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SCANNED DEC 2 1 2010

# **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)

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

A F	or th	e 2009	calen	dar year, or ta	x year begin	ning		_	, 20	09, and	ending			, 20		
В	heck if ap	plicable		C Name of organ	ization TEXA:	s RANG	ERS E	ASEBA:	LL FO	INDATI	ON	D Emp!	oyer identif	cation num	ber	
	Addre		use IRS label or	Doing Business	s As							75-	240471	4		
	7 '	change	print or	Number and st	reet (or P O box	if mail is no	ot delivere	d to street	address)		Room/suite	E Telep	hone numbe	er		
	inital	return	type See	P.O. BOX	90111							(817)	273-	5222		
	Term	ınated	Specific Instruc-	City or town, st	ate or country, a	nd ZIP + 4					· · · · · · · · · · · · · · · · · · ·	†		•		
	Amen		tions	ARLINGTON	I. TX 760	04-311	L1					G Gross	receipts \$	1.	538.	817.
		cation	F Na	me and address				OFFMA	N		<del></del>		is a group retu		Yes	X No
_	pendi	ng		BOX 90111				04-311					ates? all affiliates in:	duded?	Yes	No.
ī	Tax-ex	cempt st		X 501(c) ( 3			4947(a)(	<del></del>	527			⊣ ``		t (see instructi		
J		ıte: ▶		1 201.(0)(	(	···• /			1027			┥	p exemption r		•	
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				related busines:				• •					7a			<u> </u>
	b	Net ur	related	business taxabl	e income from	Form 990	)-T, line 3	34	· · · · ·		<del></del>	<del></del>	7b			<u>o.</u>
						$\Gamma$	a	EAE				Prior '	Year	Curr	ent Ye	ar
Ð	8	Contri	butions	and grants (Part	t VIII, line 1h)	].	٠٠٠٠	ECE	IVED	7		1,11	7,051.	1,	078,	796.
Revenue	9			ce revenue (Par			.1				L		0.			0.
	10	Invest	ment in	come (Part VIII,	column (A), line	es 3, 4 🥸	7d) NI	ΩV ຄ∙ຄ	2000	.[&.].	L	3	2,148.		5,	713.
_	11			e (Part VIII, colur						.[.9].	L		1,160.			988.
	12	Total r	evenue	- add lines 8 thr	ough 11 (must	equa Pa	rt VIII, co	(A)_nmul	line 12)	121.		1,15	0,359.	1,	094,	497.
	13	Grants	and si	milar amounts pa	aid (Part IX, co	lumn <u>(A).</u>	lines 3	DEN	1.17.		L	46	8,617.		610,	953.
	14	Benefi	ts paid	to or for member	rs (Part IX, colu	ımn (A), li	ne 4)		, 01				0.			0.
ģ	15	Saları	s, othe	r compensation,	employee ben	efits (Parl	l IX, colu	mn (A), lır	nes 5-10)			16	8,448.		148,	236.
Expenses	16 a	Profes	sional f	undraising fees (	(Part IX, colum	n (A), line	11e)						0.			0.
ğ				ng expenses, Pa					8,942							
Ü	1			es (Part IX, colu								21	5,097.		168,	228.
	18	Total e	expense	s Add lines 13-	17 (must equal	Part IX, o	column (A					85	2,162.		927.	417.
	19			expenses Subt			•						8,197.			080.
5 60							·			· · · ·		Beginning	<del></del>		of Ye	
Net Assets Fund Baland	20	Total a	ıssets (I	Part X, line 16)							-		6,810.			723.
Ass	21		•	(Part X, line 26		· · · · ·		• • • •		• • • •	⊢		7,919.			752.
ξĔ	22			fund balances S	· • • • • • •	from line	20				••••		8,891.			971.
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For	Privac	y Act a	and Pap	erwork Reducti	on Act Notice,	, see the :	separate	instruction	ons *					Form	990	(2009)

Forn	n 990 (200	99) 75-2404714	Page 2
Pa	ırt III	Statement of Program Service Accomplishments	
_		describe the organization's mission:	
	<u>·</u>		
2		e organization undertake any significant program services during the year which were not listed on or Form 990 or 990-EZ?	X No
3		describe these new services on Schedule O eorganization cease conducting, or make significant changes in how it conducts, any program	
-	services		X No
4	Describ Section	the exempt purpose achievements for each of the organization's three largest program services by expenses a 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and ons to others, the total expenses, and revenue, if any, for each program service reported	
4a		)(Expenses\$ 770,913. including grants of \$ 610,953. )(Revenue \$ 0.	)
		AS/FORT WORTH AREA STUDENTS, SUPPORTS CHILDREN'S CHRISTMAS,	
		PROVIDES RANGERS BASEBALL GAME TICKETS TO UNDERPRIVILEGED	
	CHILD		
	<u> </u>	AVLIT.	
	(O = 1 = 1	) (Expenses \$ \text{including grants of \$ } \text{(Revenue \$ }	<del></del>
4D	(Code.	) (Expenses \$including grants of \$) (Revenue \$	.)
		<del></del>	
4c	(Code.	) (Expenses \$ including grants of \$) (Revenue \$	_)
4d		program services (Describe in Schedule O )	
	(Expens	<del></del>	
<u>4e</u>	Total p	program service expenses ► 770,913.	

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes, "complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
_	complete Schedule D, Pert III	8		×
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		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	<del>                                     </del>		
	quasi-endowments? If" Yes, "complete Schedule D, Part V	10		х
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		х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			· ·
_	Schedule D, Part VI	,5		3. 2./2
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more		23 )	
	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	1		ν <b>:</b>
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		٧.,	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		7 7	
_	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		٠,	
•	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		X
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No	12	- 6,7	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		3.	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	- ,	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144		Λ
		14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		_ <u>X</u> _
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10		_^_
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
10		40	, l	
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
13		,,		v
20	If "Yes," complete Schedule G, Part III	19		X
	bid the digamization operate one of more hospitals. If res, complete schedule IT	20		Х

21 22	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	24	Yes	No
	in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	24		
22				
22		21	X	
	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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	· · · · · · · · · · · · · · · · · · ·			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	l <u>.</u> .		
	24b through 24d and complete Schedule K If "No," go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ا ۔۔ ا		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a				.,
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			.,
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	0.		х
.=	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		
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		х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
28		i l		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
D	Schedule L, Part IV	28b		х
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 direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
••	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		х
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	Х	
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		Х
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		Х
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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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,	_	ĺ	
	Part VI	37		X
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	X	(2000)

