•			46	
	I the organization engage in lobbying activitie				47	
	he organization a school as described in section		•		48	✓
	I the organization make any transfers to an ex	•	-		49a	-
50 Cor	Yes," was the related organization a section from the section from the organization is five his ployees) who each received more than \$100,	ighest compensated emp		officers, directors,		
·	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e) Ex	pense int and owances
None		goroda o posición				<u> </u>
	mplete this table for the organization's five			ctors who each rec	elved m	ore tha
\$10	mplete this table for the organization's five 00,000 of compensation from the organization (a) Name and address of each independent contractor	n. If there is none, enter "	'None."	ctors who each rec	elved m	
	00,000 of compensation from the organizatio	n. If there is none, enter "	'None."			
\$10	00,000 of compensation from the organizatio	n. If there is none, enter "	'None."			
\$10	00,000 of compensation from the organizatio	n. If there is none, enter "	'None."			
None	00,000 of compensation from the organizatio	paid more than \$100,000	(b)			
None	(a) Name and address of each independent contractor (a) Name and address of each independent contractor (a) Inumber of other independent contractors of Under penalties of perjury, I declare that I have examin	paid more than \$100,000 each receiving over \$100, ed this return, including accomp	(b) 1	Type of service	(c) Compo	ensation
None	(a) Name and address of each independent contractor	paid more than \$100,000 each receiving over \$100, ed this return, including accomp	(b) 1	Type of service	(c) Compo	ensation
None d Tot	(a) Name and address of each independent contractor (a) Name and address of each independent contractor (a) Name and address of each independent contractor (b) Name and address of each independent contractor (c) Name and address of each independent contractor (d) Name and address of each independent contractor (e) Name and address of each independent contractor (a) Name and address of each independent contractor (a) Name and address of each independent contractor (a) Name and address of each independent contractor (b) Name and address of each independent contractor (a) Name and address of each independent contractor (b) Name and address of each independent contractor (c) Name and address of each independent contractor (c) Name and address of each independent contractor (d) Name and address of each independent contractor (e) Name and address of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration	paid more than \$100,000 each receiving over \$100, ed this return, including accomp	(b) 1	statements, and to the beat on of which preparer has	(c) Compo	ensation
None d Tot	(a) Name and address of each independent contractor (a) Name and address of each independent contractor (a) Name and address of each independent contractor (b) Name and address of each independent contractors (c) I number of other independent contractors (d) Under penalties of perjury, I declare that I have examinated belief, it is true, correct, and complete. Declaration (e) Signature of officer (f) Robert Moen, Treasurer Type or print name and title (e) Preparer's signature	paid more than \$100,000 each receiving over \$100, ed this return, including accomp	(b) 1	statements, and to the beat on of which preparer has	(c) Composition	ensation
None d Tot Sign Here	(a) Name and address of each independent contractor (a) Name and address of each independent contractor (a) Name and address of each independent contractor (a) Name and address of each independent contractors (b) Contractors (c) Contractors (d) Name and address of each independent contractors (e) Name and address of each independent contractors (e) Contractors (f) Contractors (e) Contractors (f) Cont	paid more than \$100,000 each receiving over \$100, ed this return, including accomp	(b) 1 (b) 1 (b) 1 (c) 1 (c) 2 Anying schedules and 1 S based on all informations of the self-employed (c) 2 (d) 3 (e) 3 (d) 4 (e) 3 (e) 4 (f) 5 (f) 6 (f) 7 (f) 7 (f) 7 (f) 8 (f) 9 (f)	statements, and to the be on of which preparer has	(c) Composition	ensation
None d Tot Sign Here Paid Preparer's Use Only	(a) Name and address of each independent contractor (a) Name and address of each independent contractor (a) Name and address of each independent contractor (b) Name and address of each independent contractors (c) I number of other independent contractors (d) Under penalties of perjury, I declare that I have examinated belief, it is true, correct, and complete. Declaration (e) Signature of officer (f) Robert Moen, Treasurer Type or print name and title (e) Preparer's signature	paid more than \$100,000 each receiving over \$100, ed this return, including accomp of preparer (other than officer) is	(b) (b) (c) (d) (d) (e) (e) (f) (f) (f) (f) (f) (f	statements, and to the be on of which preparer has 8//8// Date Preparer's identifying nu	(c) Composition	owledge edge.

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Employer Identification number

Open to Public Inspection

Name of the organization 74 6083109 **Texas Section Society for Range Management** Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) R A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) R ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) is the organization (II) FIN (v) Did you notify (vi) is the (vii) Amount of (described on lines 1-9 in col. (i) listed in your the organization in organization in col. organization support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) support? U.S.? Yes No Yes No Yes No **Total**

	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(VI)
	tion A. Public Support		1	() ====	(4) 6000	4-1 0000	49.7.1
Ca	lendar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		ļ				
11	Total support. Add lines 7 through 10 .	L			l	ļ	.l
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	<u></u>				
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line					15	<u>%</u> %
15 16a	Public support percentage from 2008 Sc 33% % support test—2009. If the organiand stop here. The organization qualifies	ization did not	check the box	on line 13, and nization	line 14 is 331/3	% or more, ch	eck this box
b	33%% support test—2008. If the organibox and stop here. The organization qua	zation did not	check a box on	line 13 or 16a,	and line 15 is	331/3 % or more	e, check this ▶ [
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Par	rt IV how the
	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances the facts-and-circumstances the facts-and-circumstances private foundation. If the organization did	facts-and-circui ances" test. The	mstances" test, e organization qu	check this box alifies as a publi	and stop here. cly supported o	Explain in Par ganization .	t Ⅳ how the
18	Private loundation. If the organization did	a not check a b	ox on line 13, 10	oa, 100, 17a, Or	i / D, Gleck this	DUA AHU SEE III	

