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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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)

Open to Public

Inter	nal Rev	enue Serv	108	► The organization may have to use a copy of this return to satisfy state re	porting requirements	Inspection		
A F	or th	ne 200	9 cale	ndar year, or tax year beginning 09/01, 2009, and ending	08.	/31, 20 10		
Bo	heck if a	policable	Please	C Name of organization TEXAS PARKS & WILDLIFE FOUNDATION INC	D Employer identific	ation number		
	Addr	622	use IRS	Doing Business As	74-2602504	1		
-	_	e change	print or	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number	·		
 	⊣ .	l return	type See	P.O. BOX 191207	(214) 720-1	478		
\vdash	┥		Specific	City or town, state or country, and ZIP + 4	(214) 720 1			
\vdash	Ame	ninated nded	Instruc- tions,	DALLAS, TX 75219	C Cross manuals &	16,385,461.		
-	retur			ime and address of principal officer DICK DAVIS	G Gross receipts \$ H(a) Is this a group return			
┖	pend	ling			affiliates?	⊢ ·•• ⊢ ·••		
				BOX 191207 DALLAS, TX 75219	H(b) Are all affiliates incli			
	_	empt sta		X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	If "No ' attach a list	(see instructions)		
				TPWF.ORG	H(c) Group exemption nu			
		of organ	zation	X Corporation Trust Association Other ▶ L Year of forma	tion 1991 M State	of legal domicile TX		
Pa	irt I	Sur	nmary					
	1	Briefly	descri	be the organization's mission or most significant activities				
•		TO F	PROVI	DE PRIVATE SUPPORT FOR THE EFFORTS OF THE TEXAS PA	ARKS AND			
Š	ĺ	WILC	LIFE	DEPARTMENT AND TO PRESERVE TEXAS' NATURAL AND CU	LTURAL			
Ë	1	RESC	URCE	S FOR FUTURE GENERATIONS				
Governance	2	Check	this bo	x If the organization discontinued its operations or disposed of more than 25%	6 of its net assets			
<u>ق</u>	3			ting members of the governing body (Part VI, line 1a)	a contract of the contract of	17		
	4	Numbe	er of in	dependent voting members of the governing body (Part VI, line 1b)	4	17		
Activities	5				1 1	9		
cţ	5				· · · · · · · · · · · · · · · · · · ·			
∢	0	Total n	iumber	of volunteers (estimate if necessary)				
	7 a	lotalg	ross u	nrelated business revenue from Part VIII, column (C), line 12				
	<u>b</u>	Net un	related	business taxable income from Form 990-T, line 34				
Pe					Prior Year	Current Year		
	8	Contrit	butions	and grants (Part VIII, line 1h)	2,804,228.	2,056,150.		
Revenue	9	Progra	m serv	ce revenue (Part VIII, line 2g)	0.	<u> </u>		
چ ِ	10	Investr	ment in	come (Part VIII, column (A), lines 3, 4, and 7d)	-874,929.	87,858.		
_	11	Other	revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	368,287.	240,945.		
Ś		Total re	evenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,297,586.	2,384,953.		
, cc ,	13	Grants	and 3	mila amounts paid (Part IX, column (A), lines 1-3)	7,127,133.	2,974,381.		
i	14	Berlefi	t s paid	to or for members (Rad IX. column (A), line 4)	0.	0.		
, ,	15	Salaque	s, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) Indrasing rees (Part IX, column (A), line 11e) ing expenses, Part IX, column (D), line 25) ▶ 335, 108.	434,975.	435,574.		
ıse	16a	Protes	Banoie	undraising fees (Part IX, column (A), line 11e)	0.	0.		
Expenses	h	Total fo	undrais	ing expenses. Part IX column (D), line 25) 335, 108.				
֓֞֞֞֜֟֝֟֓֓֓֓֟֓֓֓֓֓֓֓֟֓֓֓֓֓֓֓֓֓֓֓֓֟֓֓֓֓֓֓֓֓֓֟֓֓֓֓	17	Other	expeas	es (Rart IX: column (A), lines 11a-11d, 11f-24f)	366,282.	295,839.		
€	18	Total-e	YDADE.	es Rart X, column (A), Ines 11a-11d, 11f-24f) 6. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,928,390.	3,705,794.		
-	19	Payani	ua lace	expenses Subtract line 18 from line 12	-5,630,804.	-1,320,841.		
- S	13	TCVCIII	uc 1633		Beginning of Year	End of Year		
Net Assets or 6. Fund Balances		T-4-1 -		 	26,861,553.	25,413,864.		
3ala	20			Part X, line 16)	2,407,849.	1,942,247.		
탈	21			s (Part X, line 26)	24,453,704.	23,471,617.		
				fund balances Subtract line 21 from line 20	24,433,704.	23,471,017.		
Pa	rt II			Block				
		Under	penaltie	s of perjury, I declare that I have examined this return, including accompanying schedules and is true, correct, and complete. Declaration of preparer (other than officer) is based on all info	d statements, and to the	best of my knowledge		
		#110 01	BILET, IL	S (toe, correct, and complete Declaration of preparer (other than once), is bessed on an inte	1 2-1/1	. 11		
	ign	.	<u>~</u>	Oesti Ways	19-19.			
Н	ere		Signatur	e of officer	Date			
			Die	·k Davis				
			ype or p	print name and title				
		Prepa	rer's 🕨	Date Check if	Preparer's	dentifying number		
Paid			ture	Cellyllogam, CPA 3/9/11 self-employed	(see instruc	tions) 0548846		
Prep	arer's			ryours NICHOLAS & MONTGOMERY LLP		5-2852438		
Use (Only	if self-e	employed s, and Zi	1).		4-739-0888		
May	the II			s return with the preparer shown above? (see instructions)		E. T.		
way	(11C 11	vo aisc	[11]	o reterm man the propercy entern above. (see matractions),		X Yes No		

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Pá	Statement of Program Service Accomplishments	_
1	riefly describe the organization's mission O PROVIDE PRIVATE SUPPORT FOR THE EFFORTS OF THE TEXAS PARKS AND	
	ILDLIFE DEPARTMENT AND TO PRESERVE TEXAS' NATURAL AND CULTURAL	
	ESOURCES FOR FUTURE GENERATIONS.	
		_
	"Yes," describe these new services on Schedule O	X No
3	id the organization cease conducting, or make significant changes in how it conducts, any program ervices?	X No
4	escribe the exempt purpose achievements for each of the organization's three largest program services by expenses ection 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and locations to others, the total expenses, and revenue, if any, for each program service reported	
4 a	Code () (Expenses \$ 3,058,351 including grants of \$ 2,974,381) (Revenue \$) O PROVIDE SUPPORT FOR TEXAS PARKS AND WILDLIFE DEPARTMENT BY	
	AISING MONEY FOR PROGRAMS INVOLVING CONSERVATION EDUCATION,	
	CHOLARSHIPS AND INTERNSHIP OPPORTUNITIES, WILDLIFE PRESERVATION ND STUDY, EXPANSION OF OUTDOOR RECREATION AND PRESERVATION OF	
	EXAS' NATURAL AND CULTURAL HERITAGE.	
4 b	ode) (Expenses \$including grants of \$) (Revenue \$)	
4 c	ode) (Expenses \$including grants of \$) (Revenue \$)	
	her program services (Describe in Schedule O)	
	xpenses \$ including grants of \$) (Revenue \$) tal program service expenses ▶ 3,058,351.	
• 0	otal program service expenses > 3,058,351.	7 (2000)

