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Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue 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 990. 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.



**A** For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C</b></p> <p align="center"><b>THE ROGER CLEMENS FOUNDATION</b> 230 WESTCOTT #122 HOUSTON, TX 77007</p>	<p><b>D</b> Employer identification number <u>76-0378319</u></p> <p><b>E</b> Telephone number <u>(713) 444-1848</u></p> <p><b>F</b> Group Exemption Number <span style="float:right">▶</span></p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ N/A

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Tax-exempt status (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 110,611.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>1</b> Contributions, gifts, grants, and similar amounts received		<b>1</b>	23,567.
<b>2</b> Program service revenue including government fees and contracts		<b>2</b>	
<b>3</b> Membership dues and assessments		<b>3</b>	
<b>4</b> Investment income		<b>4</b>	13.
<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>		
<b>b</b> Less: cost of other basis and sales expenses	<b>5b</b>		
<b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>		
<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		<b>6</b>	
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>		82,748.
<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>		18,603.
<b>6c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>		64,145.
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		4,283.
<b>b</b> Less: cost of goods sold	<b>7b</b>		3,128.
<b>7c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		1,155.
<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>		
<b>9 Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>		88,880.
<b>10</b> Grants and similar amounts paid (attach schedule) <u>See Statement 1</u>	<b>10</b>		42,115.
<b>11</b> Benefits paid to or for members	<b>11</b>		
<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>		25,360.
<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>		4,500.
<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>		
<b>15</b> Printing, publications, postage, and shipping	<b>15</b>		1,466.
<b>16</b> Other expenses (describe ▶ <u>See Statement 2</u> )	<b>16</b>		44,679.
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>		118,120.
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>		-29,240.
<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>		106,468.
<b>20</b> Other changes in net assets or fund balances (attach explanation) <u>See Statement 3</u>	<b>20</b>		24,201.
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>		101,429.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments		45,363.	<b>22</b>	38,192.
<b>23</b> Land and buildings			<b>23</b>	
<b>24</b> Other assets (describe ▶ <u>See Statement 4</u> )		62,536.	<b>24</b>	63,591.
<b>25 Total assets</b>		107,899.	<b>25</b>	101,783.
<b>26 Total liabilities</b> (describe ▶ <u>See Statement 5</u> )		1,431.	<b>26</b>	0.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		106,468.	<b>27</b>	101,429.

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

Form **990-EZ** (2009)

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**Part V Other Information** (Note the statement requirements in the instrs for Part V.) See Statement 7

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b>	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b>	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.		
<b>35a</b>	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?		X
<b>35b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	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		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0.		
<b>37b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b>	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?		X
<b>38b</b>	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. N/A		
<b>39</b>	Section 501(c)(7) organizations Enter		
<b>39a</b>	Initiation fees and capital contributions included on line 9 N/A		
<b>39b</b>	Gross receipts, included on line 9, for public use of club facilities N/A		
<b>40a</b>	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0.; section 4955 ▶ 0.		
<b>40b</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		X
<b>40c</b>	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 ▶ 0.		
<b>40d</b>	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
<b>40e</b>	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		X
<b>41</b>	List the states with which a copy of this return is filed ▶ <u>None</u>		

**42a** The organization's books are in care of ▶ ANNA SHAHEEN, HENDRICKS MGMT Telephone no. ▶ 281-350-7000  
 Located at ▶ 400 RANDAL WAY, SUITE 106 SPRING TX ZIP + 4 ▶ 77388

		Yes	No
<b>42b</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 account)? If 'Yes,' enter the name of the foreign country: ▶ _____		X
<b>42c</b>	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b> 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. ▶ _____		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** N/A

		Yes	No
<b>44</b>	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b>	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		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE		0.	0.	0.

f Total number of other employees paid over \$100,000 ▶ 0

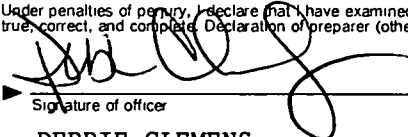
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		0.

d Total number of other independent contractors each receiving over \$100,000 ▶ 0

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

 Date 5/15/11

Signature of officer Date

**DEBBIE CLEMENS** Trustee

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature N. Anna Shaheen Date 5/15/11 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 Hendricks Management Preparer's Identifying Number (See instructions) 32-0099917

400 Randal Way, Suite 106 EIN 76-0378319

Spring, TX 77388 Phone no (281) 350-7000

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

BAA Form 990-EZ (2009)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	159,173.	69,895.	32,534.	25,571.	23,567.	310,740.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
<b>4 Total.</b> Add lines 1-through 3	159,173.	69,895.	32,534.	25,571.	23,567.	310,740.
<b>5</b> 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)						0.
<b>6 Public support.</b> Subtract line 5 from line 4						310,740.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	159,173.	69,895.	32,534.	25,571.	23,567.	310,740.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	837.	6,553.	2,337.	265.	13.	10,005.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.	300,747.	442,304.	-1,306.	287,673.	65,300.	1,094,718.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
<b>11 Total support.</b> Add lines 7 through 10						1,415,463.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	0.

