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Department of the Treasury Internal Revenue Service

NSION GRANTED THROUGH 8/1 2 5 Return Storganization Exempt From Scome Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.rs.gov/form990. Open to Public Inspection

A F	or the	2013 calendar year, or tax year beginning OCT 1, 2013 and	ending S	EP 30, 2014								
В	heck if	C Name of organization		D Employer identific	cation number							
	Addres Change	CAL PARLEY S BUIS RANCH FOUNDATION		75 1	000007							
<u></u>	_change	<u> </u>			080987							
	return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number								
	Termin ated	F.O. BOX 1030		806-	372-2341							
	Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	124,914,414.							
	Application	AMARIDO, 12 /JI/4		H(a) Is this a group re	eturn							
	pendin	F Name and address of principal officer MEGAN CRAWFORD		for subordinates	? Yes X No							
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No							
1 7	Tax-exempt status. X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or 527 If "No," attach a list (see instructions)											
		e: ► N/A		H(c) Group exemptio	• •							
K F	Form of organization: X Corporation Trust Association Other L Year of formation: 1960 M State of legal domicile: TX											
	rt I	Summary	1001	or formation, — = = = I	ar otato or jogar dominone. = ==							
<u>ت</u>		Briefly describe the organization's mission or most significant activities: THE	PRTMAR	у кхемрт ріп	RPOSE IS TO							
Governance	1	PROVIDE SUPPORT TO CAL FARLEY'S BOYS RANC	Н, А (CODE SECTION								
139	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.							
ĕ	3	Number of voting members of the governing body (Part VI, line 1a)		3	9							
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	8							
•ජ ග		Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0							
ij	l .	Total number of volunteers (estimate if necessary)		6	8							
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.							
¥		Net unrelated business taxable income from Form 990-T, line 34		7b	0.							
				Prior Year	Current Year							
	8	Contributions and grants (Part VIII, line 1h)		159,691.	92,934.							
e	_	(0.4)(11)		0.	0.							
Revenue	40	Program service revenue (Part VIII, line 2g) A A A A 2015		21,262,014.	25,513,910.							
è	10	invocation income (and thing contains ())	<u> </u>	1,151,098.	1,584,285.							
	111	Other Teveride (Part VIII, Coldmir (A), lines 3, 60, 30, 30, 30, 30, 31, 110, 111	<u> </u>	22,572,803.	27,191,129.							
		Total revenue - add lines 8 through 11 (must equal Part VIII column (A), line 12)										
	1	Grants and similar amounts paid (Part IX, column (A), lines 1:3)		1,625,256.	15,377,287.							
		Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.							
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	_	0.	0.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.							
, be	ь	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>	4 4 4 4 4 4 4	4 5 5 4 6 6 5							
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	1,660,308.	1,571,925.							
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	_	3,285,564.	16,949,212.							
		Revenue less expenses Subtract line 18 from line 12		19,287,239.	10,241,917.							
t Assets or				ginning of Current Year	End of Year							
sets	20	Total assets (Part X, line 16)	3	48,382,538.	371,387,348.							
A.	21	Total liabilities (Part X, line 26)		2,932,126.	12,596,197.							
Net	22	Net assets or fund balances Subtract line 21 from line 20	3	45,450,412.	358,791,151.							
Pa	ırt II	Signature Block										
Und	er pena	Ities of perjury, I declare that I have examined this Jeturn, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and belief, it is							
		t, and complete Declaration of preparer (other their officer))s based on all information of wh										
		N HOUSE DOWN			110115							
Sig	n	Signature of officer		Date	101							
Her		MEGAN CRAWFORD, VICE PRESIDENT FINANCE	& CO	NTROLLER								
1101	·	Type or print name and title										
		Print/Type preparer's name Preparer's signature		Date Check	PTIN							
Paid	1	PAMELA ALEXANDERSON Junela Columbia	Doma	8.3.15 If self-employ	P01218925							
	Preparer Firm's name MOSS ADAMS LLP Firm's EIN 91-0189318											
-	Use Only Firm's address 6565 AMERICAS PARKWAY NE STE 600											
บริย	ALBUQUERQUE, NM 87110 Phone no. 505-878-7200											
_				T Prione no. 30								
		RS discuss this return with the preparer shown above? (see instructions)		الما ما الما	. X Yes No Ferm 990 (2013)							
3320	01 10-2 C			NT CONTINUAT								
	ຣ	EE SCHEDULE O FOR ORGANIZATION MISSION ST	w i diiri	AT COMITMORT	TOM / 1							
					•							

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$

Total program service expenses ► 15,377,287.

Form 990 (2013)

4e

Form 990 (2013) CAL FAR Y'S
Part IV Checklist of Required Schedules

		—	-103	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		i	
	If "Yes," complete Schedule A	1	_X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.5
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to]	7.7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	- 1	v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	_7_		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	х	
4.4	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	-10		
11		5/5/	3	
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	3.7		
a	Part VI	11a	х	
b	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 167 If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	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	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	46.	Ţ	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 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? If "Yes,"			_
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	900	(2013)
		Form	コヨリ	(2013)

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Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, X 22 column (A), line 29 If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X Schedule K. If "No", go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X 25a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 Х 25b Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х 27 of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N. Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N. Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 33 sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 34 Part V. line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Form 990 (2013) O13) CAL FAR. Y'S BOYS RANCH FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			لمصلم
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W.2G included in line 1a. Enter -0- if not applicable	-		
Ь	Enter the humber of Forms W-24 included in line to Enter-of infoct applicable	1		,
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-		
•	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	med for the calcinal year ending with or within the year covered by this retain.	2b		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
-1 a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country:			-
b	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		,	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		32	۲./۰
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		—
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	<u> </u>	>>	┝╌┦
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	-	\vdash \vdash \vdash
a	Did the organization make any taxable distributions under section 4966?	9a 9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	96		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	ľ		
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		G)
''	Gross income from members or shareholders			,
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1/、	* ***	- ` <u>.</u>
~	amounts due or received from them)		,	- 1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Γ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			7
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1		
	organization is licensed to issue qualified health plans . 13b	1		
С	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		L
		Form	990	(2013)