1a Enter the number reported in Box 3 of Form 1086, Annual Summary and Transmittal of U.S. Information. Returns. Enter -0-if not applicable	Par	Statements Regarding Other IRS Filings and Tax Compliance			
U.S. Information Returns Enter-0-in foil applicable				Yes	No
U.S. Information Returns Enter-0-in foil applicable	1a	Enter the number reported in Box 3 of Form 1096. Annual Summary and Transmittal of 1		,	
b Enter the number of Forms W-2G included in line 1a Enter-D-if not applicable					,
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  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  3b If at least one is reported on Inice 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)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If "Yes," has if filed a Form 990-T for this year? If "No." provide an explanation in Schedule 0 .  3b If "Yes," has if filed a Form 990-T for this year? If "No." provide an explanation in Schedule 0 .  3a 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 accounts of the interest of the such as a bank account, securities account, or other financial accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," to question 5a or 5b, did the organization file Form 8886-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Schelter Transaction?  5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solici any contributions where not tax deductible?  7 Organizations bett may receive deductible contributions under section 170(c).  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations was provided to the payor?  5b If If "Yes," did the organization on the were not tax deductible?  7 Organizations form \$2827 filed during the ye	b		1 .	,	*
gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  3 Istatements, filed for the calendar year ending with or within the year covered by this return  3 Istatements, filed for the calendar year ending with or within the year covered by this return?  Note. If the sum of lines is and Za is greater than 250, you may be required to e-fife this return (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authonity over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?  4b If Yes, enter the name of the foreign country   Leave the fire of the programation and firmancial Accounts  5c Was the organization a party to a prohibited tax shelter transaction?  5c If Yes, or queston Sa or 5b, dit the organization file form 888-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelfer Transaction?  6c If Yes, or queston Sa or 5b, dit the organization file foreign 888-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelfer Transaction?  6c If Yes, or did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization short may receive deductible contributions under section 176(c).  6c If Yes, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization short may receive deductible contributions under section 176(c).  6c If Yes, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organizations short may receive deductible contributions under section \$100,000, and did the organization short the number of Forms \$232 filed during the year  6c If					·' ·
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field or the calendar year anding 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 1 and 2a is greater than 250, you may be required to e-file this return (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b if "Yes," has if filed a Form 990-T for this year? If "No." provide an explenation in Schedule O.  3a At any time during the calendar year, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)?  b if "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)?  b if was the organization apply to a prohibited tax shelter transaction at any time during the tax year?  b Old any taxeletip party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c if "Yes," do question bave annual gross recepts that are normally greater than \$100,000, and did the organization shot any contributions that were not tax deductible?  c Do do the organization have annual gross recepts that are normally greater than \$100,000, and did the organization shot any contributions from the value of the goods or services provided?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization and the very of the page of the p	·		1c	- X	
Statements, field for the calendar year ending with or within the year covered by this return   2a	22			, *	
b if at least one is reported on line 2a, cid the organization file all required foderal 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)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  5a Use 17 Yes, has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule 0.  5a If Yes, has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule 0.  5a If Yes, has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule 0.  5b If Yes, enter the name of the foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account and firm or exceptions and filing requirements for Form TD F 90-221. Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  6c If Yes, to question 5a or 5b, did the organization file Form 8886-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  6c Did If Yes, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c 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?  7c Did the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to file Form 8282?  6d If Yes, "indicate the number of Forms 2828 filed during the year.  6d Did the organization exclience that the foreign sellent to the organization		l .			
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

<u>Sect</u>	ion A. Governing Body and Management				<del>,</del>
		_		Yes	No
1a	Enter the number of voting members of the governing body	12	1		
b	Enter the number of voting members that are independent	12	ł		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?	L	2	Х	
3	Did the organization delegate control over management duties customanly performed by or under the direct				
_	supervision of officers, directors or trustees, or key employees to a management company or other person?	L	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	. <b></b> . L	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	[	5		Х
6	Does the organization have members or stockholders?	Г	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				
	of the governing body?		7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
•	the year by the following				,
а	The governing body?	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	N	/A
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9a		Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Inte		•		
	enue Code.)				
		_		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	1	I0a		X
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?	1	l0b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				
	form?	-	11	X	<u> </u>
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	· · · ·  1	2a		X
b					
	rise to conflicts?	1	l2b		<u> </u>
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		<u> </u>
13	Does the organization have a written whistleblower policy?	· · · ·  _	13		X
14	Does the organization have a written document retention and destruction policy?	· · ·   _ ˈ	14		X
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	1	l5a		X
b	Other officers or key employees of the organization , , , , ,	1	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?	1	l6a		X
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	L			
	the organization's exempt status with respect to such arrangements?	<u>   1</u>	l6b		<u> </u>
Sect	tion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3	)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of in	nterest			
	policy, and financial statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	יר ש	6011	
	organization: ►TX RANGERS BASEBALL PARTNERS 1000 BALLPARK WAY STE 400 ARLINGT 817-436-5936	ON, 17	^	0011	
	011-420-0220				

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

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

- 1a Complete this table for all persons required to be listed 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 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	Boot	ion (e		C)	hat app	de A	(D)	(E)	(F) Estimated
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
THOMAS O. HICKS	-									
DIRECTOR	1.00	X					L_	0.	0.	
CASEY COFFMAN							1			
PRESIDENT	1.00	X		Х				0.	0.	. (
KELLIE FISCHER		}			]		1			
TREASURER	1.00	Х	L_	Х		L	<u> </u>	0.	0.	. (
DALE PETROSKEY										
SECRETARY	1.00	X		Х			<u> </u>	0.	0.	(
JOHN BLAKE							ł			
DIRECTOR	1.00	X						0.	0.	(
JON DANIELS										
DIRECTOR	1.00	X						0.	Ο.	(
LAURIE GREER										
DIRECTOR	1.00	Х						0.	0.	(
THOMAS O. HICKS, JR.										
DIRECTOR	1.00	Х						0.	0.	(
KEVIN MILLWOOD										
DIRECTOR	1.00	Х						0.	0.	(
NOLAN RYAN										
DIRECTOR	1.00	Х						0.	0.	(
RUTH RYAN										
DIRECTOR	1.00	Х						0.	0	(
JIM SUNDBERG										-
DIRECTOR	1.00	Х						0.	о.	(
NORMAN B. LYONS										
FORMER SECRETARY	40.00						Х	28,884.	0.	
	+					<del> </del>	<del> </del>			