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	22.0 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	37.5 %

**16a 33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

**b 33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

**17a 10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

**b 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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

BAA

Schedule A (Form 990 or 990-EZ) 2009

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions





**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
	Jim West Inter (event type)	Dawson Financi (event type)	2 (total number)	(Add col. (a) through col (c))	
1 Gross receipts	35,000.	23,400.	14,848.	73,248.	
2 Less: Charitable contributions					
3 Gross income (line 1 minus line 2)	35,000.	23,400.	14,848.	73,248.	
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes.				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,800.	3,946.	10,622.	16,368.
	10 Direct expense summary Add lines 4- through 9 in column (d)				16,368.
11 Net income summary. Combine lines 3, column (d) and line 10				56,880.	

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(Add col. (a) through col (c))
1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes			
	3 Non-cash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary Combine lines 1, column (d) and line 7				

- 9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_
- a Is the organization licensed to operate gaming activities in each of these states?  
b If 'No,' explain:
- 
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  
b If 'Yes,' explain
- 
- 11 Does the organization operate gaming activities with nonmembers?
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:

**a** The organization's facility

<b>13a</b>	%
------------	---

**b** An outside facility

<b>13b</b>	%
------------	---

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?

<b>15a</b>	YES	NO
------------	-----	----

**b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.

**c** If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name: ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

<b>17a</b>	YES	NO
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**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization  
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

**2009**

Attachment  
Sequence No **67**

Name(s) shown on return

**THE ROGER CLEMENS FOUNDATION**

Identifying number

**76-0378319**

Business or activity to which this form relates

**Form 990/990-PF, COGS**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,472.

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	1,472.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

## THE ROGER CLEMENS FOUNDATION

76-0378319

**Statement 1**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Donee's Name:	BOYS & GIRLS COUNTRY		
Donee's Address:	18806 ROBERTS RD. HOCKLEY, TX 77447		
Cash Amount Given:		\$	4,200.
Description of Property:	Jersey		
Date of Gift:	Various		
Book Value:	1,000.		
Method Used to Determine BV:	Purchase price		
Fair Market Value:			1,000.
Method Used to Determine FMV:	Contribution value		
Donee's Name:	BO'S PLACE		
Donee's Address:	10050 BUFFALO SPEEDWAY HOUSTON, TX 77054		
Description of Property:	30circus tickets,12Astro		
Date of Gift:	Various		
Book Value:	1,500.		
Method Used to Determine BV:	Purchase price		
Fair Market Value:			1,500.
Method Used to Determine FMV:	Contribution value		
Donee's Name:	SPRING BRANCH EDUCATIONAL FOUN		
Donee's Address:	955 CAMPBELL RD. SUITE 206 HOUSTON, TX 77024		
Description of Property:	bb belt & photos		
Date of Gift:	3/05/2010		
Book Value:	550.		
Method Used to Determine BV:	Purchase price		
Fair Market Value:			550.
Method Used to Determine FMV:	Contribution value		
Donee's Name:	GULF COAST BIG BROTHERS AND SISTERS		
Donee's Address:	1413 Trement GALVESTON, TX 77550		
Cash Amount Given:		\$	900.
Donee's Name:	Depelchin Children's Center		
Donee's Address:	4950 Memorial Drive HOUSTON, TX 77007		
Description of Property:	12 Astro tickets		
Date of Gift:	9/17/2009		
Book Value:	300.		
Method Used to Determine BV:	Purchase price		
Fair Market Value:			300.
Method Used to Determine FMV:	Contribution value		

## THE ROGER CLEMENS FOUNDATION

76-0378319

**Statement 1 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Donee's Name:	Woodlands Celeb Golf Classic		
Donee's Address:	P.O. Box 9791 The Woodlands, TX 77387		
Description of Property:	Astro photo, baseball		
Date of Gift:	11/13/2009		
Book Value:	500.		
Method Used to Determine BV:	Purchase price		
Fair Market Value:		\$	500.
Method Used to Determine FMV:	Contribution value		
Donee's Name:	Var. Char. - see sch attached		
Description of Property:	Baseball memorabilia		
Date of Gift:	Various		
Book Value:	5,675.		
Method Used to Determine BV:	Purchase price		
Fair Market Value:			6,180.
Method Used to Determine FMV:	Contribution value		
Donee's Name:	Toby Keith & Friends Golf Classic		
Donee's Address:	5722 Huettner Drive Norman, OK 73069		
Description of Property:	jersey & MLB baseball		
Date of Gift:	5/21/2010		
Book Value:	1,850.		
Method Used to Determine BV:	Purchase price		
Fair Market Value:			1,850.
Method Used to Determine FMV:	Contribution value		
Donee's Name:	Memorial Village Police Department		
Donee's Address:	11981 Memorial Drive Houston,, TX 77024		
Description of Property:	MLB baseball & photo		
Date of Gift:	10/23/2009		
Book Value:	350.		
Method Used to Determine BV:	Purchase price		
Fair Market Value:			350.
Method Used to Determine FMV:	Contribution value		
Donee's Name:	Clay Walker Charity Classic		
Donee's Address:	1700 Seventeen Mile Drive Pebble Beach, CA 93953		
Description of Property:	Yankees Jersey		
Date of Gift:	6/30/2010		
Book Value:	1,100.		
Method Used to Determine BV:	Purchase price		
Fair Market Value:			1,100.
Method Used to Determine FMV:	Contribution value		