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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.

	to line da, db, di 10b below, describe the cheumstances, processes, di cheunges in denedule di dec instructions.			TTP
~	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			r
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 9			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		4	
	officer, director, trustee, or key employee?	2		X
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 governing documents since the prior Form 990 was filed?	4_		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
ь	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	.30		
9		9		х
Sec	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		21
366	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI.
40	Did the executation have level theretone hyperbox as officiates?	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	7	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		77	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done .	12c	<u>X</u>	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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 independent			, K. V
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			`
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization .	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		₹ _	"
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		`	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		*	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶KY, OR, WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	allable	·	
	for public inspection Indicate how you made these available. Check all that apply	المحالي	-	
40	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	finan	leir	
19		mail	, ai	
~	statements available to the public during the tax year.	n F		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of)(I 🏲		
	MEGAN CRAWFORD - 806-322-2581 600 WEST 11TH STREET, AMARILLO, TX 79174			
	600 WEST 11TH STREET, AMARILLO, TX 79174			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- 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, if any 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

Check this box if neither the organization (A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
ramo and ma	hours per	box	, unie:	ss pe	rson i	than o	an	compensation	compensation	amount of
	week	<u> </u>	сег ал	d a d	recto	r/trus	tee)	from	from related	other
	(list any	rector					ŀ	the	organizations	compensation
	hours for	Į jo	8			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	1 trust) B	npens	ļ	(W-2/1099-MISC)		organization and related
	below	dual tr	tiona	_	ge	st cor	<u></u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			J
DAN ADAMS	1.00									
PRESIDENT	40.00	X		Х			L	0.	243,053.	27,574.
GREG MITCHELL	1.00						l			
CHAIRMAN OF THE BOARD	1.00	X		Х	_			0.	0.	0.
TOM ROACH	1.00									
VICE CHAIRMAN OF THE BOARD	1.00	X		X			L	0.	0.	0.
JOE HOWELL, CPA	1.00								_	_
SECRETARY OF THE BOARD	1.00	X		Х			ļ	0.	0.	0.
BUD JOYNER	1.00	1				Ì	ļ] _		_
DIRECTOR	1.00	X			L	<u> </u>	<u> </u>	0.	0.	0.
MIKE KING	1.00									_
DIRECTOR	1.00	Х	ļ	_	_	<u> </u>	ļ	0.	0.	0.
FAY MOORE	1.00				1					_
DIRECTOR	1.00	X		ļ			ļ	0.	0.	0.
ALAN ROBERSON	1.00	↓								_
DIRECTOR	1.00	X	<u> </u>	<u> </u>		<u> </u>	<u> </u>	0.	0.	0.
RODNEY RUTHART	1.00	١								_
DIRECTOR	1.00	X		_		├		0.	0.	0.
DIEDRE S. BALLOU	1.00	1		.,					120 202	21 024
VICE PRESIDENT	40.00			X	⊢	-		0.	138,292.	21,024.
		ł					ļ			
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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)			
(A)	(B) (C)				(D)	(E)		(F)				
Name and title	Average	(40		Pos		l than d	ne.	Reportable	Reportable		Estima	ted
	hours per	box.	unles	ss per	rson :	s both	an	compensation	compensatio	'n	amoun	t of
	week	offic	er an	dad	irecto	or/trus	iee)	from	from related	1	othe	r
	(list any	ecto			ŀ			the	organization		compens	
	hours for	ξ	8			ated		organization	(W-2/1099-MIS	3C)	from t	
	related	ste (ruste			bensa		(W-2/1099-MISC)			organiza	
	organizations below	al tru	onal t		loye	E 8					and rela	
	line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	rmer				organiza	uons
	1110)	_Ē.	Ë	j0	<u>\$</u>	호등	ય	ļ				
					_	<u> </u>				\longrightarrow		
						<u> </u>						
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		1										
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		1										
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						•						
1b Sub-total				_			—	0.	381,34	45.	48,5	98.
c Total from continuation sheets to Part VI	I Section ∆			•-				0.		0.		0.
d Total (add lines 1b and 1c)	.,						•	0.	381,34	45.	48,5	98.
Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove) wh	o re	eceived more than \$100.				
compensation from the organization	or miniou to an	-			,,,,	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0
compensation from the organization								**-	 -		Yes	No
3 Did the organization list any former officer,	director or tri	ister	ke	V en	nnlo	Wee	or l	highest compensated er	nnlovee on	Γ		
			,	,	٠.۵.٠	,,,,,	· ·	g	р.с, сс с		3	X
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su		0.00	mne	nea	tion	and	oth	per compensation from t	ne organization	 	-	† <u> </u>
									ic organization	ľ	4 X	╁
and related organizations greater than \$150									lual for convece	ŀ	- 	†
5 Did any person listed on line 1a receive or a							lau	ed organization of individ	iuai ioi services	-	5	X
rendered to the organization? If "Yes." corr	<u>rolete Scheduli</u>	e <i>J1</i>	or st	ICh I	oers	on_					3	1 21
Section B. Independent Contractors									1100 000 - f			
1 Complete this table for your five highest co										Jensa ti	on irom	
the organization Report compensation for	the calendar ye	ear e	enair	ng w	ith c	or wi	tnin T		ear.			
(A) Name and business	addrasa							(B) Description of s	anucae	C	(C) ompensati	00
							-					
HIRTLE CALLAGHAN & CO, LI								INVESTMENT/M	ANAGEMEN		0.40	-01
HARBOR DRIVE, STE. 500, V	EST CON	SH	OH	<u>OC</u>	KE	<u>N,</u>	_	T FEES			848,6	98T.
							i					
						_	_					
										İ		
							\dashv					
Total number of independent contractors (noludina but n	ot l	nıtor	d to	thor	مرا م	 tod	ahove) who received m	ore than			
2 Total number of independent contractors (i		OL III	inter	. IO	100	ان ی د ا	, CU	above, who received the	oro u iai i	, -	3	
\$100,000 of compensation from the organi	ZaliOn					-						(0010)