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Form	990 (2009) 74-2602504			Page
Par	t IV Checklist of Required Schedules			
_	In the community described as earlies 504(s)(0) as (0.17(s)(4), (1), 1).		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.		
2	complete Schedule A	1	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
•	candidates for public office? If "Yes," complete Schedule C, Part I			Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3		_^
•	Schedule C, Part II			Х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		
•	notice and reporting requirement and proxy tax? !f "Yes," complete Schedule C, Part III	5	ĺ	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	-	<u> </u>	
	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
	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, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	<u> </u>		
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	i		
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		Χ
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		1	基心
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		2	
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		j	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	47 1		\mathcal{J}_{i}
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			, V
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		1.	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	198	3.5	See
404	complete Schedule D, Parts XI, XII, and XIII	12	X	SECTION OF THE PERSON OF T
12A	gament and the second			
4.2	Tan in the state of the state o			<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		1	Х
15		14b		
13	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	4-	i	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	4.0		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	- 1	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		\dashv	<u>-:-</u> -
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	- 3		
. •	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		$\frac{x}{x}$
				

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Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	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			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		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			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
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
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		,	A" ".
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	15.6	ا را	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a		- 1	
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part N	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	l		
	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		X
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		X
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		X
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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			v
	Part VI		\longrightarrow	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		X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	NO
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
			(; 	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		1	•
	instructions)	: '		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		1	
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4 a	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		ľ	
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶		. 1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank		. }	
	and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		- <u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
6.	Prohibited Tax Shelter Transaction?	5c		
oa	organization solicit any contributions that were not tax deductible?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	"		
-	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		·	
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	if "Yes," indicate the number of Forms 8282 filed during the year		ĺ	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			v
	benefit contract?	7e	-	$\frac{x}{x}$
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	required?		-	
Ū	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		}	
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Χ_
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	4.5		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
	11 165, Gitter the amount of tax-exempt interest received of accided during the year	Ecm	990 (2	3000
		. 31111	(2	-003)

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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.

Sec	tion A. Governing Body and Management		-	
			Yes	No
1a	Enter the number of voting members of the governing body	<u> </u>		
b	Enter the number of voting members that are independent		7.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1.7. 1-		٠, ١
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	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?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7 a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b	<u> </u>	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	17.00	ل استروا	75 S. J.
	the year by the following	,	ŗ-	1. 1.
а	The governing body?	8 a	X	
b	Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 a		X
	ion B. Policies (This Section B requests information about policies not required by the Internal			_
Reve	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	<u> </u>	• •	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		<u>X</u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		.,	
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	ا ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ		· .
		पड़ ब्रिको		, ``
а	The organization's CEO, Executive Director, or top management official	15a	-X	x
b	Other officers or key employees of the organization	15b	1, 1	^
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	2 2		· • • •
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	2.45	` ¥* .54	X
	with a taxable entity during the year?	16a	. %	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		- 7	1 \$ 7
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	406		<u></u>
Soot	the organization's exempt status with respect to such arrangements?	160	j	
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	i 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 inter	est		
	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 organization > DICK DAVIS P.O. BOX 191207 DALLAS, TX 75219	е		
	214-720-1478			

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

Check this box if the organization did not compensate any current officer, director, or trustee

- 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) Name and Title	(B) Average	(C) Position (check all that apply)					nlv)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
WILL BEECHERL		İ								
CHAIRMAN	1.00	Х								
ERNIE ANGELO										
TRUSTEE	1.00	Х								
LAURANCE ARMOUR, III TRUSTEE	1.00	Х								
DAN CRAINE										
TRUSTEE	1.00	Х							,	
WINDI GRIMES										
TRUSTEE	1.00	Х								
HUNTER HENRY										
TRUSTEE	1.00	X								
DON HUMPHREYS TRUSTEE	1.00	Х								
GARY HOCKSTRA										
TRUSTEE	1.00	X								····
JOE MCBRIDE										
TRUSTEE	1.00	Х								
ANDY MILLS										
TRUSTEE	1.00	X								
JOHN MURPHY	1 00	,,,								
TRUSTEE	1.00	Х								
PAT MURRAY TRUSTEE	1.00	v								
BRYAN PICKENS	1.00	Χ_								
TRUSTEE	1.00	Х								
TODD PILAND										
TRUSTEE	1.00	Х								
KARL ROVE TRUSTEE	1.00	Х								
MIKE GREENE TRUSTEE	1.00	Х								

Section A. Officers, Directors, 17		y En	при			and	nıg		T	
(A) Name and title	(B) Average		4		(C)	46-4	-1.3	(D)	(E)	(F)
Name and the	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	other compensation
C. PATRICK OLES, JR.	1	-	T		1		T			
ADVISORY CHAIR COUNCIL	1.00	Х	ł							
CARTER SMITH			T	H	1		T			
EX-OFFICIO ASSOCIATE TRUSTEE	1.00	Х	ľ							
MARK BIVINS					Ì					
EX-OFFICIO ASSOCIATE TRUSTEE	1.00	Х								
RALPH DUGGINS			<u> </u>			<u> </u>				
ASSOCIATE TRUSTEE	1.00	x		İ						
LEE M. BASS	 		-				H			
HONORARY TRUSTEE	1.00	X								
EDWIN COX			-	-	-		┢			
HONORARY TRUSTEE	1.00	x			l		ŀ			
GEORGE HIXON	1.00	 ``	├─	-	 		 	-		
HONORARY TRUSTEE	1.00	х								
JAMES R DAVIS	1.00			 	┢					
EXECUTIVE DIRECTOR	40.00	1			x			199,381.	,	ο.
D.I.BOOTTVB DIKEOTOK	10.00			_	<u> </u>			133,301.		
									Į.	
					 -					
				Ì						
							<u> </u>			
	!									
				ļ					-	
				<u> </u>	_	_				
	L						L	100 201		
1b Total							>	199,381.		0.
2 Total number of individuals (including but not reportable compensation from the organization		nose I 1		d al	bove	e) who	o re	ceived more than t	\$100,000 in	
							-			Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3 X
•										
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	an \$	150	,00	0?	If "Y	es, "	complete Schedu	ule J for such	4 X
services rendered to the organization? If "Yes,"										5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization	compensate	ed in	dep	enc	dent	cont	ract	tors that received	more than \$	100,000 of
(A) Name and business addi	ress							(B) Description of ser	vices	(C) Compensation
							+			
· · · · · · · · · · · · · · · · · · ·							+			
				· —.			+-			
	· · · · · · · · · · · · · · · · · · ·						+			
							1		I	

Total number of independent contractors (including but not limited to those listed above) who received