## THE ROGER CLEMENS FOUNDATION

76-0378319

**Statement 1 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Donee's Name:	Seven Lakes High School Fundraiser		
Donee's Address:	9251 South Fry Road Katy, TX 77494		
Description of Property:	MLB baseball, photo & cap		
Date of Gift:	11/16/2009		
Book Value:	400.		
Method Used to Determine BV:	Purchase price		
Fair Market Value:		\$	400.
Method Used to Determine FMV:	Contribution value		
Donee's Name:	2009 Astro Wives Gala		
Donee's Address:	1302 Waugh Drive, PMB 463 Houston, TX 77019		
Description of Property:	Red Sox Jersey		
Date of Gift:	8/06/2009		
Book Value:	1,000.		
Method Used to Determine BV:	Purchase price		
Fair Market Value:			1,000.
Method Used to Determine FMV:	Contribution value		
Donee's Name:	Allies Inc. Fundraiser		
Donee's Address:	128 Stoopville Road Newtown, PA 18940		
Description of Property:	Astro Jersey & photos		
Date of Gift:	2/28/2010		
Book Value:	4,300.		
Method Used to Determine BV:	Purchase price		
Fair Market Value:			4,300.
Method Used to Determine FMV:	Contribution value		
Donee's Name:	Kingsland Baptist Cake Auction		
Donee's Address:	2055 Kingsland Blvd Katy, TX 77450		
Description of Property:	baseball memorabilia		
Date of Gift:	2/21/2010		
Book Value:	1,300.		
Method Used to Determine BV:	Purchase price		
Fair Market Value:			1,300.
Method Used to Determine FMV:	Contribution value		
Donee's Name:	Memorial High School Spirit Fiesta		
Donee's Address:	8814 Chatsworth Drive Houston, TX 77024		
Description of Property:	double bat display case		
Date of Gift:	10/23/2009		
Book Value:	585.		
Method Used to Determine BV:	Purchase price		
Fair Market Value:			585.
Method Used to Determine FMV:	Contribution value		

## THE ROGER CLEMENS FOUNDATION

76-0378319

**Statement 1 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Donee's Name:	Derek Jeter Celebrity Golf Classic-7th		
Donee's Address:	215 Park Avenue South, ste 1905 League City, TX 77573		
Description of Property:	autographed cleats & bb		
Date of Gift:	1/27/2010		
Book Value:	2,350.		
Method Used to Determine BV:	Purchase price		
Fair Market Value:		\$	2,350.
Method Used to Determine FMV:	Contribution value		
Donee's Name:	The Birdies for the Brave Outing		
Donee's Address:	8000 Collin McKinney Parkway McKinney, TX 75070		
Description of Property:	jersey, baseball & photos		
Date of Gift:	7/02/2009		
Book Value:	1,350.		
Method Used to Determine BV:	Purchase price		
Fair Market Value:			1,350.
Method Used to Determine FMV:	Contribution value		
Donee's Name:	Texas Sports Hall of Fame		
Donee's Address:	1108 S. University Parks Dr Waco, TX 76706		
Cash Amount Given:		\$	10,000.
Donee's Name:	Memorial Herman Children's Hospital		
Donee's Address:	6411 Fannin Houston, TX 77030		
Description of Property:	60 circus tickets&memorab		
Date of Gift:	7/17/2009		
Book Value:	2,400.		
Method Used to Determine BV:	Purchase price		
Fair Market Value:			2,400.
Method Used to Determine FMV:	Contribution value		

**Statement 2**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

BANK SERVICE CHARGES, ETC	\$	1,265.
COMPUTER MAINTENANCE		405.
MISC.		50.
OFFICE EXPENSES		629.
OFFICE RENT		29,905.
SECURITY		982.
STORAGE		3,450.
TELEPHONE		5,713.
WEBSITE & INTERNET		2,280.
<b>Total</b>	<b>\$</b>	<b><u>44,679.</u></b>

## THE ROGER CLEMENS FOUNDATION

76-0378319

**Statement 3**  
**Form 990-EZ, Part I, Line 20**  
**Other Changes In Net Assets Or Fund Balances**

Total \$ 24,201.  
 Total \$ 24,201.

**Statement 4**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures	\$ 7,357.	\$ 5,885.
Inventories	47,320.	49,847.
Machinery and Equipment	7,859.	7,859.
Total	<u>\$ 62,536.</u>	<u>\$ 63,591.</u>

**Statement 5**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 1,431.	\$ 0.
Total	<u>\$ 1,431.</u>	<u>\$ 0.</u>

**Statement 6**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

SUPPORT OF EDUCATIONAL AND ATHLETIC ORGANIZATIONS FOR CHILDREN; ADDITIONAL SUPPORT PROVIDED TO AT-RISK FAMILIES.

**Statement 7**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No