لـــــــــــــــــــــــــــــــــــــ	VII	Check if Schedule O cont		or note to any lir	ne in this Part \/III			<u> </u>
,	·	Oneck if Schedule O Cont	anio a response (or riote to arry III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	ts, and ve 1f	92,934.	· · · · · · · · · · · · · · · · · · ·	,	``	`
$\frac{S}{S}$	h	Total. Add lines 1a-1f	<u> </u>	<u> </u>	92,934.			<i>'</i>
Program Service Revenue	2 a b c d e			Business Code				
	a a	Total. Add lines 2a-2f				(3) (1) (2) (2)		
	3	Investment income (including other similar amounts) Income from investment of tax		>	20143665. 1,576,471.			20143665.
	5 6 a b	Less rental expenses	(i) Real 972. 0. 972.	(II) Personal	1,576,471.	(A) (*) v		13/64/1.
	d 7 a		(i) Secunties 102,463,214.	(II) Other 630 . 316 .	972.			972.
		Less cost or other basis and sales expenses Gain or (loss)	97048285 5414929.	675,000.			`	
		Net gain or (loss)			5,370,245.			5370245.
Other Revenue	8 a	Gross income from fundraisin including \$contributions reported on line	of					
Other R		Part IV, line 18 Less direct expenses Net income or (loss) from fund	. a b draising events		× , , , , , , , ,			, , , , , , , , , , , , , , , , , , ,
		Gross income from gaming ad Part IV, line 19 Less direct expenses	ctivities See _ a _ b				***	÷ , , ,
	10 a	Net income or (loss) from gam Gross sales of inventory, less and allowances	returns . a			in the second		»,
		Less cost of goods sold Net income or (loss) from sale	b s of inventory			<u> </u>		<u> </u>
		Miscellaneous Revenu		Business Code			,	1/2
İ	b			561499	6,842.			6,842.
	C	All other revenue			 			
	a م	Total. Add lines 11a-11d			6,842.	3.	.*.	· ,
	12	Total revenue. See instructions.	·		27191129.	0.	0.	27098195.
33200 10-29	9 - 13							Form 990 (2013)

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ipiete cojumit (A).	
	Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			* *	
	organizations in the United States. See Part IV, line 21	15,377,287.	15,377,287.		
2	Grants and other assistance to individuals in			,	
	the United States See Part IV, line 22			· ·	
3	Grants and other assistance to governments,			, ,	\$.
	organizations, and individuals outside the			· ·	,
	United States See Part IV, lines 15 and 16				* / * /
4	Benefits paid to or for members			,	9,
5	Compensation of current officers, directors,				
	trustees, and key employees		. <u></u>		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes .				
11	Fees for services (non-employees):				
а	Management	2 707		2 707	
b	Legal .	2,707.		2,707.	
С	Accounting .				
d	Lobbying			,	
e	Professional fundraising services. See Part IV, line 17	1,539,162.		1,539,162.	
T .	Investment management fees	1,339,102.		1,339,102.	
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
40					
12	Advertising and promotion Office expenses	1,741.	1	1,741.	
13	Information technology	1,711.		2,7,120	
14	Royalties				· · · · · · · · · · · · · · · · · · ·
15 16	Occupancy				· · · · · · · · · · · · · · · · · · ·
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	935.		935.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered		,	,	`
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)			, , , ,	* .
	amount, list line 24e expenses on Schedule 0.)			,	<u> </u>
а	REAL ESTATE & MINERAL T	27,380.		27,380.	
b			·		
С					
d		<u> </u>			
	All other expenses	16 040 010	15 277 007	1 571 005	
25	Total functional expenses. Add lines 1 through 24e	10,949,212.	15,377,287.	1,571,925.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)	l	I	1	

Par	τX	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	4,631,226.	2	4,738,040.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	10,167.	4	13,233.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			,
		employers and sponsoring organizations of section 501(c)(9) voluntary			^ +
S.		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net .	15,438.	7	13,554.
Ϋ́	8	Inventories for sale or use .		8	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 2,143,620.	\		' / , '/ &
	b	Less accumulated depreciation 10b	1,114,120.	10c	2,143,620.
	11	Investments · publicly traded securities	311,601,597.	11	311,702,247.
	12	Investments - other securities See Part IV, line 11	31,009,655.	12	50,800,828.
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	335.	15	1,975,826.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	348,382,538.	16	371,387,348.
	17	Accounts payable and accrued expenses	72,973.	17	57,751.
	18	Grants payable .		18	
	19	Deferred revenue .		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,		,	** ***
ŧ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		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 (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of	2,859,153.		12 520 446
		Schedule D		25	12,538,446.
	26	Total liabilities. Add lines 17 through 25	2,932,126.	26	12,596,197.
		Organizations that follow SFAS 117 (ASC 958), check here X and			% . I
ses		complete lines 27 through 29, and lines 33 and 34.	322,067,651.	27	334,919,251.
anc	27	Unrestricted net assets	4,929,861.	28	5,408,700.
Bai	28	Temporarily restricted net assets	18,452,900.	29	18,463,200.
pu	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	10,432,300.	29	10,403,200.
Ē		_			,
Net Assets or Fund Balances	20	and complete lines 30 through 34.		30	
set	30	Capital stock or trust principal, or current funds		31	
As	31	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		32	
Net	32 33	Total net assets or fund balances	345,450,412.	33	358,791,151.
_	34	Total liabilities and net assets/fund balances	348,382,538.	34	371,387,348.
	_34	TOTAL HADILLIES AND HEL ASSELS/IUI II DAIGHCES	,,,	<u> </u>	1 2 / 2 / 3 G / / 3 ± 0 •