0

more than \$100,000 in compensation from the organization \blacktriangleright

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art V	Щ	Statement of Reve	siine			74-2602504		
				27, 25	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from to under sections 512, 513, or 5
g 1:	а	Federated campaigns	<u>1a</u>					
	b	Membership dues	<u>1b</u>		_ `` · · · · · · · · · · · · · · · · · ·			1 : 1 :
5 /	C	Fundraising events		486,256			1:00	· · · · · ·
į į	d	Related organizations	<u>1d</u>			1:		`-
[е	Government grants (contribu	utions) 1e					1 .
2	f	All other contributions, gifts, gran			1			
5		and similar amounts not include	dabove . 1f	1,569,894	\		* **	
	g	Noncash contributions included			kan da da da da da da da da da da da da da			·
	h	Total. Add lines 1a-1f	<u> </u>	· · · · · · · · · · · · · · · · · · ·		1 1	· :	
				Business Code	en esta Hill	- Line Brailing	i de de la la la la la la la la la la la la la	
2 8	а							
t	b							
(С							
0	d							
	e							ļ
2 8	f	All other program service rev	venue			Language Language College	\$12 82 1200 R. 18.31. 18.21	ala i kan birah da
 '		Total. Add lines 2a-2f			0	The state of the state of the	· "是"	25 25
3		Investment income (includin						
		other similar amounts)			I .	269,744		
4		Income from investment of t			0			
5		Royalties · · · · · · · · ·	(i) Real	(II) Personal	0	Jun Barring Charles	Contract of the Contract of th	
				(ii) Fersorial	1. The state of th			
6 a		Gross Rents		 	e "his Hall and		1. The same of the	
b		Less rental expenses		 	المرابع المراب		A CANADA A A A A A A A A A A A A A A A A A	المجتاء بمعتمل أنجرته
٩		Rental income or (loss)	L	<u> </u>	The second second	Petal 200 Property Land	Section 18 1 150 15	مستنسف فسنست
d	1	Net rental income or (loss) .	(i) Securities	(ii) Other	0	क्रा कृष्ण करम् अस्य सम्बद्धाः स्टब्स् इति कृष्ण करम्	<u>र कारकार्य स्थाप करा</u>	
7 a		Gross amount from sales of		(ii) Otilei				1
		assets other than inventory	13,709,820			Control of the second		
þ		Less cost or other basis	12 001 701					
		and sales expenses	13,891,706 -181,886	-	<i>y</i>		1	
°		Gain or (loss)			s	شر محمد المستشار	المعاقلين المعاقبات	
d		Net gain or (loss)		<u> ▶</u>	-181,886		पु ष्ट्रास्ट्र स्ट्रास	-181,88 -181,88
8a			undraising				in the state of	
-		events (not including \$	486,256		a			1
		of contributions reported on I	•	340 343				
		See Part IV, line 18		349,747			· Se S	3 2 10
b		Less direct expenses		108,802	240,945		the state of the s	240.04
` ا		Net income or (loss) from fur	-	<u> ▶</u>	240,945	जक्र प्रश्चात्र	ES A SEC	240,94
9 a		Gross income from gaming a						., "., ", "
.		See Part IV, line 19			Committee of the second	ا من المنطقة الما الما الما الما الما الما الما الم	4	
b		Less direct expenses			(m) (i	12 4 4 4 4 4 4 4	1 6 27 7 2 10 12	<u> </u>
400		` ,	J		Jana Mariana da		. <u>सम्बद्धाः स्थ</u> ान	
10a		Gross sales of inventor returns and allowances				1	12 My 12 1	· · · · · · · · · · · · · · · · · · ·
.						, , , , , ,	, a	
b		Less cost of goods sold Net income or (loss) from sal			0			
		Miscellaneous Reveni		Business Code		50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1225	The Care Service
						the strange of the state of the	and the state of the state of	المتعلم والمستعددة
11a								
b	٠.				-			
°		All other comments						
4		All other revenue			0	· 1/4 / 3/4 / 4/	H 3 24 834 15 15 15	संग्रहरू
1 2 e		Total. Add lines 11a-11d · · · Total Revenue. See instructio		Y Committee of the Comm	2,384,953	269,744	11-11-11-1	
1 1 4		i otal Mayanua. See instituctio	<i>,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	2,304,933	209, 144	<u></u>	59,05

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Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and			12 S. W. 11. 32	The Second Second		
	organizations in the U.S. See Part IV, line 21	2,974,381.	. 2,974,381.	With hall the trocket	法 法 流		
2	Grants and other assistance to individuals in			使用的	A CONTRACTOR OF THE STATE OF TH		
	the U.S. See Part IV, line 22	0.		- Tank	等级是 医线型		
3	Grants and other assistance to governments,			Sec. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1			
	organizations, and individuals outside the			3-1	E 1 安水石 医外节		
	U.S. See Part IV, lines 15 and 16			是"伊沙克"	度,古人, 经营业		
4	Benefits paid to or for members	0.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7		
5	Compensation of current officers, directors,						
	trustees, and key employees	209,692.	0.	83,877.	125,815		
6	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	183,001.	42,895.	41,219.	98,887		
8	Pension plan contributions (include section 401(k	'					
	and section 403(b) employer contributions)						
9	Other employee benefits			4,177.	10,438		
10	Payroll taxes	23,437.	2,764.	7,314.	13,359		
11	Fees for services (non-employees)	İ					
а	Management	0.					
	Legal	0.					
С	Accounting	61,839.		61,839.			
d	Lobbying	0.					
e	Professional fundraising services See Part IV, line 17	0.	Part Care	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
f	Investment management fees	51,739.		51,739.			
g	Other	0.					
12	Advertising and promotion	0.					
13	Office expenses	0.					
14	Information technology	0.					
15	Royalties	0.					
16	Occupancy	16,881.		5,268.	9,622		
17	Travel	19,174.	2,261.	5,984.	10,929		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	0.					
19	Conferences, conventions, and meetings	2,823.		2,823.			
20	Interest	0.		_			
2 1	Payments to affiliates	0.					
2 2	Depreciation, depletion, and amortization	376.		376.			
23	Insurance	19,559.		19,559.			
24	Other expenses Itemize expenses not						
	covered above (Expenses grouped together			建	· 大学 · 一		
	and labeled miscellaneous may not exceed	, T					
	5% of total expenses shown on line 25 below)		10 10 M 15 7 1	() ()	The state of the s		
_	STRATEGIC PARTNER DEVELOPMEN	20,530.			20,530		
_	REPAIRS AND MAINTENANCE	19,691.	2,322.	6,145.	11,224		
-	EXPENSE REIMBURSEMENTS	12,079.	12,079.				
-	SCHOLARSHIPS	10,856.	10,856.				
е ·	AWARDS AND DONOR RECOGNITION	10,277.		3,207.	5,858		
	All other expenses	50,015.	2,761.	18,808.	28,446		
5	Total functional expenses. Add lines 1 through 24f	3,705,794.	3,058,351.	312,335.	335,108		
	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						

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Pa	ırt X	Balance Sheet		_	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	78,534.	<u> </u>	60,890.
	2	Savings and temporary cash investments	4,327,548.	2	1,986,094.
	3	Pledges and grants receivable, net	356,861.	3	218,800.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of		:	大大學的 "
		Schedule I		5	
	6	Receivables from other disqualified persons (as defined under section	'y	2,3	11 人以好 19 品
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or 10a 35,491.		, ,	
		other basis Complete Part VI of Schedule D	and the second of the second	. `	
	ь	Less accumulated depreciation	848.	10c	
	11	Investments - publicly traded securities	12,192,073.	11	13,403,784.
	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	9,905,689.	15	9,743,824.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	26,861,553.	16	25,413,864.
\Box	17	Accounts payable and accrued expenses	13,240.	17	14,571.
	18	Grants payable		18	
ĺ	19	Deferred revenue		19	222,664.
	20	Tax-exempt bond liabilities		20	
ဖွ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key	514 . OT .A	i,	the state of the
Ž		employees, highest compensated employees, and disqualified	14 m	- "	
7		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
- [25	Other liabilities. Complete Part X of Schedule D	1,854,359.		1,705,012.
	26	Total liabilities. Add lines 17 through 25	2,407,849.		1,942,247.
		Organizations that follow SFAS 117, check here ► X and		7.2.	11.1
Ses		complete lines 27 through 29, and lines 33 and 34.	1. The 14 of 14	~,'	
au	27	Unrestricted net assets	5,627,963.	27	6,089,031.
Fund Balances	28	Temporarily restricted net assets	6,911,215.	28	5,425,805.
5	29	Permanently restricted net assets	11,914,526.	29	11,956,781.
or Fu		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
क	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	24,453,704.	33	23,471,617.
	34	Total liabilities and net assets/fund balances	26,861,553.	34	25,413,864.
	<u></u>	The state of the s		~~	