Name and	o uue	Average hours per week	Individual I		Officer		nat app empl High	Former	Reportable compensation from	Reportab compensa from relat	ion	amo	mated ount of	
			ual trustee ctor	nstitutional trustee	¥,	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organizati (W-2/1099-M	ons	comp fro orga and	ther ensation the nization related nization	n H
							_							
									,					
										:				
									28,884.		0.			0
	uals (including but not lin on from the organization	ited to thos	se liste	_	bov.	e) w 	ho re	ceiv	red more than \$100	,000 in				
2 Databas samanahan	list any former office			4-		_ 1							Yes	No
	ist any former ond if "Yes,"complete Sched											3	Х	
	sted on line 1a, is the related organizations	greater th	nan \$	150	,000	)?	If "Y	es,	" complete Sched	ule J for s	uch	4		M ×
5 Did any person liste		or accr	ue c	omp	ens	atio	n fro	m	any unrelated o	rganization	for	5		
Section B. Independent Co							,					1 - 1		
1 Complete this table compensation from the		compensat	ed in	dep	end	lent	cont	rac	tors that received	more tha	100 \$	0,000	of	
	(A) Name and business add	ess							(B) Description of seri	/ices	С	(C) ompensa	ation	
								Ī						
2 Total number of inde														

Page **9** 

Par	t VIII	Statement of Revenue			75-2404714	<del></del>	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, grfts, grants and other similar amounts	1a b c d e	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions)	915,233.	1			
a Co	g	Noncash contributions included in lines 1a-1f \$  Total. Add lines 1a-1f	85,000.	1,078,796.		<del></del>	
Program Service Revenue	2a b c	Total. / dod inics full 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Business Code				
ogran	e f	All other program service revenue					
<u>F</u>	g	Total. Add lines 2a-2f	<u></u>	0.			{
	3 4 5	Investment income (including dividends, interes other similar amounts)	ceeds	5,713. 0.		0	5,713
	6a b	Gross Rents	(II) Personal				
	c d	Rental income or (loss)	<b>.</b>			mar in approximation and the contract of the c	
	7a	Gross amount from sales of assets other than inventory	(ii) Other	0.		, ,	
	b c d	Less cost or other basis and sales expenses  Gain or (loss)		0.			over an auditore - co
evenue	8a	Gross income from fundraising events (not including \$ 163,563 of contributions reported on line 1c)					**************************************
Other Reve	b c	See Part IV, line 18 a  Less direct expenses b  Net income or (loss) from fundraising events .		9,988		man mathing over 1	9,988
U	9a	Gross income from gaming activities See Part IV, line 19 a				*	`` \
	b	Less direct expenses b					
	10a	Net income or (loss) from gaming activities  Gross sales of inventory, less	<u> </u>	0.			
		returns and allowances a		* * *		4	
	b c	Less cost of goods sold b  Net income or (loss) from sales of inventory	<b></b> ▶	0.		A'	
		Miscellaneous Revenue	Business Code	<u> </u>			
	11a b c						
	ď	All other revenue					
	e 12	Total. Add lines 11a-11d		1,094,497.		0.	15,701

# Part IX Statement of Functional Expenses

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

	All other organizations must complete				d (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S See Part IV, line 21	492,267.	492,267.		
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22	118,686.	118,686.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	US See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salanes and wages	130,724.	26,145.	26,145.	78,434
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)	1,917.	383.	383.	1,151
9	Other employee benefits	5,605.	1,121.	1,121.	3,363
10	Payroll taxes	9,990.	1,998.	1,998.	5,994
11	Fees for services (non-employees)	,		=,	-,
	Management	0.			
	Legal	0.1			
	Accounting	15,308.		15,308.	
	Lobbying	0.	<del></del> -		
	Professional fundraising services See Part IV, line 17	0.			· · · · · · · · · · · · · · · · · · ·
	Investment management fees	0.		<del></del>	
	_	0.		<del>   -</del>	
	Other	0.			
12	Advertising and promotion	18,421.		18,421.	
13	Office expenses	0.		10,421.	
14	Information technology	0.			
15 40	Royalties	0.			
16	Occupancy	4,186.		4,186.	
17	Travel	4,100.		4,100.	
18	Payments of travel or entertainment expenses	0			
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	· · · · · · · · · · · · · · · · · · ·			
21	Payments to affiliates	0.		<u> </u>	
22	Depreciation, depletion, and amortization	0.			
23	Insurance	0.			-
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 )				<del></del>
	RANGERS BASEBALL TICKETS	35,557.	35,557.		
	CHILDREN'S PROJECTS	12,511.	12,511.		
	MCA FITNESS PROGRAM	17,311.	17,311.		<del>-</del>
	SPECIAL PROJECTS	17,258.	17,258.		
	WIVES ACTIVITIES	30,244.	30,244.		
	All other expenses	17,432.	17,432.		
	Total functional expenses. Add lines 1 through 24f	927,417.	770,913.	67,562.	88,942.
	Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

JSA 9E1052 1 000

Pai	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	123,795.	1	47,698.
	2	Savings and temporary cash investments	1,412,733.	2	1,698,988.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	177,722.	4	0.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of			
- 1		Schedule L		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 Schedule L		6	
왕	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
۱۳	9	Prepaid expenses and deferred charges	52,560.	9	6,037.
ļ	_	Land, buildings, and equipment cost or 10a			
j		other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation		10c	
1	11	Investments - publicly traded securities		11	_
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,766,810.	<del></del>	1,752,723.
$\overline{}$	17	Accounts payable and accrued expenses	330,331.	17	144,861.
1	18	Grants payable		18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue	7,588.		11,891.
- 1	20	Tax-exempt bond liabilities		20	
<sub>s</sub>	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
讀		employees, highest compensated employees, and disqualified			
쁩		persons Complete Part II of Schedule L		22	•
	23	Secured mortgages and notes payable to unrelated third parties		23	<del> </del>
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	337,919.	<del></del>	156,752.
ý		Organizations that follow SFAS 117, check here complete lines 27 through 29, and lines 33 and 34.	· · · · · ·		
2	27	Unrestricted net assets		27	
aga	28	Temporarily restricted net assets	· · · · · · · · · · · · · · · · · · ·	28	
80	29	Permanently restricted net assets	- <del>*</del> **	29	••
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			
0	30	Capital stock or trust principal, or current funds		30	
Set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds	1,428,891.	32	1,595,971.
ē	33	Total net assets or fund balances	1,428,891.	33	1,595,971.
~	34	Total liabilities and net assets/fund balances	1,766,810.	34	1,752,723.