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

332012

X

Form 990 (2013)

X

2c

За

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Inspection

Inspection

Inspection

Inspection

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

CAL FARLEY'S BOYS RANCH FOUNDATION 75-1080987 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or X more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d ____ Type III · Non-functionally integrated b Type II c Type III - Functionally integrated e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No Х the governing body of the supported organization? 11g(i) X (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (v) Did you notify the (vi) Is the (iv) Is the organization (iii) Type of organization (i) Name of supported (vii) Amount of monetary (ii) EIN orgañizátion in col. ın col. (i) listed in your organization in col. (described on lines 1-9) (i) organized in the organization support governing document? above or IRC section (i) of your support? (see instructions)) Yes No Yes Yes No CAL FARLEY'S 7 Х BOYS RANCH 75-0808768 X X 15,377,287.

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

Schedule A (Form 990 or 990-EZ) 2013

15,377,287.

332021 09-25-13

Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and			1			
	membership fees received (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	zation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
5	by each person (other than a						
	·	,>			' · · ·		
	governmental unit or publicly supported organization) included	* ,	8	* 2	37 2	.>	
	on line 1 that exceeds 2% of the			" '1	\$ ··· -	,	
	amount shown on line 11,	, ·	, , ,	, , , , ,	ζ,	1 12	
	· ·					*	
_	column (f)	· · · · · · · · · · · · · · · · · · ·		* *		8	
	Public support. Subtract line 5 from line 4 ction B. Total Support			<u> </u>	<u> </u>		
		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(C) 2011	(a) 2012	(e) 2013	(1) गिरावा
	Amounts from line 4				<u> </u>		
8	Gross income from interest,					1	
	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	,	. ,	L	<u> </u>	<u> </u>		
12	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	
<u> </u>	organization, check this box and stop ction C. Computation of Publi		centage	-	-		
		<u></u>		-1 (6)		[aa]	
	Public support percentage for 2013 (li			column (t))	-	14	%
	Public support percentage from 2012		•		4 00 4 /00 /	15	<u> </u>
16a	33 1/3% support test - 2013. If the c	_			4 is 33 1/3% or m	ore, check this box	and
_	stop here. The organization qualifies		-		. 45 . 00 4 (00 (
b	33 1/3% support test - 2012. If the o	=			line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances test	-					•
	and if the organization meets the "fac					rt IV how the organ	ization
	meets the "facts-and-circumstances"	=			=		▶∟」
b	10% -facts-and-circumstances test	-			•	•	
	more, and if the organization meets th				•		
	organization meets the "facts-and-circ		-				▶∐
18	Private foundation. If the organization	n did not check a	<u>box on line 13, 16</u>	<u>a, 16b, 17a, or 17b</u>		=	
					Cobe	dula A (Form 900)	000 E7 0040

Schedule A (Form 990 or 990-EZ) 2013

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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support			, <u></u> -						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
	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									
3	Gross receipts from activities that are not an unrelated trade or bus-									
	iness under section 513					 				
4	Tax revenues levied for the organ-									
	ization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 5									
	Amounts included on lines 1, 2, and									
, a	3 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									
c	Add lines 7a and 7b									
8	Public support (Subtract line 7c from line 6)	`;	<i>.</i>			「「数ない」				
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
9	Amounts from line 6					ļ	··· · · · · · · · · · · · · · · · · ·			
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
b	Unrelated business taxable income									
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975									
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,									
	whether or not the business is regularly carried on									
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
	Total support. (Add lines 9, 10c, 11, and 12)	<u> </u>		<u> </u>						
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	tion,			
	check this box and stop here	a Cummant Dan			 		<u> </u>			
	ction C. Computation of Publi	· · · · · · · · · · · · · · · · · · ·								
	Public support percentage for 2013 (I		•	olumn (f))	•	15	%			
	Public support percentage from 2012			·	· · · · · · · · · · · · · · · · · ·	16	%			
	ction D. Computation of Inves			<u> </u>						
	7 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))									
	Investment income percentage from					[18]	%			
19a	33 1/3% support tests - 2013. If the						is not			
	more than 33 1/3%, check this box ar	-	•	•			. ▶∟			
b	33 1/3% support tests - 2012. If the						nd			
	line 18 is not more than 33 1/3%, che						▶⊨			
20	Private foundation. If the organization	n did not check a b	oox on line 14, 19	a, or 19b, check th						
33202	23 09-25-13				Sc	hedule A (Form 990	or 990-EZ) 2013			

Schedule A	(Form 990 or 990-EZ) 2013 CAL	ARLEY'S BOYS RA	ANCH FOUNDA N	75-1080987 Page 4
Part IV	Supplemental Information	Provide the explanations requ	ired by Part II, line 10, Part II, line 17a	or 17b; and Part III, line 12.
	Also complete this part for any add	itional information (See instruc	tions)	
				· · · · · · · · · · · · · · · · · · ·
				
				
				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

olemental Financial Statem

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.rs.gov/form990.