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Pa	art XI Financial Statements and Reporting			
	<u> </u>		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	,	-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	, i.,), ···,	
	Schedule O			3,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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 c	Х	ĺ
	If the organization changed either its oversight process or selection process during the tax year, explain in	.1.	, 1	
	Schedule O			3
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	٠ .	, -,	
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis	4	172	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
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	3 b		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization

Employer Identification number

I EXA:	PARKS &	MITOTIEF E	OUNDATION INC					Ī	14-26	02504
Part I	Reason f	or Public Chai	rity Status (All organ	nizations r	nust comp	lete this	part.) Se	e instru	ctions	
The or	ganization is n	ot a private four	idation because it is (For lines 1	through 11	, check or	nly one bo	x)		
1	A church, c	convention of chi	urches, or association	of churche	s described	in sectio	n 170(b)	(1)(A)(i).		
2	A school de	escribed in secti	on 170(b)(1)(A)(ii). (At	tach Sched	dule E)					
3	A hospital of	or a cooperative	hospital service organ	nization des	cribed in se	ction 170)(b)(1)(A)	(iii).		
4	A medical	research organ	ization operated in co	njunction	with a hos	spital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
_	_	ame, city, and st				•				. ,. ,
5	An organiz	ation operated t	or the benefit of a co	llege or ur	niversity ow	ned or o	perated	by a gov	ernmental	unit described in
	_		Complete Part II)	•	·			, ,		
6	_		vernment or governme	ental unit d	escribed in a	section 1	70(b)(1)(A)(v).		
7	-	_	ally receives a substan						or from t	he general public
_	_		(1)(A)(vi). (Complete F			·	_			
8	7		ed in section 170(b)(1)	=	omplete Par	t II)				
9	⊣	-	ally receives (1) more		-	-	m contrib	outions, r	nembersh	ip fees, and gross
_	_		ated to its exempt fur							•
			ment income and un		•		-			
		-	n after June 30, 1975.							
10		-	and operated exclusive					-		
1 X		-	and operated exclus	•		•				to carry out the
	_		publicly supported org							
		-	at describes the type of					-		
	a X Typ		Type II c	_	e III - Fund					pe III - Other
е			ertify that the organiz			-	-	rectly by		•
		•	tion managers and oth				•			•
	•	r section 509(a)	_			pas, .		- 0.g <u>-</u>		
f		, ,	d a written determina	tion from	the IRS tha	atitis a	Type I 1	voe II o	r Type III	supporting
•	_	n, check this box					.,,,,,	,,, -	, , ,	
g	•		the organization acce	oted any o	ift or contri	bution fro	m anv of	the		
9	following pe			, pro , 2	,		,			
	• ,		or indirectly controls	either al	one or toa	ether wit	h person	s describ	oed in (ii)	Yes No
	• • • •		erning body of the sup		_				,	11g(l) X
		-	person described in (i) a	_						11g(ii) X
		•	of a person described		above?					11g(iii) X
h		· ·	ation about the suppo		•					5, 1
	ne of supported	(II) EIN	(iii) Type of organization		organization	(v) Did v	ou notify	(vl) I	s the	(vii) Amount of
	ganization	(11) 2.114	(described on lines 1-9	ın col (i) lı	sted in your	the organ	nization in	organizat	tion in col	support
			above or IRC section (see instructions))	governing	document?		of your port?		zed in the S?	
			(see measurement)	Yes	No	Yes	No	Yes	No	
						<u> </u>		-		
דיד	ACHMENT	1								
****	110111111111						-			
					 	† — — —				
									 	
									† †	
				•						
		J-	1,016%	 	54	2. 25				
otal		•	1 ' , , ; ' '		>	: ·	`		.	

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Pa	Support Schedule for On (Complete only if you chec	rganizations (ked the box o	Described in S In line 5, 7, or	Sections 170(8 of Part I)	(b)(1)(A)(iv) a	nd 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Çal	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")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	1					
3	The value of services or facilities furnished by a governmental unit to the organization without charge	1					
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each					1	
	person (other than a governmental unit or		Ť.				I
	publicly supported organization) included				8		
	on line 1 that exceeds 2% of the amount		d.				
	shown on line 11, column (f)	# : : : : :		ورد فداد المستجود عيا	(فيأخيج حبال	
6	Public support. Subtract line 5 from line 4	<u> </u>	il				
	tion B. Total Support	<u> </u>	T				
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						··
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f	or the organizat	tion's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here			. <u> </u>	· · · · · · · · ·		<u> ▶ </u>
Sec	tion C. Computation of Public Sup					, . ,	
14	Public support percentage for 2009 (II					l I	%
	Public support percentage from 2008						%
l 6 a	331/3% support test - 2009. If the o	•					
	this box and stop here. The organization			-			
b	331/3% support test - 2008. If the c						•
	check this box and stop here. The organization		•	•			
7 a	10%-facts-and-circumstances test - 2	_					
	or more, and if the organization me					•	•
	Part IV how the organization meets t			_	•		upported
	organization						▶ ∟
b	10%-facts-and-circumstances test - 2	-	•				
	15 is 10% or more, and if the orga						-
	Explain in Part IV how the organization				=		publicly
	supported organization						▶ ∟
8	Private foundation. If the organization	n did not chec	k a box on line	13, 16a, 16b	, 17a, or 17b,	check this box	and see
							— 1

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)

Sec	tion A. Public Support						
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	ĺ					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						-
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities	******					
	furnished by a governmental unit to the		i				
	organization without charge						
6	Total. Add lines 1 through 5						+
	Amounts included on lines 1, 2, and 3						
, a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13						
_	for the year						
8	Public support (Subtract line 7c from	[217 2 72	1. 3.5 3.6 5.1.5	· 14点()。(h 2 " () (+
Ü	line 6)		أوم والمراجعة				3
Sec	tion B. Total Support	74. 5 44 45 16 4 1 1	ALTERNATION OF	2 2 2 milk to mother #	alteriors	100 PE 11 - 20 PE	<u> </u>
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	(0, 2000	(2,2000	(0) 2001	(0) 2000	(0) 2000	(1) 10(8)
	Gross income from interest, dividends,		i	 .			
	payments received on securities loans,						
	rents, royalties and income from similar						
	Unrelated business taxable income (less						
U	, ,						
	section 511 taxes) from businesses			•			
	acquired after June 30, 1975			I			
	A 441 40 405	1					
11	Add lines 10a and 10b						
	Net income from unrelated business						
	-						
	Net income from unrelated business activities not included in line 10b,						
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
13	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
13	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
13	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percenta	ge	<u> </u>			
13 14 Sec	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percenta	ge	<u> </u>			
13 14 Sec:	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percenta	ge d by line 13, colum	nn (f))	· · · · · · · · · · · · · · · · · · ·		▶ □
13 14 Sect 15	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percenta column (f) divided dule A, Part III, line	ge d by line 13, colum	nn (f))	· · · · · · · · · · · · · · · · · · ·	15	%
13 14 Sec: 15 16 Sec:	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percenta column (f) divided dule A, Part III, line tt Income Perc	ge d by line 13, colume 15	nn (f))		15	%
13 14 Sect 15 16 Sect	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percenta column (f) divided dule A, Part III, line at Income Percente 10c, column (f)	ge d by line 13, colume 15 centage) divided by line 1	nn (f))		15 16	⊳
13 14 Sec: 15 16 17	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percenta column (f) divided dule A, Part III, line at Income Percente 10c, column (f) Schedule A, Part I	ge d by line 13, colume 15	3, column (f))		15 16 17 18	% % %
13 14 Sec: 15 16 17	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percenta column (f) divided dule A, Part III, line at Income Percente 10c, column (f) Schedule A, Part I ganization did no	ge d by line 13, colume 15	3, column (f))	line 15 is more	15 16 17 18 2 than 331/3 %	% % % % and line
113 114 115 116 117 118	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percenta column (f) divided dule A, Part III, line at Income Percente 10c, column (f) Schedule A, Part II ganization did no is box and stop	ge d by line 13, colume 15 centage) divided by line 1 III, line 17 ot check the box here. The organ	3, column (f))	line 15 is more	15 16 17 18 e than 331/3 %, supported organ	% % % and line
113 114 Sec: 115 116 Sec: 117 118	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percenta column (f) divided dule A, Part III, line at Income Percente 10c, column (f) Schedule A, Part I ganization did no anis box and stop anization did not	ge d by line 13, colume 15 centage divided by line 1 it check the box on here. The orgathers	3. column (f)) on line 14, and unization qualifies the 14 or line 19	line 15 is more as a publicly s	15 16 17 18 e than 331/3 %, supported organ more than 331	% % % % and line nization /3 %, and
15 16 Sec: 17 18 19a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percenta column (f) divided dule A, Part III, Inne it Income Perc ne 10c, column (f) Schedule A, Part I ganization did no is box and stop anization did not this box and sto	ge d by line 13, colume 15 centage d divided by line 1 bit check the box on here. The orgathere. The orgathere.	3, column (f)) on line 14, and inization qualifies ine 14 or line 19 anization qualifier	line 15 is more as a publicly sa, and line 16 is s as a publicly s	15 16 17 18 2 than 331/3 %, supported organ more than 331 supported organ	% % % and line nization // 3%, and