Form 990 (2009) Page **12** Part XI **Financial Statements and Reporting** Yes No Cash X Accrual Other Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Х Х b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 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? 2¢ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 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 Consolidated basis Both consolidated and separate basis 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? Х 3a 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.

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

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

TEXAS	RANGERS E	BASEBALL FOU	NDATION					1.	75-24	04714
Part I	Reason fo	or Public Chari	ty Status (All organi	zations m	ust comple	ete this p	oart ) Se	e instruc	tions	
The orga			tion because it is (For							
1	A church, co	nvention of churc	ches, or association of	churches d	escribed in	sectio	n 170(b)(	1)(A)(i).		
2	A school des	scribed in sectio	n 170(b)(1)(A)(ii). (Att	ach Schede	ule E)					
3	A hospital oi	r a cooperative ho	ospital service organiza	ation descri	oed in <b>se</b> e	ction 170	(b)(1)(A)(	iii).		
4	A medical	research organiz	ation operated in col	njunction v	with a hos	pital desi	cnbed in	section	170(b)(1)(	(A)(iii). Enter the
	hospital's na	ame, city, and sta	ite.			•				
5	An organiza	ation operated fo	or the benefit of a col	lege or un	versity ow	ned or o	perated I	by a gove	rnmental	unit described in
	section 170	(b)(1)(A)(iv). (Co	omplete Part II)							
6	A federal, st	ate, or local gove	rnment or government	al unit desc	nbed in	section 17	70(b)(1)(A	\)(v).		
7 X	An organiza	ition that normal	ly receives a substant	tial part of	its support	from a g	governme	ental unit	or from t	he general public
	described in	section 170(b)(	1)(A)(vi). (Complete F	Part II)						
8	A communit	y trust described	in section 170(b)(1)(/	<b>A)(vi)</b> . (Co	mplete Parl	tll)				
9	An organiza	tion that normal	ly receives (1) more	than 33 1/3	% of its su	pport from	m contrib	utions, n	nembershi	p fees, and gross
	receipts fro	m activities rela	ted to its exempt fun-	ctions - su	bject to ce	ertain exc	eptions,	and (2) r	no more t	han 33 1/3% of its
	support from	m gross investr	nent income and uni	related bus	siness taxa	able incoi	me (less	section	511 tax)	from businesses
	acquired by	the organization	after June 30, 1975	See sectio	n 509(a)(2)	. (Compl	ete Part I	II)		
10	An organiza	tion organized an	d operated exclusively	to test for p	oublic safet	y See s	section 5	09(a)(4).		
11 🔲	An organiza	ation organized	and operated exclusi	vely for th	e benefit	of, to pe	rform th	e function	ns of, or	to carry out the
	purposes of	f one or more p	ublicly supported orga	anizations (	described i	n section	509(a)(1	1) or sec	tion 509(a	a)(2) See section
	509(a)(3). C	Check the box that	at describes the type o	f supporting	g organizat	tion and d	complete	lines 11e	through	11h
	а 🔲 Тур	el <b>b</b>	Type II c	: Тур	e III - Func	tionally in	tegrated		d Ty	pe III - Other
e 🔙	By checking	g this box, I ce	rtify that the organiz	ation is no	ot controlle	d directly	y or ind	rectly by	one or	more disqualified
	persons oth	er than foundati	on managers and oth	er than on	e or more	publicly s	supported	l organiza	ations de	scribed in section
	509(a)(1) or	section 509(a)(2	2)							
f	If the organ	nization received	a written determinat	ion from t	he IRS tha	at it is a	Type I, 7	Гуре ІІ, о	r Type III	supporting
	organization	, check this box								
g	Since Augus	st 17, 2006, has t	he organization accept	ed any gift	or contribut	ion from a	any of the			
	following pe								•	r———
	• • •	•	or indirectly controls		_	ether wit	h person	is describ	ed in (ii)	Yes No
	and (III)	below, the gove	rning body of the supp	ported orga	inization?					. 11g(ı)
	(ii) A family	y member of a pe	rson described in (i) at	ove?						. 11g(II)
		-	of a person described ii		•					. [11g(III)]
h	Provide the	following informa	tion about the supporte	d organiza	tion(s)					
	e of supported	(ii) EIN	(iii) Type of organization				ou notify		s the	(vii) Amount of
org	anization		(described on lines 1-9 above or IRC section	in col (i) lis governing i	document?		nzation in of your	organizat	zed in the	support
			(see instructions))		,	<u> </u>	port?	<del></del>	S?	
				Yes	No	Yes	No	Yes	No	
								<b></b>		
			· · · · · · · · · · · · · · · · · · ·							
							<b> </b>	<u> </u>	<b> </b>	
						ļ. —	ļ			
Total							1			
Total		į.	I	I	I	1	1	1	1 1	

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

Schedule A (Form 990 or 990-EZ) 2009

Sche	tule A (Form 990 or 990-EZ) 2009			75	-2404714		Page 2
Pai	Support Schedule for Or (Complete only if you check				b)(1)(A)(iv) a	nd 170(b)(1)(A	\)(vi)
Sec	tion A. Public Support		•				
Cal	endar 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")	905, 353	1,155,652.	1,118,181.	1,117,051.	1,078,796.	5,375,033.
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			<del></del>			
4	Total. Add lines 1 through 3	905, 353	1,155,652.	1,118,181	1,117,051.	1,078,796.	5,375,033
5	The portion of total contributions by each person (other than a governmental unit or				•	4	
	publicly supported organization) included			^		, 1	
	on line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f)  Public support. Subtract line 5 from line 4			`			933, 340.
	tion B. Total Support					L	4,541,693.
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	905,353.	1,155,652.	1,118,181.	1,117,051.	1,078,796.	5,375,033
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,288.	38,216.	76,467.	32,148.	5,713.	173,832.
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)						
11	Total support. Add lines 7 through 10						5,548,865
12	Gross receipts from related activities, etc. (se	•				12	2,307,034.
13	First five years. If the Form 990 is forganization, check this box and stop here		<u></u>	d, third, fourth,	or fifth tax yes	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Sup					· · · · · · · · · · · · · · · · · · ·	<del></del>
14	Public support percentage for 2009 (line					14	81.85%
15	Public support percentage from 2008 Sc					15	80.63 %
1 <b>0</b> a	33 1/3 % support test - 2009. If the or this box and stop here. The organization						
b	33 1/3 % support test - 2008. If the o						
	check this box and stop here. The orga	ınızatıon qualifie	s as a publicly s	supported organ	nization		▶ 🔲
17a	10%-facts-and-circumstances test - 20 or more, and if the organization me Part IV how the organization meets the state of the organization meets the state of the	ets the "facts- he "facts-and-c	and-circumstanc rcumstances" te	es" test, checl est The organiz	k this box and ation qualifies	<b>l stop here</b> . E: as a publicly su	xplain in
b	organization	008. If the org	anization did no the "facts-and-	ot check a box -circumstances"	on line 13, 16a test, check the	a, 16b, or 17a, nis box and sto	p here.
18	supported organization Private foundation. If the organization						▶□