Open to Public

Inspection

Name of the organization

FARI. FV'C BOVC PANCH FOINDATION

Employer identification number

Pa	rt I Organizations Maintaining Donor Advised		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advi	sed funds
Ŭ	are the organization's property, subject to the organization's ex	=	Yes No
6	Did the organization inform all grantees, donors, and donor adv	-	
Ü	for charitable purposes and not for the benefit of the donor or	• •	•
	impermissible private benefit?	derior devisor, or for any other purpose	Yes No
Pai	rt II Conservation Easements. Complete if the organic	unization answered "Yes" to Form 990	
1	Purpose(s) of conservation easements held by the organization		1 44 14, 1110 7
•	Preservation of land for public use (e.g., recreation or edi		storically important land area
	Protection of natural habitat	· —	rtified historic structure
	Preservation of open space	roservation or a co	Timed historic structure
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.	a conservation contribution in the form	of a conservation easement on the last
	day of the tax your.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
c	Number of conservation easements on a certified historic structure.	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	` '	
-	listed in the National Register	or or tryoo, and not on a motorio struct	2d
3	Number of conservation easements modified, transferred, release	ased extinguished or terminated by th	
•	year >	ieea, eningaienea, en terrimatea by an	o organization during the tax
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the perio		-
_	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar		
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above	·	-
	and section 170(h)(4)(B)(ii)?	, ,	Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	. — — —
	include, if applicable, the text of the footnote to the organization		
	conservation easements		
Pai	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		• \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treas	ures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		\$

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

Sche		LEY'S BOYS				<u>75-10</u>		
Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tre	asures, or Othe	r Similar	r Assets	(contin	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that are a s	ignificant u	se of its c	ollection	items
	(check all that apply)							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explair	how they further th	e organization's exe	mpt purpos	se in Part	XIII	
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or other sımıla	r assets		_	
	to be sold to raise funds rather than to be ma		-				Yes	No
Par			ete if the organizatio	n answered "Yes" to	Form 990,	Part IV, li	ine 9, or	
	reported an amount on Form 990, Par			·				
1a	Is the organization an agent, trustee, custodia	an or other intermed	ary for contributions	s or other assets not	ıncluded	_	_	
	on Form 990, Part X?						Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:					
							Amount	
	Beginning balance		•		1c			
	Additions during the year		-		1d			
е	Distributions during the year		•	•	1e			
f	Ending balance				1f		٠	
	Did the organization include an amount on Fo					. L	Yes	∐ No
<u> </u>	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete if				10	•	- ' ' -	
,rai	Lidowinett ands. Complete ii			(c) Two years back	T	oare back	(a) Four	woore book
4	Designation of view belongs	(a) Current year 22,173,688.	(b) Prior year 20,971,853.	18,937,229.	(d) Three y	42,766.		years back 597,238.
	Beginning of year balance	10,300.	50,000.	100.	 	25,000.		83,624.
	Contributions	1,457,391.	1,963,912.	2,944,267.		13,629.	1	855,602.
c	Net investment earnings, gains, and losses Grants or scholarships	2,100,052.				,		
	Other expenditures for facilities							
е	and programs		812,077.	909,743.	8	44,166.		793,698.
	Administrative expenses	844,838.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · ·			,,,,,,,
	End of year balance	22,796,541.	22,173,688.	20,971,853.	18.9	37,229.	19.	742,766.
9 2	Provide the estimated percentage of the curre		·. · ·		1		L	
	Board designated or quasi-endowment	.00	%) 1101 0 0 0.				
	Permanent endowment ► 80.99	%						
		9.01 %						
•	The percentages in lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the posses		tion that are held an	id administered for t	he organiza	ation		
	by	J			J		ſ	Yes No
	(i) unrelated organizations						3a(i)	Х
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds					
Par	t VI Land, Buildings, and Equipme	ent.						
	Complete if the organization answered	l "Yes" to Form 990,	Part IV, line 11a. Se	ee Form 990, Part X,	line 10.			··
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulate	ed	(d) Book	value
		basis (investn		· · · · · · · · · · · · · · · · · · ·	epreciation			
1a	Land	2,143,	520.	\$35			2,143	3,620.
b	Buildings							
С	Leasehold improvements						<u>_</u> _	
d	Equipment .				<u></u>			
e	Other							
Total	. Add lines 1a through 1e. (Column (d) must ed	oual Form 990, Part	X. column (B). line 1	O(c).)				3,620.
						Schedule	D (Form	990) 2013

33205

CAL F. LEY'S BOYS RANCH FOUNDATION			1				
	CAL	F	LEY	'S	BOYS	RANCH	FOUNDATI

Part VIII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation: Cost or er	nd-of-year ma	arket value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other	F 610 0	CF FITE OF I	773 D 373 D 777		
(A) PRIVATE EQUITY FUNDS	5,619,90		EAR MARKET		
(B) HEDGE FUNDS	36,743,8		EAR MARKET		
(C) CLOSED END FUND	8,436,98	B4. END-OF-Y	EAR MARKET	, ATTOR	i
(D)			· · · · · ·		
(E)					
<u>(F)</u>		·			
(G)					
(H)	FO 000 01	00		×	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	50,800,8	28.	* * * * * * * * * * * * * * * * * * * *		· · · · · · · · · · · · · · · · · · ·
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" (a) Description of investment	to Form 990, Part IV, (b) Book value	line 11c. See Form 990, I	Part X, line 13. /aluation: Cost or er	-d of	wient control
	(b) Book value	(C) Method of V	valuation Cost of el	iu-oi-year ma	irket value
(1)					
(2)					
(3)					
(4)			·· ··· · · · · · · · · · · · · · · · ·		
(5)					
(6)					
(8)					
(9)		, «			3
Tota1. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.		<u> </u>			·
	to Form 000 Port IV	line 11d. See Form 000	Dort V. line 15		
Complete if the organization answered "Yes" (a)	Description	ille 170 See Form 990,	Part A, line 15	(b) B	ook value
	Description			1 (0) 5	JOK VAIGE
(1)					
(2)				+	
					