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

				ATTAC	HMENT 1	
SCHEDULE A. PART I - INFORMATION ABOUT SUPPORTED OR (I) NAME OF SUPPORTED ORGANIZATION	GANIZATIONS (II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF
TEXAS PARKS AND WILDLIFE DEPARTMENT	74-1680372	02	х	х	х	2,974,381
TOTAL AMOUNT OF SUPPORT						2,974,381.

SCHEDULE D (Form 1041)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2009

Department of the Treasury Internal Revenue Service Name of estate or trust

TEXAS PARKS & WILDLIFE FOUNDATION INC

Employer identification number

74-2602504

	Short-Term Capital Gains and L			ar or Less	1	. 1	
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see page 4 of instructions)	the	(f) Gain or (loss) fo the entire year Subtract (e) from (d
l a							
						j	
			-				
					1		
b	Enter the short-term gain or (loss), if any,	from Schedule D	-1, line 1b			1b	
	Short-term capital gain or (loss) from For	ms 4684, 6252,	6781, and 882	4		2	
				4-4			
	Net short-term gain or (loss) from partner Short-term capital loss carryover Enter the					3	
	Carryover Worksheet					4	(
	Net short-term gain or (loss). Combine lin	nes 1a through 4	ın column (f)	Enter here and on lin	e 13,	5	
ar	column (3) on the back	es - Assets Held	More Than On	e Year		<u> </u>	
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other to (see page 4 of to instructions)	the	(f) Gain or (loss) fo the entire year Subtract (e) from (d
а							
_							
_							
	Enter the long-term gain or (loss), if any,	from Schedule D-	1, line 6b			6 b	-181,88
							-181,88
	Long-term capital gain or (loss) from Form	ns 2439, 4684, 6	3252, 6781, an	d 8824		7	-181,88
		ns 2439, 4684, 6	3252, 6781, an	d 8824			-181,88
	Long-term capital gain or (loss) from Form	ns 2439, 4684, 6	3252, 6781, an	d 8824		7	-181,88
	Long-term capital gain or (loss) from Form Net long-term gain or (loss) from partners Capital gain distributions Gain from Form 4797, Part I	ns 2439, 4684, 6	6252, 6781, an	d 8824		7 8 9	-181,88
b	Long-term capital gain or (loss) from Form Net long-term gain or (loss) from partners Capital gain distributions Gain from Form 4797, Part I Long-term capital loss carryover Enter the	ns 2439, 4684, 6 ships, S corporate	6252, 6781, and other of the constant of the c	d 8824		7 8 9	-181,88
	Long-term capital gain or (loss) from Form Net long-term gain or (loss) from partners Capital gain distributions Gain from Form 4797, Part I	ships, S corporate	ons, and other of	estates or trusts		7 8 9	

Sche	dule D (Form 1041) 2009				Page 2
Pa	rt Summary of Parts I and II Caution: Read the instructions before completing this par		(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)		(coopege c)		
14	· · · · · · · · · · · · · · · · · · ·				
а	Total for year14	a			-181,886.
	Unrecaptured section 1250 gain (see line 18 of the wrksht) 14				
С	28% rate gain 14	С			
15	Total net gain or (loss). Combine lines 13 and 14a ▶ 15	5			-181,886.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 9 art V, and do not complete Part IV if line 15, column (3), is a net loss, complete Part I				
Pa	rt IV Capital Loss Limitation				· -
16					
а	The loss on line 15, column (3) or b \$3,000. If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, wover Worksheet on page 7 of the instructions to figure your capital loss carryover			16 (3,000
Note	e: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, rover Worksheet on page 7 of the instructions to figure your capital loss carryover	line 2	?2 (or Form 990-T, II	ne 34), is a loss, comp	lete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rates				
	n 1041 filers. Complete this part only if both lines 14a and 15 in column	(2) a	re gains, or an am	nount is entered in F	Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more th				
	tion: Skip this part and complete the worksheet on page 8 of the instruction	ns If			
	ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				aaama .a Dad l
	n 990-T trusts. Complete this part only if both lines 14a and 15 are ga orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part ai				
	er line 14b, col (2) or line 14c, col (2) is more than zero		implete the works	sheet on page o or	the matractions in
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)		17	<u> </u> ;	
18	Enter the smaller of line 14a or 15 in column (2)	• • •	7.4		
10	but not less than zero		5	;	
19	Enter the estate's or trust's qualified dividends			\frac{2}{3}_{11},	
15	from Form 1041, line 2b(2) (or enter the qualified		25/1	1.1.43	
	dividends included in income in Part I of Form 990-T) 19		15		
20	Add lines 18 and 19 20	. — .			
21	If the estate or trust is filing Form 4952, enter the		1.4	'	
	amount from line 4g, otherwise, enter -0 ▶ 21		2.4	(· · · · · · · · · · · · · · · · · · ·	
22	Subtract line 21 from line 20 If zero or less, enter -0		22		
23	Subtract line 22 from line 17 If zero or less, enter -0-		23		
24	Enter the smaller of the amount on line 17 or \$2,300		24		
25	Is the amount on line 23 equal to or more than the amount on line 24?				
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box			ľ	
	No. Enter the amount from line 23		25		
26	Subtract line 25 from line 24		26		
27	Are the amounts on lines 22 and 26 the same?				
	Yes. Skip lines 27 thru 30 go to line 31 No. Enter the smaller of line 17 or line 22		27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
	O https://www.hos.20.form.hos.27		30		
29	Subtract line 28 from line 27			30	
30	Multiply line 29 by 15% (15)	 ched		· · · · · · · · - · · - · · · - · · · - · · · - · · · ·	
31	(see the Schedule Ginstructions in the instructions for Form 1041)				
	(see the Schedule Ginstructions in the instructions for Form 1041)			• • • • • • • • • • • • • • • • • • • •	
22	Add lines 30 and 31			32	
32 33	Add lines 30 and 31	 chedi	ule for Estates an	· · · · 	
	(see the Schedule Ginstructions in the instructions for Form 1041)				
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here				

G, line 1a (or Form 990-T, line 36) . . .