Schedule A (Form 990 or 990-EZ) 2009

_	ule A (Form 990 or 990-EZ) 2009		<del></del>		5-2404714		Page
Par							
	(Complete only if you checke	a the box on i	ine 9 of Part I	.)			
	tion A. Public Support			1			T
C	alendar 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 purpose				1		
3	Gross receipts from activities that are not an	·				-	
•	unrelated trade or business under section 513						
	•		1				1
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
_	its behalf			-			<del></del>
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5			-			
7 a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from			1			
	line 6)						
Sec	tion B. Total Support			<u> </u>			
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6			<u> </u>	1		
	Gross income from interest, dividends,		<del> </del>				
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources		<u> </u>	<del> </del>		· · · · · · · · · · · · · · · · · · ·	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b				<u> </u>		
11	Net income from unrelated business		1				
	activities not included in line 10b, whether or not the business is regularly						
	carned on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12 )						
14	First five years. If the Form 990 is for		n's first second	third fourth o	r fifth tax vear a	s a section 50	)1(c)(3)
• •	organization, check this box and stop here		·		•		````
Sec	tion C. Computation of Public Sur						
15	Public support percentage for 2009 (line 8, c			ı (fl)		15	%
16	Public support percentage from 2008 Sched	• • •	•			16	%
	tion D. Computation of Investmen		•			<u> </u>	
				3 column (f)		17	
17	Investment income percentage for 2009 (li					<del>                                     </del>	
18	Investment income percentage from 2008					18	
19 a	33 1/3 % support tests - 2009. If the o	=					
	17 is not more than 33 1/3 %, check t	nis box and str	op nere The on	panization qualifie	es as a publiciv	supported orga	ınızatıon 📂 📗

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions I JSA 9E1221 1 000 Schedule A (Form 990 or 990-EZ) 2009

b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.

Page 4

Part IV 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 G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yee" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 8a Attach to Form 990 or Form 990-EZ See separate instructions

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 9 organization entered more than \$15,000 to Attach to Form 990 or Form 990-EZ

OMB No 1545-0047
2009
Open To Rublic

Open To Public Inspection

Name of the organization					Employer identificati	on number
TEXAS RANGERS BASEBALL FOUNDAT					75-2404714	·
Part I Fundraising Activities.Com Form 990-EZ filers are not re	equired to comple	<u>ete this p</u>	<u>art.                                    </u>			17. 
1 Indicate whether the organization raise	d funds through an					
a Mail solicitations	е	_		on-government gra	ants	
b Internet and email solicitations	f	Solic	itation of g	overnment grants		
c Phone solicitations	g	Spec	cial fundrais	sing events		
d In-person solicitations						
<ul><li>Did the organization have a written or o or key employees listed in Form 990, P</li><li>If "Yes," list the ten highest paid individual</li></ul>	art VII) or entity in	connection	n with profe	essional fundraising	g services?	Yes No
to be compensated at least \$5,000 by the		iuraisers) j	Juisuani io		willon the lundral	201 12
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody or	draiser have control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		<u> </u>				
						-
Total			▶			
3 List all states in which the organization registration or licensing	n is registered o	or licensed	d to solici	t funds or has b	peen notified it is	exempt from
						~
		<del></del>				
			<del>-</del>			

	irt	G (Form 990 or 990-EZ) 2009  Fundraising Events.Comple	te if the organization	answered "Yes" to Fo	104714 rm 990, Part IV, line	18, or reported	Page 2
		more than \$15,000 on Form	(a) Event #1 TRIPLE PLAY	(b) Event #2 AWARDS BANQUET	(c) Other Events	(d) Total event (add col. (a) thro	
a			(event type)	(event type)	(total number)	55. (5)	
Revenue	1	Gross receipts	344,144.	62,042.	211,685.	617,	871
Œ		Less Chantable contributions	49,809.	42,277.	71,477.	163,	, 563
	3	Gross income (line 1 minus line 2)	294,335.	19,765.	140,208.	454,	, 308
	4	Cash prizes					
	5	Noncash prizes					
suses	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
Öřě	8	Entertainment					
	9	Other direct expenses	284,104.	67,356.	92,860.	444,	,320
	10 11	Direct expense summary Add lines 4 to Net income summary Combine line 3,	• , ,			( 444,3	320. <sub>7</sub>
Pa	ırt I		enization answered "\	("A- F 000 D		<del>`</del>	
				es to Form 990, Par	t IV, line 19, or repo	rted more	
		than \$15,000 on Form 990-E		res to Form 990, Par	t IV, line 19, or repo	rted more	
/enne/		than \$15,000 on Form 990-E		(b) Pull tabs/Instant bingo/progressive bingo	t IV, line 19, or repo	rted more  (d) Total gaming (col (a) through col	
Revenue	1	than \$15,000 on Form 990-E	Z, line 6a	(b) Pull tabs/instant		(d) Total gaming	
			Z, line 6a	(b) Pull tabs/instant		(d) Total gaming	
Expenses	2	Gross revenue	Z, line 6a	(b) Pull tabs/instant		(d) Total gaming	
	2	Gross revenue	Z, line 6a	(b) Pull tabs/instant		(d) Total gaming	
Expenses	3 4	Gross revenue	Z, line 6a	(b) Pull tabs/instant		(d) Total gaming	
Expenses	2 3 4 5	Gross revenue	Z, line 6a	(b) Pull tabs/Instant bingo/progressive bingo		(d) Total gaming	
Expenses	2 3 4 5	Gross revenue	Z, line 6a (a) Bingo  Yes9 No	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
Expenses	2 3 4 5 6	Gross revenue	Yes% No  through 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo  Yes%  No	(c) Other gaming	(d) Total gaming	
Direct Expenses	2 3 4 5 6 7	Gross revenue	Yes% No through 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo  Yes%  No	(c) Other gaming  Yes % No	(d) Total gaming	
6 Direct Expenses	2 3 4 5 6 7 8 8	Gross revenue	Yes	(b) Pull tabs/Instant bingo/progressive bingo  Yes%  No  ne 7	(c) Other gaming  Yes % No	(d) Total gaming (col (a) through col	(c))
6 Direct Expenses	2 3 4 5 6 7 8 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 in the organization licensed to operate gar "No," explain	Yes	(b) Pull tabs/Instant bingo/progressive bingo  Yes% No  ne 7 tities:	(c) Other gaming  Yes % No	(d) Total gaming col (a) through col .	(c))
Olirect Expenses	2 3 4 5 5 6 7 8 Ea isb if -	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 in the organization licensed to operate gar "No," explain	Yes	(b) Pull tabs/Instant bingo/progressive bingo  Yes%  No  ne 7  these states?	Yes % No	(d) Total ga	ugh co