<u>(4)</u>					····
(5)				+	
				+	·
-	- 				
(8) (9)				+	
	45)				
Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities.	15.1			<u>-1</u>	·
Complete if the organization answered "Yes" to	to Form 990 Part IV	line 11e or 11f. See Form	990 Part X line 25	5	
(a) Description of liability		(b) Book value	1		
(1) Federal income taxes		(1)	†		125 1 2 2
(2) PAYABLE TO CAL FARLEY'S BO	YS RANCH	85.	1 ,		· · · · · · · · · · · · · · · · · · ·
(3) GIFT ANNUITY LIABILITY	JID ILLINOIS	2,783,696.	1		· ·
(4) FUNDS INVESTED FOR CAL FAR	RLEY'S	2,703,030.	†		
(5) BOYS RANCH	<u> </u>	9,754,665.	1	*	`
(6)	·- -	J, 134,003.	1 ,	ξ.,	*
(6)			1 .		*
(8)			1	,	
(9)			,		
	05.)	12,538,446.	1		, , ,
Total. (Column (b) must equal Form 990, Part X, col. (B) line	·		1		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2013

25

"MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED "WHEN CHALLENGED"

Schedule D (Form 990) 2013

POSITIONS ARE

332054 09-25-13

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service Statemen of Activities Outside the United States

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs gov/form990

2013
Open to Public Inspection

Name of the organization

Employer identification number

CAL FARLEY'S BO	YS RANCH	FOUNDAT	ION	75-10809	87
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organization answered	"Yes" on
Form 990, Part IV	V, line 14b.				
_			ds to substantiate the amount of its gra		
the grantees' eligibility fo	or the grants or a	issistance, and t	he selection cnteria used to award the	grants or assistance?	Yes No
United States.			procedures for monitoring the use of its		tside the
	T — — — — — — — — — — — — — — — — — — —		in be duplicated if additional space is n		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND FHE CARIBBEAN	0	0	Investments		52,986,849.
3 a Sub-total	0	0			52,986,849.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a _and 3b)	0	0	\$, '	52,986,849.

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

Schedule F (Form 990) 2013

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed. Part II

(i) Method of valuation (book, FMV, appraisal, other)							
(h) Description of non-cash assistance							
(g) Amount of non-cash assistance							
(f) Manner of cash disbursement							
(e) Amount of cash grant							
(d) Purpose of grant							
(c) Region							
(b) IRS code section and EIN (if applicable)		`. \$/	·	· *	\$ \$. > &	\$ k	
1 (a) Name of organization	. ;						, , ,

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

က

Page 3

Schedule F (Form 990) 2013 CAL FARLEY'S BOYS RANCH FOUNDATION 75–1080987

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance					
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

	1 ordigit to time		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
•			
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	X	□ No
	Corporation (see Instructions for Form 926)	A Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With		
	a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
•	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
		X Yes	No
	Certain Foreign Corporations. (see Instructions for Form 5471)	103	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.		
	(see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
	7 of origin that all of the manufactures and the same and		
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions		
	for Form 5713)	Yes	X No

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Information about Schedule I (Form 990) and its instructions is at www.us.gov/form990

2 [] Schedule I (Form 990) (2013) Employer identification number TO PROVIDE SUPPORT TO CAL 75-1080987 (h) Purpose of grant or assistance FARLEY'S BOYS RANCH X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 。 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 15,377,287, cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table RANCH FOUNDATION (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 75-0808768 501(C)(3) Enter total number of other organizations listed in the line 1 table CAL FARLEY'S BOYS Part 1 deneral Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government CAL FARLEY'S BOYS RANCH Name of the organization AMARILLO, TX 79174 P.O. BOX 1890 Part II

75-1080987

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	uired in Part I, line	2, Part III, column	(b), and any other ad	ditional information	
PART I, LINE 2:					
OUNDATION DOLLARS ARE GIVEN TO BOYS	RANCH	IN SUPPORT	- OF	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
PERATIONS. THE BOARD OF DIRECTORS	OF THE	FOUNDATION	DETERMINES	з ном мисн	
SUPPORT TO PROVIDE, AND THE RANCH F	PROVIDES	THE FOUNDATION WITH		AN	
ACCOUNTING OF DOLLARS SPENT.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.rs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

CAL FARLEY'S BOYS RANCH FOUNDATION

Employer identification number 75-1080987

			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,	.3	20	, ¹ %,
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	·28 ~ ;		
	First-class or charter travel Housing allowance or residence for personal use	* *\	the state of the	4
	Travel for companions Payments for business use of personal residence	1 142	',	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1.05°	`& 、	`*
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	^ * ~		
		Ş	, (75°.
ь	If any of the boxes on line 1a are 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 directors,	<u>ځ.′</u> ٬	* :	}. }.
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
		(\$ 3).	X.2 . 3.4	ş>.
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	\$ '.	*\$* 3*	, \$
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	*		₹ ,
	establish compensation of the CEO/Executive Director, but explain in Part III.	2.3	200	\mathcal{L}
	Compensation committee Written employment contract	\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	Independent compensation consultant Compensation survey or study	% \?`.	200	3
	Form 990 of other organizations Approval by the board or compensation committee	45 20 37	100	
		3,38	3,4	* (
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	\$.	€	1
	organization or a related organization	7 7	1.4	, ¥
а	Receive a severance payment or change-of-control payment?	4a		<u>X</u>
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	٤		
		7	1	4.3
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	·		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	4	, (4)	
	contingent on the revenues of	* ``	\ \ \ \ \	
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.	ŧ	3 44	Ê
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	ļ	X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III		* * *	. (
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		100	لــــــــــــــــــــــــــــــــــــــ
	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	(žr \	£{`	, , , ,
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		`	5/32
	Regulations section 53 4958-6(c)?	l 9	I	