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

	(Complete only if you checke	ed the box or	line 9 of Par	rt I.)		<u> </u>	
Sec	tion A. Public Support						
Ca	llendar 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.")	28,004,68	11,362.00	28.411.28	16,270.00	19,519.00	103,566.96
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	40,038.82	26,285.90	44,689.72	27,240.00	38,315.14	176,569.58
3	Gross receipts from activities that are not an unrelated trade or business under section 513	-0-	-0-	-0-	-0-	-0-	-0-
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-0-	-0-	-0-	-0-	-0-	-0-
5	The value of services or facilities furnished by a governmental unit to the organization without charge	-0-	-0-	-0-	-0-	-0-	-0-
6	Total. Add lines 1 through 5	68,043.50	37,647.90	73,101.00	43,510.00	57,834.14	280,136.54
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	5,000.00	-0-	5,000.00	-0-	-0-	10,000.00
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	}			_		_
	amount on line 13 for the year	-0-	-0-	-0-	-0-	-0-	-0-
	Add lines 7a and 7b	5,000.00	-0-	5,000.00	-0-	-0-	10,000.00
8	Public support (Subtract line 7c from line 6.)						270,136.54
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	68,043.50	37,647.90	73,101.00	43,510.00	57,834.14	280,136.54
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,308.74	4,969.63	6,155.52	5,869.04	5,207.65	25,510.58
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-0-	-0-	-0-	-0-	-0-	-0-
G	Add lines 10a and 10b	3,308.74	4,969.63	6,155.52	5,869.04	5,207.65	25,510.58
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-0-	-0-	-0-	162.57	248.6	411.17
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	62.80	90.69	33.11	2,426.69	10,090.00	12,703.29
13	Total support. (Add lines 9, 10c, 11, and 12.)	71,415.04	42,708.22	79,289.63	51,968.30	73,380.39	318,761.58
14	First five years. If the Form 990 is for organization, check this box and stop		n's first, secon				n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2009 (lin	ne 8, column (f)	divided by lin	e 13, column	(f))	15	84.7 %
16	Public support percentage from 2008 S	Schedule A, Pa	rt III, line 15	<u> </u>	<u> </u>	16	87.6 %
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 200	-		-	•	17	8.00 %
18	Investment income percentage from 20					18	8.07 %
19a	33% % support tests -2009. If the organization of the state of the sta						
b	331/2 % support tests - 2008. If the organine 18 is not more than 331/2 %, check this	ization did not	check a box on	line 14 or line	19a, and line 1	6 is more than 3	331/3 %, and
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this bo	x and see inst	ructions > 🗆

Page 4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Line 11	let Revenue Apparel Sales + Sold one Gate Sign
Line 12	ncome from Auction Fundraiser (one for the Annual Meeting & one for Youth Activities)
	
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Texas Section Society for Range Management

Form 990 EZ

For Year Ending 12/31/09

EIN 74-6083109

TSSRM, P.O. Box 43 Sonora, TX 76950

Part 1 Line 5a-c

		Sale		Less Cost	G	ain or Loss
MSF	\$	18,902.96	\$	(22,370.94)	\$	(3,467.98)
Bill Wyche, Jr. MSF	\$	15,271.21	\$	(18,342.63)	\$	(3,071.42)
Endowment Fund	\$	12,703.20	\$	(15,368.11)	\$	(2,664.91)
	\$	46,877.37	\$	(56,081.68)	\$	(9,204.31)
	5a		5b		5c	

Publicly traded stocks & bonds

Part 1 Line 10

\$1,000 Scholarship from Wyche MSF to Colby Jack Pritchard Scholarship funds send directly to the University (Angelo State University) \$1,500 Scholarship Applicant choosen by TX 4-H Foundation Scholarship presented at State 4-H Roundup

Part 1 Line 16

Line 16

Other Expenses

Annual Meeting Exp.	\$ 35,535.42
YRW Exp	\$ 10,774.11
HSYF Exp	\$ 3,433.05
Awards	\$ 2,442.67
Bank Mgt. Fees	\$ 1,642.56
YAC Exp	\$ 1,625.10
Insurance Expenses	\$ 1,442.51
Activities Expenses	\$ 1,321.08
Web Site Expenses	\$ 1,245.00
Mgt. Fees Reim.	\$ 1,111.95
Burn Meeting Exp	\$ 366.87
TNLA Exp.	\$ 338.19
Newsletter Exp.	\$ 300.00
Photo Contest Exp.	\$ 279.52
BOD Meeting	\$ 271.53
Nominations & Election	\$ 197.59
Membership Exp.	\$ 150.00
Endowment Exp (SRM)	\$ 150.00
Other Exp	\$ 240.50
	\$ 62,867.65

1 of 2

Texas Section Society for Range Management

Form 990 EZ

For Year Ending 12/31/09

EIN 74 6083109

TSSRM, P.O. Box 43 Sonora, TX 76950

Part 1 Line 20

	Change in FMV - Memorial Scholarship Fund	\$ 14,361.74
	Change in FMV - Wyche Memorial Scholarship Fund	\$ 11,601.83
	Change in FMV - Endowment Fund	\$ 9,681.17
	Change in Net Worth 08 YAC (Should have been 09 Prepaid)	\$ (339.10)
	Incorrect Outstanding check (09 Prepaid) record wrong on books	\$ (2.50)
Line 20	• , , ,	\$ 35,303.14
Part 3 Lin	e 31a	
	Awards	\$ 2,442.67
	Activities - Various Educational Field Days, Booths	\$ 1,321.08
	Web Site - Used to disseminate educational information	\$ 1,245.00
	Educational Meeting Exp.	\$ 705.06
Line 31a		\$ 5,713.81

2 of 2