formed to administer charitable gaming?

Does the organization operate gaming activities with nonmembers? is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

Schedu	ule G (Form 990 or 990-EZ) 2009	75-2404714			Page 3
13 a b	Indicate the percentage of gaming activity operated in The organization's facility	rganization's gaming/special events books	6	Yes	No
	Address   Does the organization have a contract with a third party from revenue?	whom the organization receives gaming			
c	If "Yes," enter the amount of gaming revenue received by the organization amount of gaming revenue retained by the third party  If "Yes," enter name and address of the third party  Name  Address	- <b></b>			
16	Gaming manager information  Name  Gaming manager compensation  Description of services provided  Director/officer  Employee  Independent				
17 a b	Mandatory distributions Is the organization required under state law to make charitable diretain the state gaming license?	distributed to other exempt organizations	17a		

Schedule G (Form 990 or 990-EZ) 2009

# SCHEDULE (Form 990)

Department of the Treasury Name of the organization Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Employer identification number 75-2404714

	Assistan
FOUNDATION	on on Grants and A
BASEBALL	nformati
RANGERS	General I
TEXAS	Part

2 T × 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 the selection cnteria used to award the grants or assistance?

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 Part IV and Schedule 1-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Part II

Part IV and Schedule I-1 (Form 990) if additional space is needed	aso) if addition	onal space is n					
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOBBY BRAGAN YOUTH FOUNDATION							
3116 W 6TH ST , #200 FORT WORTH, TX 76107	75-2534529	501 (C) (3)	10,000				GENERAL SUPPORT
AMERICA SUPPORTS YOU TEXAS							
P.O. BOX 3218 AMARILLO, TX 79116	68-0644601	501 (C) (3)	1,500				GENERAL SUPPORT
THE EDDIE GUARDADO FOUNDATION							
1100 IRVINE BLVD , STE 334 TUSTIN, CA 92780	26-2794755	501 (C) (3)	36, 424.				GENERAL SUPPORT
WIPE OUT KIDS CANCER INC.							
6350 LBJ FREEWAY, STE. 162 DALLAS, TX 75240	75-1892051	501 (C) (3)	909 '59				GENERAL SUPPORT
BOYS AND GIRLS CLUBS OF ARLINGTON INC							
608 N. ELM ST ARLINGTON, TX 76011	75-1046644	501 (C) (3)	81,250.				GENERAL SUPPORT
BOYS AND GIRLS CLUBS OF ARLINGTON INC.							YOUTH BALLPARK
608 N ELM ST ARLINGTON, TX 76011	75-1046644	501 (C) (3)	28, 750.				BASEBALL FIELD
HEMANGIOMA AND VASCULAR BIRTHMARKS FDN INC							
P O BOX 106 LATHAM, NY 12110	16-1515227	501 (C) (3)	25,000.				GENERAL SUPPORT
GOODWILL INDUSTRIES OF FORT WORTH							COODWILL
P.O. BOX 15520 FORT WORTH, TX 76119	75-0868393	501 (C) (3)	7,125			•	THANKSGIVING PROGRAM
REBUILDING TOGETHER GREATER DALLAS							
P O BOX 560061 DALLAS, TX 75356	04-3613194	501 (C) (3)	7,500				GENERAL SUPPORT
DFW YOUTH SPORTS ASSOCIATION							
4600 W. NORTHGATE DR. #79 IRVING, TX 75062	35-2335788	501 (C) (3)	10,000.				SUPPORT OF RBI
ROTARY CLUB OF DORAL FOUNDATION							
11250 N W 50 TERRACE MIAMI, FL 33178	20-2581084	501 (C) (3)	12, 500.				GENERAL SUPPORT
SUNSHINE KIDS FOUNDATION							
2814 VIRGINIA STREET HOUSTON, TX 77098	76-0020802	501 (C) (3)	5,721				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations	d government	organizations	•	•		<b>A</b>	16
<ol><li>Enter total number of other organizations</li></ol>						<b>4</b> · · · · · · · · ·	0

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PAGE 25

Schedule 1 (Form 990) 2009

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Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) IS ENROLLED FULL-TIME WITH 12 OR MORE CREDIT HOURS AND THE HE OR SHE HAS EARNED A GRADE POINT AVERAGE OF 3.0 OR BETTER. IF THESE REQUIREMENTS ARE SUBMIT HIS OR HER SCHOOL TRANSCRIPTS AT THE END OF EACH SEMESTER WITH AN ESSAY DESCRIBING THE SEMESTER. THE TRANSCRIPT MUST SHOW THAT THE STUDENT (d) Amount of non-cash assistance THE TEXAS RANGERS FOUNDATION REQUIRES EACH SCHOLARSHIP RECIPIENT TO NOT MET, THE STUDENT IS PUT ON PROBATION AND DOES NOT RECEIVE THE Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 15,380. 103, 306. (c) Amount of cash grant DESCRIPTION OF PROCEDURES FOR MONITORING GRANTS SCHOLARSHIP FUNDS FOR THE FOLLOWING SEMESTER. 151 48 (b) Number of recipients (a) Type of grant or assistance SCHEDULE I, PART I, LINE COLLEGE TUITION SCHOLARSHIPS TEACHER APPRECIATION GRANTS Part IV Part III

Schedule t (Form 990) 2009

PAGE 26

# SCHEDULE I-1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

OMB No 1545-0047

2009

Open to Public Inspection

➤ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Continuation Sheet for Schedule I (Form 990)