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

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

Note. The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)·(i)(B)	reported as deferred in prior Form 990
DAN ADAMS	(1)	0	0	0		0		0.
PRESIDENT	(ii)	243,053.	0	0	12,32	15,253.	270,627.	0.
DIEDRE S. BALLOU	(3)		0	• 0		0.	0.	0
VICE PRESIDENT		138,292.	0	•0	7,181.	13,843.	159,316.	
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332112							Schedu	Schedule J (Form 990) 2013

75-1080987		Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
SOYS RANCH FOUNDATION		3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Pa
CAL FARLEY'S BOYS RANCH		or descriptions required for Part I, lines 1a, 1b, 3
Schedule J (Form 990) 2013	Part III Supplemental Information	Provide the information, explanation, c

		:								
									:	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplem Intal Information to Form 99 Complete to provide information for responses to specific questions on

OMB No 1545-0047

Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Open to Public Inspection

Name of the organization

CAL FARLEY'S BOYS RANCH FOUNDATION

Employer identification number 75-1080987

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
501(C)(3)ORGANIZATION. THE CAL FARLEY ORGANIZATION PROVIDES PROGRAMS
AND SERVICES FOR AT-RISK BOYS AND GIRLS FROM THROUGHOUT THE UNITED
STATES AT NO CHARGE TO THEIR FAMILIES. CHILDREN FROM PRE-SCHOOL THROUGH
HIGH SCHOOL LIVE IN GROUP HOMES AND ARE PROVIDED A VARIETY OF ACADEMIC,
VOCATIONAL, SPIRITUAL, AND EXTRA-CURRICULAR ACTIVITIES TO HELP THEM
BECOME RESPONSIBLE AND RESILIENT YOUNG PEOPLE. DURING THE FISCAL YEAR
2013-2014, THE CAL FARLEY ORGANIZATION SERVED OVER ##### FAMILIES AND
CHILDREN THROUGH OUTREACH INITIATIVES AND A TOTAL OF ##### CHILDREN IN
RESIDENCE.
FORM 990, PART VI, SECTION A, LINE 6:
THE CAL FARLEY'S BOYS RANCH FOUNDATION HAS ONE MEMBER, THE CAL
FARLEY'S BOYS RANCH.
FORM 990, PART VI, SECTION A, LINE 7A:
AS THE SOLE MEMBER OF CAL FARLEY'S BOYS RANCH FOUNDATION, CAL
FARLEY'S BOYS RANCH ELECTS ALL OF THE BOARD OF DIRECTORS FOR THE
FOUNDATION.
FORM 990, PART VI, SECTION A, LINE 7B:
CERTAIN DECISIONS MADE BY THE BOARD OF THE FOUNDATION ARE
SUBJECT TO APPROVAL BY THE BOARD OF DIRECTORS FOR CAL FARLEY'S BOYS RANCH.
FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 FOR THIS COMPANY WAS PREPARED BY AN OUTSIDE CPA

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization CAL FARLEY'S BOYS RANCH FOUNDATION	Employer identification number 75-1080987
FIRM AND REVIEWED BY THE BUDGET/AUDIT COMMITTEE AND THEN S	SENT TO THE FULL
BOARD FOR REVIEW.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST QUESTIONNAIRE IS SENT TO DIRECTOR	RS
AND OFFICERS ANNUALLY. THE PRESIDENT AND CEO ENSURES THAT	ALL ARE COMPLETED
AND MAINTAINED ON FILE IN THE OFFICE. IF A CONFLICT ARISES	, THE PERSON WITH
THE CONFLICT IS NOT ALLOWED TO VOTE ON THE TRANSACTION. T	HERE HAVE BEEN NO
INCIDENCES OF CONFLICT FOR THE REPORTING YEAR.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST
POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBL	IC UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	······································
CHANGE IN VALUE - GIFT ANNUITIES	151,138.
CHANGE IN VALUE OF MINERAL INTERESTS	1,975,491.
TOTAL TO FORM 990, PART XI, LINE 9	2,126,629.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Part I

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

► See separate instructions.

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OMB No 1545-0047

Open to Public

Employer identification number 75-1080987▶Information about Schedule R (Form 990) and its instructions is at www.us.gov/form990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

CAL FARLEY'S BOYS RANCH FOUNDATION

Schedule R (Form 990) 2013 (g) Section 512(b)(13) × controlled entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling entity End-of-year assets N/A <u>e</u> status (if section Public charity 501(c)(3)) Total Income Exempt Code ਉ section 501(C)(3) ਉ Legal domicile (state or Legal domicile (state or foreign country) foreign country) TEXAS CHILD AND FAMILY SERVICES Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) CAL FARLEY'S BOYS RANCH - 75-0808768 Name, address, and EIN of related organization of disregarded entity 79174 P.O. BOX 1890 AMARILLO, TX Part

332181 09-12-13 LHA

75-1080987

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Schedule R (Form 990) 2013 CAL FARLEY'S BOYS RANCH FOUNDATION