Employer identification number

TEXAS PARKS & WILDLIFE FOUNDATION INC 74-2602504 Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (d) Sales price (see page 4 of the instructions) (b) Date (e) Cost or other basis (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (f) Gain or (loss) Subtract (e) from (d) (c) Date sold (see page 4 of the instructions) acquired (mo , day, yr) (mo , day, yr) 6a VARIOUS SALE OF SECURITIES **VARIOUS** 13,709,820. 13,891,706. -181,886. -181,886.

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV. line 6, 7, 8, 9, 10, 11, or 12. <u> 2009</u>

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury internal Revenue Service

Name of the organization Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Employer identification number TEXAS PARKS & WILDLIFE FOUNDATION INC 74-2602504 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 1 373.44 0 Number of conservation easements on a certified historic structure included in (a) 2c 0 Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year ▶ _ Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 40.00 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

. :

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Pa	Companizations Maintain	ing Collections	of Art, Histo	rical Treasure	s, or 0	ther Similar	Assets (co	<u>entinue:</u>	d)
3	Using the organization's acquisition	n accession and	other records	check any of t	he fallo	wing that are a	significant	use of it	e
·	collection items (check all that app		01.101 1000100	, oncor any or c		wing that are a	3.griillearit	use of it	.5
а	Public exhibition	·· · /	a F] Loan or ex	change	programs			
b	Scholarly research		e –	Other	containge	programs			
c	Preservation for future ge	anerations	•						
			s and avalage	how thou further	r the er	annizotion'n ov	omet euro		
4	Provide a description of the organ	ization's collection:	s and explain	now they further	r the ori	ganization's ex	empt purp	ose in	
_	Part XIV.			£			1		
5	During the year, did the organizati							٦	<u> </u>
	assets to be sold to raise funds rat							Yes	No
Pa	rt IV Escrow and Custodial A IV, line 9, or reported ar				n answ	ered "Yes" to	Form 990	, Part ———	
1.	Is the organization an agent, truste	e custodian or of	her intermedi	any for contribute	one or	other accets no	\		
ıa	included on Form 990, Part X?						_	Yes	No
	If "Yes," explain the arrangement in						· · · · L	_ res	NO
b	it res, explain the arrangement if	TPAIL AIV AIIU COII	ubiete trie ioii	owing table					
	December to the second					A	mount		
C	Beginning balance								
d	Additions during the year				-				
е	Distributions during the year								
f	Ending balance				-				, ,
	Did the organization include an am		D, Part X, line	217				Yes	No
	If "Yes," explain the arrangement in								
Pai	t V Endowment Funds. Con		ation answe						
		(a) Current Year	(b) Prior ye			(d) Three yes		(e) Four y	
1 a	Beginning of year balance			1. 公共10.	The Ti	7 1 1	7, 18, 1€.		
b	Contributions				12.24	「「新江江港」とな		A 1950 1 18	
С	Net investment earnings, gains,		1	Car. A. A.	被各省				6.1 ve
	and losses			11. 11.	1.13			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
d	Grants or scholarships			14 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	198	· 其一新海 (17)	學生 李塚	"Gr."	
е	Other expenditures for facilities .	<u>-</u>		10000	1.5	建筑,积地建	3	2 take	10.4
	and programs				, sale : "				- 19 A
f	Administrative expenses			N. 7. 3.	i in	· 横江 · 杨元	34	APPRICA	
g	End of year balance			11/2 - 12/2 - 12		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1 1 2 2 3	13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
2	Provide the estimated percentage	of the year end ba	lance held as						
а	Board designated or quasi-endown		%						
b		%							
С	Term endowment ▶	%							
	Are there endowment funds not in	• * *	f the organiza	tion that are hel	d and a	dministered for	the		
	organization by							Y	es No
	(i) unrelated organizations	<i></i>						3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related org							3b	
4	Describe in Part XIV the intended u				• • • •				
Par	t VI Investments - Land, Buil				rt X Iın	e 10			
rai		- · · · · · · · · · · · · · · · · · ·					(4)	Doole color	
	Description of investment		or other basis vestment)	(b) Cost or other basis (other)	, (depreciation	(0)	Book value	B
1 a	Land					- '5			
b	Buildings						···		
С	Leasehold improvements								
d	Equipment			35,4	91	35,019	·		472.
е	Other	<u>.</u>							
Tota	I. Add lines 1a through 1e (Column	(d) must equal Fo	orm 990, Part	K, column (B), lın	e 10(c)) ▶			472.
									

Part VII	Investments - Other Securities. See F	orm 990, Part X, lin	e 12	
·	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
Financial d	lerivatives			
Closely-hel	ld equity interests			
Other				
				··· ·
				
-				
			<u> </u>	
-		_	· · · · · · · · · · · · · · · · · · ·	
Total. (Colum	in (b) must equal Form 990, Part X, col (B) line 12)		Street Land	The second of the second
Part VIII		orm 990, Part X, lin	· · · · · · · · · · · · · · · · · · ·	
	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
				 - — —
	n (b) must equal Form 990. Part X. col. (B) line 13.)		The state of the s	A CONTRACTOR OF STREET
Part IX	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. See Form 990, Part X, II	ne 15	1 12 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 h 1
raitin		Description		(b) Book value
CONSERV	ATION EASEMENT			8,000,000
	INTEREST RECEIVABLE			38,812
	INVESTMENTS			1,705,012
				9,743,824
	n (b) must equal Form 990, Part X, col (B) line 15)		<u></u>	7,143,044
Part X	Other Liabilities. See Form 990, Part X			<u> </u>
1.	(a) Description of liability	(b) Amount		
Federal inc	investments	1,705,012.		
AGENCI	INVESTMENTS	1,700,012.		
				20
				29
				10
Total (Column	in (b) must equal Form 990, Part X, col. (B) line 25.)	1,705,012.		

Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,384,953
2		2	3,705,794
3		3	-1,320,841
4		4	338,754
5		5	
6		6	
7		7	
8		8	
9		9	338,754
10		0	-982,087
Part :	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	rn	·····
1	Total revenue, gains, and other support per audited financial statements	1	2,780,770
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•	
а	Net unrealized gains on investments		1
b	Donated services and use of facilities	7	
С	Recoveries of prior year grants 2c	7	i
d	Other (Describe in Part XIV) 2d 108,802	╗.	
е	Add lines 2a through 2d	2e	447,556
3	Subtract line 2e from line 1	3	2,333,214
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	. 1	
	Other (Describe in Part XIV)	7	
	Add lines 4a and 4b	4c	51,739.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		2,384,953.
Part 2	Kill Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn	
1	Total expenses and losses per audited financial statements	1	3,762,857.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	_J, ,	
b	Prior year adjustments 2b	7 ;	
С	Other losses 2c]	
d	Other (Describe in Part XIV) 2d 108,802	7	
е	Add lines 2a through 2d	2 e	108,802.
3	Subtract line 2e from line 1	3	3,654,055.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	:	,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 51, 739		
	Other (Describe in Part XIV)] '	(
С	Add lines 4a and 4b	4 c	51,739.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,705,794.
Part 2	Supplemental Information		
and 2b this pai	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also rt to provide any additional information PAGE 5	comp	olete

FUNDRAISING EVENT EXPENSES

SCHEDULE D, PART XII, LINE 2D AND PART XIII, LINE 2D

NETTED WITH FUNDRAISING EVENT REVENUES ON STATEMENT OF REVENUE, REPORTED

AS SEPARATE EXPENSE ITEM ON AUDITED FINANCIAL STATEMENTS.