Employer identification number TEXAS RANGERS RASERALL FOUNDATION

TEXAS KANGERS BASEBALL FOUNDATION	S					15-2404/14	
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	her Assistar	nce to Governi	nents and Organ	zations in the Un	ited States (Schedu	ıle I (Form 990), F	art II )
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance other)	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARINE TOYS FOR TOIS FOUNDATION		501(C) (3)	6,220.				GENERAL SUPPORT
PAN AMERICAN DEVELOPMENT FOUNDATION, INC. 1889 F ST. N.W , 2ND FL WASHINGTON, DC 20006		501(C)(3)	7,500.				HAITI RELIEF FUND
ALLEY'S HOUSE	79-569807	501(C)(3)	7,703				RENOVATIONS
LONE STAR CHAPTER OF THE NAT'L HEMOPHILIA FDN. 10500 NW FREEWAY, STE. 226 HOUSTON, TX 77092 76-0661966	N. 76-0661966	501(C)(3)	10,000.				GENERAL SUPPORT
DALLAS VA MEDICAL CENTER 4500 S. LANCASTER RD. DALLAS, TX 75216	75-6108647	GOV'T	43,000.				GENERAL SUPPORT

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

PAGE 27

Schedule I-1 (Form 990) 2009

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Page 2

Schedule I-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III )

(a) Type of grant or assistance (b) Number of recipients cash grant non-cash assistance FMV, appraisal, other)	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(a) Method of va luation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					Schedule I-1 (Form 990) 2009

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# SCHEDULE J (Form 990)

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

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

TEXAS RANGERS BASEBALL FOUNDATION

Employer identification number 75-2404714

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	1		
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment			1
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1		ł
	explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			1
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
3	Indicate which if any of the following the argenization uses to actablish the companyation of the			
J	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			1
				1
	Compensation committee Written employment contract			İ
	Independent compensation consultant Compensation survey or study			ł
	Form 990 of other organizations  Approval by the board or compensation committee			1
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			1
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		- X
•	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			<del>-:-</del> -
	The to day of lines to e, not all persons and provide the applicable amounts for odds from in Fart is			ĺ
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			ĺ
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of			
а	The organization?	5a		х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			_ <del></del>
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2009

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

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

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

	-							
		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(3)	ε				0	0	28,884.	0.
NORMAN B. LYONS		0	0	0	! ! ! ! ! ! !	0	0	0.
	ε							
n)	(iii)							
(9)	(i)				,			
ii)	<u> </u>							
5	(3)							
(0)	(11)							
(9)	(3)				1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(ii)	<b>(II</b> )			:				
	 	           	1 1 1					
(ii)	(iii)							
(9)	(1)							
(tri	_(II)							
(S)	_] (E)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(1)	3							
<u> </u>	Ξ	             		             	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(ii)	(11)							
(9)	(E)							
(ii)	(ii)							
(1)	(1)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1)	3							
<u> </u>	=	1		 			- I	
11)	Ξ							
	Ξ	1	1		1			
11)	Ξ							
(0)	(i)							
n)	(II)			•				
(S)	Ξ		1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
II)	╗							
(9)	Ξ				               	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(4)	(ii)							
							Sche	Schedule J (Form 990) 2009

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### SCHEDULE M (Form 990)

# **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047
2009
Open To Public

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TEXAS RANGERS BASEBALL FOUNDATION

Employer identification number

Par	Types of Property	DATION	<del> </del>		73 2404714
rai	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household				
_	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded				
10	Securities-Closely held stock				
11	Securities-Partnership, LLC,				
	or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation				
	contribution-Historic				
	structures				
14	Qualified conservation				
	contribution-Other				
15	Real estate-Residential				
16	Real estate-Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory			<u> </u>	- · · · · · -
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts Other ▶( FOOD & BEVERAGE )	X	1	85,000.	FAIR MARKET VALUE
25 26			·····	03,000.	TAIR MARKET VALUE
27	Other ►()			<del>                                     </del>	
28	Other ►() Other ►()				
29	Number of Forms 8283 received by	he organizat	tion during the tay year for a	contributions for	<u> </u>
29	which the organization completed Fo	•	• •		29
	Which the organization completes i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	irt IV, Bonco / toknowicagon	none	Yes No
30 a	During the year, did the organizat	tion receive	by contribution any prop	ertv reported in Part I. lin	e 1-28 that
	it must hold for at least three year		• • • • •	• •	
	used for exempt purposes for the e				· I I I
b	If "Yes," describe the arrangement in	-			
31	Does the organization have a		ance policy that require	es the review of any r	non-standard
	contributions?	-			, , ,
32 a	Does the organization hire or use				
	contributions?	•		• •	
b	If "Yes," describe in Part II.				
33	If the organization did not report re	evenues in c	olumn (c) for a type of pro	perty for which column (a)	) is checked,
	describe in Part II				

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

Schedule M (Form 990) 2009

Schedule M (Fo	rm 990) 2009			75-2404	714	Page Page	e 2
Part II	Supplemental Information 32b, and 33 Also com	ation. Complete this	s part to provide the standard of the standard	ne information ation	required by	Part I, lines 30b,	_
					<b>-</b>		
		<b></b>					
						<del></del>	
<b>-</b>							
							<b>-</b> -
	<del>-</del>						
							- <b>-</b>
			<del>-</del>				

# SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Liquidation, Termination, Dissolution, or Significant Disposition of Assets

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

► Attach certified copies of any articles of dissolution, resolutions, or plans.
► Attach to Form 990 or 990-EZ.

15-0047	
<u>\$</u>	
OMB No	
õ	

20**09** Open to Public

Inspection

Yes | No tax-exempt) or type (g) IRC section of recipient(s) (if of entity Employer Identification number Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 29 8 2 75-2404714 (f) Name and address of recipient (e) EIN of recipient determining FMV for asset(s) distributed or transaction expenses (d) Method of Become an employee of, or independent contractor for, a successor or transferee organization? (c) Fair market value of asset(s) distributed or amount of transaction expenses Become a direct or indirect owner of a successor or transferee organization? Did or will any officer, director, trustee, or key employee of the organization 36. Use Schedule N-1 if additional space is needed Become a director or trustee of a successor or transferee organization? (b) Date of distribution TEXAS RANGERS BASEBALL FOUNDATION (a) Description of asset(s) distributed or transaction expenses paid Name of the organization Part I