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

(j) (k) General or Percentage managing partner? Yes No		
General or managing partner?	 	-
Code V-UBI Geramount in box ma 20 of Schedule Pa K-1 (Form 1065) Ye	 	
(h) Disproportionate allocations? Yes No		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
(C) Legal domicile (state or foreign		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

Part IV Identification of Related Organizations Taxable as a Corporation or organizations treated as a corporation or trust during the tax year		Somplete if the	Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	ered "Yes" on Forr	n 990, Part IV, line	34 because it ha	d one or more	related	 _
(e)	(q)	(၁)	(p)	(ə)	(4)	(6)	(1)	Θ	i
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	- 6°₽.
		country)		Or tridaty		doodlo		Yes	8 8
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Page 3

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Schedule R (Form 990) 2013 CAL FARLEY'S BOYS RANCH FOUNDATION

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

	ved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction	(a) Name of related organization
		for information on who must complete this line, including covered relationships and transaction thresholds	nis line, including covered r	ho must complete t	2 If the answer to any of the above is "Yes," see the instructions for information on w
×	18				s Other transfer of cash or property from related organization(s)
	1				r Other transfer of cash or property to related organization(s)
	10				q Reimbursement paid by related organization(s) for expenses
×	4				p Reimbursement paid to related organization(s) for expenses
		•			
×	10				 Sharing of paid employees with related organization(s)
×	1n			on(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
	Ŧ			nization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)
	11			nization(s)	I Performance of services or membership or fundraising solicitations for related organization(s)
	¥				k Lease of facilities, equipment, or other assets from related organization(s)
	1 <u>i</u>				j Lease of facilities, equipment, or other assets to related organization(s)
	1 <u>i</u>				i Exchange of assets with related organization(s)
	1h				h Purchase of assets from related organization(s)
	19	\ <u>-</u>			g Sale of assets to related organization(s)
	14				f Dividends from related organization(s)
ļ					
	÷	1			e Loans or loan guarantees by related organization(s)
×	19				d Loans or loan guarantees to or for related organization(s)
	10				c Gift, grant, or capital contribution from related organization(s)
×	tb				b Gift, grant, or capital contribution to related organization(s)
	1a				a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
		n Parts II-IV?	elated organizations listed i	s with one or more r	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Yes					Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(c)			
(9)			
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Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete If the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) rcentage vnership				
(j) General or Pe managing ov Pes No				
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No				
(h) Disproportionate allocations? Yes No				
(g) Share of end of year assets				
(f) Share of total income				
(e) Are all pariners see 501(s) 0.05(s) 4) Yes No				
(d) Predominant income (related, unrelated, excluded from tax under section 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Form 8868 (Rev. 1-2014)					Page 2
 If you are filing for an Additional (Not Automatic) 3-Month Ex 		•		🕨	X
Note. Only complete Part II if you have already been granted an a		•	ed Form 8	3868.	
• If you are filing for an Automatic 3-Month Extension, comple			-17		
Part II Additional (Not Automatic) 3-Month Ex	xtension			 	
		Enter filer's		ng number, see inst	
Type or Name of exempt organization or other filer, see instru	ctions.		Employe	r identification numb	er (EIN) or
File by the due date for humber street and several sev				75-108098	7
filing your return See P.O. BOX 1890	ee instruc	tions.	Social se	ecurity number (SSN) ————
Instructions City, town or post office, state, and ZIP code. For a for AMARILLO, TX 79174	oreign add	ress, see instructions.			
Enter the Return code for the return that this application is for (file	a senarat	e application for each return)			01
	· 				T
Application	Return	Application			Return
ls For	Code	Is For		138 g 82 A 3 G	Code
Form 990 or Form 990-EZ	01		<u>* 41%</u>		
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			10
Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					
Form 990-1 (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-7 (trust other than above) 06 Form 8870					
			1 61		12
STOP! Do not complete Part II if you were not already granted MEGAN CRAWFORD	an auton	iatic 3-month extension on a previo	ously file	a Form 8808.	
• The books are in the care of \blacktriangleright 600 WEST 11TH S	ਾਜ਼ਤ ਦਾਪ	י – אאג פיד ר.ז. זין אין אין אין אין אין אין אין אין אין א	174		
Telephone No. ▶ 806-322-2581	,11(111)	Fax No. ►	1 / 2		
 If the organization does not have an office or place of business 	in tha Llai	·			
If this is for a Group Return, enter the organization's four digit (•	 Hhio io fo	r the whole group o	baak the
	•	ch a list with the names and EINs of			
		F 15, 2015	an memo	ers the extension is	ior.
	OCT 1		SEP	30, 2014	
6 If the tax year entered in line 5 is for less than 12 months, ch			Final		
Change in accounting period	TOOK TOASC	in the interest of the interes		cidiii	
7 State in detail why you need the extension					
TAXPAYER RESPECTFULLY REQUESTS	ADDT	TIONAL TIME TO GAT	HER T	NFORMATION	TN
ORDER TO FILE A COMPLETE AND A				0142112011	
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069 e	enter the tentative tax less any		ľ	
nonrefundable credits. See instructions.			8a	s.	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069,	. enter anv	refundable credits and estimated	1	· · ·	
tax payments made. Include any prior year overpayment allo	•				
previously with Form 8868.			8b	s.	0.
Balance due. Subtract line 8b from line 8a. Include your pa	vment with	h this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See instru	-		8c	s	0.
		t be completed for Part II or	ıly.		
Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I am authorized to prepare this form.				f my knowledge and be	lief,
Signature > Carnola alexando Title > I			Date	I -	<u> </u>
				Form 8868 (Re	ev. 1-2014)