REPORTING OF CONSERVATION EASEMENT

SCHEDULE D, PART II, LINE 9

THE CONSERVATION EASEMENT IS REPORTED ON THE STATEMENT OF FINANCIAL POSITION AT ESTIMATED FAIR VALUE ON DATE OF GRANT. THE EASEMENT VALUE WAS CALCULATED AT 50% OF TOTAL ACREAGE VALUE AND WAS APPROVED BY THE INTERNAL REVENUE SERVICE. ATTACHED TO THE RETURN IS THE FOOTNOTE TO THE FINANCIAL STATEMENTS REGARDING THE CONSERVATION EASEMENT.

MONITORING OF CONSERVATION EASEMENT

SCHEDULE D, PART II, LINE 5

THE CONSERVATION AGREEMENT BETWEEN CANADIAN RIVER CATTLE COMPANY, L.P.

AND TEXAS PARKS AND WILDLIFE FOUNDATION, INC. IS FOR THE PURPOSE OF

ASSURING THAT THE PROPERTY WILL BE RETAINED FOREVER PREDOMINANTLY IN ITS

NATURAL CONDITION TO PREVENT ANY USE OF THE PROPERTY THAT WILL

SIGNIFICANTLY IMPAIR OR INTERFERE WITH THE CONSERVATION VALUE OF THE

PROPERTY. THE ORGANIZATION HAS BEEN GRANTED ACCESS TO THE PROPERTY WITH

AT LEAST FOURTEEN DAYS PRIOR WRITTEN NOTICE OF THE PROPOSED TIME OF ENTRY

AND NOT TO EXCEED TWO CONSECUTIVE DAYS WITH NO MORE THAN TWO ENTRIES TO

BE ALLOWED PER CALENDAR YEAR FOR THE PURPOSE OF MONITORING, INSPECTING

AND RESPONDING TO VIOLATIONS AND ENFORCING CONSERVATION EASEMENTS. THE

ENTRIES MAY NOT OCCUR DURING ANY HUNTING SEASON APPLICABLE TO THE

Part XIV Supplemental Information (continued)

PROPERTY. ASIDE FROM THE TWO FOUNDATION ENTRIES PER YEAR, TEXAS PARKS AND WILDLIFE DEPARTMENT EMPLOYEES HAVE BEEN GIVEN READY ACCESS TO MONITOR THE PROPERTY, HAVE DEVELOPED STRONG, ON-GOING WORKING RELATIONSHIPS WITH THE PROPERTY OWNERS AND STAFF MEMBERS AND VISIT THE RANCH REGULARLY.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete If the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or If the organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ. See separate Instructions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name	of the organization					Employer identification	on number
TEX	AS PARKS & WILDLIFE FOUND	ATION INC			·	74-260250	4
Par	Form 990-EZ filers are not	required to comp	lete this	part.			17
1	Indicate whether the organization rai	sed funds through	any of the	following	activities Check a	all that apply	
а	Mail solicitations	е			non-government g		
b	Internet and email solicitations	f	1 1		government grants	S	
С	Phone solicitations	g	Spe	cial fundra	ising events		
đ	In-person solicitations						
2 a	Did the organization have a written of key employees listed in Form 990	or oral agreement w b, Part VII) or entity	vith any in in connec	dividual (in ction with p	icluding officers, d professional fundra	irectors, trustees ising services?	Yes No
b	If "Yes," list the ten highest paid individue to be compensated at least \$5,000 to	viduals or entities (fundraiser	s) pursuar	nt to agreements (under which the fun	draiser is
	(i) Name of individual or entity (fundraiser)	(II) Activity			(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (l)	(vi) Amount paid to (or retained by) organization
		· · · · · · · · · · · · · · · · · · ·	Yes	No			
				<u> </u>			
			<u> </u>				
		!					
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			<u> </u>	-			
				ĺ			
			1				
	-						
				L			
	<u> </u>						
	st all states in which the organizati gistration or licensing	on is registered o	r licensed	d to solici	t funds or has b	een notified it is	exempt from
							-
							
			_				

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.									 3, or re 300.	porte	∍d		
			EXPO) BA	Event #1 NQUET	NO	(b) Event #2 NE (event type)		(c) Other Events (total number)) (a	(d) Tota add col (col		
Revenue	1 2	Gross receipts			836,003.							836	,003
u.		contributions	<u> </u>		486,256.					_		486	,256
_	'	minus line 2)			349,747.					-		349	,747
	4	Cash prizes								_			
	5	Noncash prizes								-			
Direct Expenses	6	Rent/facility costs	-	·						+			<u>-</u> .
	7	Food and beverages			33,212.			-		+		33	,212
	8	Entertainment			10,000.	-				+		10	,000
	9	Other direct expenses			65,590.					\perp		65	,590
	11	Direct expense summary. Add lines 4 Net income summary. Combine line 3 Gaming. Complete if the org	3, colu anıza	umn (d	i), and line 1 answered "	O	<u> </u>		<u> ></u>	•		240	802.) ,945
	Γ	than \$15,000 on Form 990-	EZ, lir		Bingo		b) Pull tabs/instant	t	(c) Other gaming	(d)	Total ga	——— amıng	(add
Revenue							go/progressive bin				(a) thro		
		Gross revenue			-					+			
Expenses		? Cash prizes			· · ·								
ರ		Noncash prizes		·						+			
Ore		Other direct expenses			•								
		Volunteer labor		Yes No	%		Yes	_%	Yes%	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	物	THE STATE OF	
	7	Direct expense summary Add lines 2	ł throu	ıgh 5	ın column (d	١				- ()
	8	Net gaming income summary Comb	ine lin	e 1, c	olumn d, and	line	7	<u></u>	<u> </u>			Γ.,	I
	a Is	Enter the state(s) in which the organizat s the organization licensed to operate of f "No," explain									9a	Yes	No A
		Vere any of the organization's gaming i							g the tax year?		10a	1 (m) (1)	
1	-								·				The state of the s
11 12	ŀ	Does the organization operate gaming as the organization a grantor, beneficiary ormed to administer charitable gaming?	y or tru								. 11	, ,	Z - F

or spent in the organization's own exempt activities during the tax year > \$

Schedule G (Form 990 or 990-EZ) 2009

17

Mandatory distributions

SCHEDULEI (Form 990)

Department of the Treasury

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047	2009
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Open to Public Inspection å

► Attach to Form 990.