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

Schedule N (Form 990 or 990-EZ) 2009

75-2404714

2002	I
330-67)	
38	I
Ë L	I
Shedule N	

ETITE Liquidation, Termination, or Dissolution(continued)	Dissolution(co	ntinued)					
Note. If the organization distributed all of its assets during the tax year	assets during the ta	x year, then Form 990	r, then Form 990, Part X, column (B) should equal -0-	.al -0-		λ'	Yes No
3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	cordance with its g	overning instrument(s)	17 If "No," describe in Part III			۳	1
4a Did the organization request or receive a letter from IRS that the organization's exempt status was terminated?	er from IRS that the	organization's exempt				4	-
b if "Yes," provide the date of the letter ▶		Attach a copy of the	Attach a copy of the letter and, if applicable, the organization's request for the letter	anization's request	for the letter		
5a is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	ney general or othe	ir appropnate state offi	cal of its intent to dissolve, liqu	idate, or terminate	· · · · · · · · · · · · · · · · · · ·	2a	
b If "Yes," did the organization provide such notice?	tice?					2S	-
6 Did the organization discharge or pay all liabilities in accordance with state laws?	lities in accordance			•		9	-
7a Did the organization have any tax-exempt bonds outstanding during the year?	nds outstanding du						
b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	x-exempt bond liab	ם	th the Internal Revenue Code			q2	
c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities If "No," explain in Part III	tion defeased or otl	nerwise settled these li	abilities If "No," explain in Part	<b>III</b>			
Part II Sale, Exchange, Disposition	, or Other Tra	nsfer of More T	han 25% of the Organ	nization's Ass	Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered	ızatıon ar	swered
"Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36.	ne 32, or Form	990-EZ, line 36.	Use Schedule N-1 if additional space is needed	ditional space	is needed		
(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EiN of recipient	(f) Name and address of recipient	(g) IRC section of recipients(s) (if tax-exempt) or type of entity	ction of s(s) (if ) or type
RANTS - SEE SCHEDULE I	VARIOUS	610,953	COST	VARIOUS	VARIOUS	VARIOUS	
						_	
				į			
						*	Yes No
<ol> <li>Did or will any officer, director, trustee, or key employee of the organization</li> <li>a Become a director or trustee of a successor or transferee organization?</li> </ol>	/ employee of the o or transferee organ	rganization ization?				29	×
b Become an employee of, or independent contractor for, a successor	tractor for, a succe	ssor or transferee organization?	anization?			2p	×
c Become a direct or indirect owner of a successor or transferee organization?	ssor or transferee						×
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	n or other similar p	ayments as a result of	the organization's significant d	sposition of assets			×
בי וו נופ טוקמווגמוטו מוזאיפוסט מוזא טו נופ לעפאוטוא זון נווא ווויפ, אוסיוס עופ וומוזפ טו נופ אפאטון וויסייסט מוזי פאאמון וויד מנו זו	ille dessions III illi	sine, provide are nam	מום המופחו ווואחאפת פוות כ	Apidilli il r dit ill	Schodule N (Form 990 or Form 990, FZ) 2009	Form 990.F	21 2000

Schedule O (Form 990) 2009 Page **2** 

Name of the organization

TEXAS RANGERS BASEBALL FOUNDATION

Employer identification number 75-2404714

ATTACHMENT 1

GENERAL STATEMENT 1

PART I-SUMMARY

LINE 1 - THE FOUNDATION IS OPERATED BY THE TEXAS RANGERS AS AN ENTITY DESIGNED TO SUPPORT CHARITABLE ACTIVITIES. IN ADDITION TO SUPPORTING THESE ACTIVITIES, THE ORGANIZATION ALSO PROVIDES SCHOLARSHIPS TO DALLAS/FORT WORTH AREA STUDENTS, SUPPORTS CHILDREN'S CHRISTMAS, AND PROVIDES RANGER BASEBALL GAME TICKETS TO UNDERPRIVILEGED CHILDREN.

GENERAL STATEMENT 2

PART V: STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE

PART V: QUESTION 2A - THE NUMBER OF EMPLOYEES REPORTED IN PART V, LINE 2A

IS NONE. THE SALARIES REFLECTED ON FORM 990, PART IX, LINES 5 AND 7 WERE

ALLOCATED TO THE FOUNDATION BY THE TEXAS RANGERS AND THEY ARE REPORTED ON

THE FORM W-3, TRANSMITTAL OF WAGE AND TAX STATEMENTS, OF THE TEXAS

RANGERS. THE FOUNDATION REIMBURSED THE TEXAS RANGERS FOR THE SALARIES,

AND ALL OTHER EXPENSES INCURRED ON BEHALF OF THE FOUNDATION.

GENERAL STATEMENT 3

PART VI: SECTION A. GOVERNING BODY AND MANAGEMENT

PART VI: QUESTION 2 - THOMAS O. HICKS AND THOMAS O. HICKS JR. ARE FATHER

AND SON.

PART VI: QUESTION 8B - THE TEXAS RANGERS BASEBALL FOUNDATION DOES NOT HAVE COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. THEREFORE, NO DOCUMENTATION OF COMMITTEE MEETINGS WAS REQUIRED.

Schedule O (Form 990) 2009

Name of the organization

TEXAS RANGERS BASEBALL FOUNDATION

Employer identification number

75-2404714

ATTACHMENT 1 (CONT'D)

GENERAL STATEMENT 4

PART VI: SECTION B. POLICIES

PART VI: QUESTION 11 - THE ORGANIZATION ENGAGES A PAID PREPARER

EXPERIENCED IN THE PREPARATION OF THE FORM 990 TO PREPARE THE FORM. THE

FOUNDATION CONTROLLER REVIEWS THE RETURN AS PREPARED BY THE PREPARER. A

COPY OF THE RETURN IS THEN MAILED OR EMAILED TO THE BOARD OF DIRECTORS.

PART VI: QUESTION 15A AND 15B - THE FOUNDATION DOES NOT COMPENSATE ANY OF ITS OFFICERS OR KEY EMPLOYEES. ANY COMPENSATION PROVIDED TO THE OFFICERS OR KEY EMPLOYEES IS PROVIDED BY THE TEXAS RANGERS AND A PORTION THEREOF IS ALLOCATED TO THE TEXAS RANGERS FOUNDATION FOR REIMBURSEMENT. AS SUCH, A PROCESS FOR DETERMINING THE COMPENSATION FOR THESE INDIVIDUALS HAS NOT BEEN REQUIRED.

GENERAL STATEMENT 5

PART VI: SECTION C. DISCLOSURE

PART VI: QUESTION 19 - TEXAS RANGERS BASEBALL FOUNDATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.