× Employer Identification number 74-2602504 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part I General Information on Grants and Assistance TEXAS PARKS & WILDLIFE FOUNDATION INC Name of the organization Internal Revenue Service

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 I-1 (Form 990) if additional space is needed. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

		2 2222			٠١		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(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
TEXAS PARKS AND WILDLIFE DEPARTMENT	!						тоитн
8744	74-1680372		417,977			į	OUTREACH
TEXAS PARKS AND WILDLIFE DEPARTMENT							OUTDOOR
4200 SMITH SCHOOL ROAD AUSTIN, TX 78744	74-1680372		404,436				LEARNING
TEXAS PARKS AND WILDLIFE DEPARTMENT							CONSERVATION
8744	74-1680372		235,455				WILDLIFE MGT
TEXAS PARKS AND WILDLIFE DEPARTMENT							EDUCATION/
4200 SMITH SCHOOL ROAD AUSTIN, TX 78744	74-1680372		152,132				TRAINING CTR
TEXAS PARKS AND WILDLIFE DEPARTMENT							STATE PARK
1200 SMITH SCHOOL ROAD AUSTIN, TX 78744	74-1680372		1,764,381				PRESERVATION
2 Enter total number of section 501(c)(3) and government organizations	and governmen	it organizations				•	
3 Enter total plimber of other occasioas	,)					1 1 1 1 1 1 1 1 1 1

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

Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (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) PROGRAMS UNDER THE AUTHORITY OF THE TEXAS PARKS AND WILDLIFE DEPARTMENT ALL GRANTS ARE DISPERSED BASED ON REQUEST FROM THE DEPUTY DIRECTOR FOR (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients PROCESS FOR MONITORING USE OF GRANT FUNDS (a) Type of grant or assistance SCHEDULE I, PART II Schedule I (Form 990) 2009 Part IV Part III

Schedule I (Form 990) 2009

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

Internal Revenue Service Name of the organization

Department of the Treasury

TEXAS PARKS & WILDLIFE FOUNDATION INC

Employer identification number 74-2602504

Par	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	
	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 or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2
		200 3 3
3	Indicate which, if any, of the following the organization uses to establish the compensation of the	2000年
	organization's CEO/Executive Director Check all that apply	
	Compensation committee Written employment contract	
	Independent compensation consultant Compensation survey or study	
	Form 990 of other organizations X Approval by the board or compensation committee	
	During the year did any necessary hated in Form 2000 Part VIII. Cooking A. June 4.5 with respect to the films	
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.	
а	Receive a severance payment or change-of-control payment?	4a X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b X
С	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	的名词称显然 。
		Control of the control
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
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 X
b	Any related organization?	5b X
	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 X
b	Any related organization?	6b X
	If "Yes" to line 6a or 6b, describe in Part III	A . 3
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	
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	
	ın Part III	8 X
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 (ii) 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) Breakdow	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	Les terminals of (2)			i
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other defened compensation	(b) nontaxable benefits	(E) rotal of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	178,02	18,50	2,853.	7,500.	18,895.	225,776.	
JAMES R DAVIS (II)				0.	0	0	
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(0)							
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(ii)							
(1)							
(ii)							
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8							
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(1)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(ii)							
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(ii)							
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(ii)							
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Schedule J (Form 990) 2009

Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TEXAS PARKS & WILDLIFE FOUNDATION INC

Employer Identification number

74-2602504

ATTACHMENT 2

ENFORCEMENT OF WRITTEN CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

THE ORGANIZATION MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY

WHEN NEEDED ON A CASE BY CASE BASIS.

DOCUMENTS AVAILABLE TO PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

PROCESS FOR DETERMINING EXECUTIVE DIRECTOR COMPENSATION

FORM 990, PART VI, SECTION B, LINE 15A

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY THE GOVERNING BOARD.

PARKS AND WILDLIFE FOUNDATION OF TEXAS, INC. Notes to Financial Statements, continued August 31, 2010 and 2009

(6) Net Assets, continued

	2010	2009
Temporarily restricted:	-	
Canoncita Project \$	309,329	\$ 252,608
Game Wardens Training Center	1,298,895	1,159,377
Negley Conservation	36,011	36,011
Sheldon Lake	1,231,681	2,711,745
Rylander Estate	2,034,259	1,935,420
TPWF Scholarships	307,644	316,280
Walmart Water for Texas	58,749	253,073
Other temporarily restricted funds	362,985	362,889
Unappropriated earnings (losses) on donor		
restricted endowment funds, net (note 7)	(213,748)	(116,188)
Total temporarily restricted net assets	5,425,805	6,911,215
Permanently restricted (note 7):		
Parrie Haynes Ranch Mitigation	1,532,500	1,532,500
Sea Center Texas	604,179	603,789
Lone Star Legacy General Fund	599,930	582,130
Palo Duro Canyon State Park	263,850	263,800
Other permanently restricted funds	956,322	932,307
Conservation Easement	8,000,000	8,000,000
Total permanently restricted net assets	11,956,781	11,914,526
Total net assets \$	23,471,617	\$ 24,453,704

The Canadian River Cattle Company, L P. (the Grantor) has granted the Foundation in perpetuity conservation rights to a tract of land in Oldham County, Texas. The easement, which is the right afforded to another person to make limited use of another's real property, was granted to the Foundation in order to preserve the natural, scenic, open space, historical, cultural and educational values of great importance to the Grantor and the people of the state of Texas The terms of the agreement state that the conservation values of the property should be preserved and maintained by permitting only those land uses on the property that do not significantly impair or interfere with ranching, hunting and fishing activities. The easement was recorded at date of grant at an estimated fair value of \$8,000,000.

Form 8868

(Rev January 2011)

Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury

► File a separate application for each return. Internal Revenue Service

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Flectronic filling (affile). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for

	on required to file Form 990-T), or an addition			•							
	quest an extension of time to file any of the										
	Transfers Associated With Certain Person										
) For more details on the electronic filing of										
Part I Au	stomatic 3-Month Extension of Time. C	nly submit	original (no copies needed)								
	on required to file Form 990-T and requesting			box and complete							
•		•		•	▶ □						
All other co	rporations (including 1120-C filers), partners	hips, REMIC	Cs. and trusts must use Form 7004 to	request an extension	of time						
	ne tax returns	,	,	4							
Type or	Name of exempt organization			Employer Identification	n number						
print	TEXAS PARKS & WILDLIFE FOUN	DATION I	INC	74-2602504							
File by the	Number, street, and room or suite no. If a P.O. b	ox, see instru	ctions		· · · · · · · · · · · · · · · · · · ·						
due date for filing your return See instructions P.O. BOX 191207 City, town or post office, state, and ZIP code For a foreign address, see instructions DALLAS, TX 75219											
											
						Enter the R	eturn code for the return that this application	is for (file	a separate application for each return	າ)	01
Application		Return	Application		Return						
ls For		Code	Is For		Code						
Form 990		01	Form 990-T (corporation)		07						
Form 990-B		02	Form 1041-A		08						
Form 990-E		03	Form 4720		09						
Form 990-P		04	Form 5227		10						
		05	Form 6069	· · · · · · · · · · · · · · · · · · ·	11						
	(sec_401(a) or 408(a) trust) (trust other than above)	06	Form 8870		12						
	as are in the care of ► DICK DAVIS	_ 	FAVAL- N								
	ne No ▶ 214 720-1478		FAX No. ▶								
•	anization does not have an office or place of				F						
	for a Group Return, enter the organization's fo										
	le group, check this box		art of the group, check this box	P and att	lacii						
	e names and EINs of all members the exten		award to file Form COO T) extension								
	est an automatic 3-month (6 months for a co		ganization return for the organizatio		avtonejon je						
-		exempt on	gamzation return for the organizatio	ii iiaiiieu above Tiie e	ALCHSION IS						
lor the	organization's return for										
.	calendar year 20 or	/01 200	9 , and ending	08/31 . 20 10							
	tax year beginning09	<u>/01</u> , 20 <u>0</u>	, and ending	00751, 20 10							
	ax year entered in line 1 is for less than 12 r Change in accounting period	months, che	ck reason Initial return	Final return							
3a If this	application is for Form 990-BL, 990-PF, 9	90-T, 4720), or 6069, enter the tentative tax	k, less any							
	fundable credits. See instructions			3a \$							
b if this	application is for Form 990-PF, 990-T	, 4720, oi	r 6069, enter any refundable c	redits and							
	ited tax payments made. Include any prior ye			36 \$							
	ce Due. Subtract line 3b from line 3a Include		nent with this form, if required, by us	sing EFTPS							
/Flectr	ronic Federal Tay Payment System). See instr	uctions		13016							

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