Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A</u>	For the	2017 ca	endar year, or tax year l			, and e	nding		
B	Check if a	applicable:	C Name of organization	FORMER TEXAS RANG	ERS FOUNDA	TION	D	Employer identif	ication number
\bigsqcup	Address o	change	Doing business as						
	Name cha	ange	,	box if mail is not delivered to s	street address)	Room/suite	23	-7150500	
\equiv		_	103 INDUSTRIAL LOO	<u>P </u>		700	E	Telephone numbe	er -
Ш	initial retu	ım	City or town		State	ZiP code	(8)	30) 990-1192	
	Final return	/terminated	Fredericksburg		TX	78624		00/ 000 1:02	
\equiv			Foreign country name	Foreign province/state	e/county	Foreign postal			001045
	Amended	return					G	Gross receipts \$	
	Applicatio	n pending	F Name and address of princ	cipal officer:			H(a) is this a	group return for subor	dinates? Yes X No
			JOE DAVIS 103 INDUS	STRIAL LOOP STE 700,	FREDERICK	SBURG, TX		subordinates includ	= =
, ,	Tax-exem	nt etatue:	X 501(c)(3) 501(c)		4947(a)(1)		1	" attach a list, (see i	
		<u> </u>	<u> </u>		4947(a)(1)	01 527		•	•
			W.FORMERTEXASRA	NGERS.ORG			H(c) Group	exemption number	<u> </u>
K	Form of or	rganization:	X Corporation Tr	ust Association C	Other ►	L Yea	er of formation	n: 1971 MS	State of legal domicile: TX
F	art I	Su	mmary						
	1			's mission or most signi	ficant activitie	s: ORG	ANIZATIO	ON DEDICATED	TO PRESERVING THE
9				DEST AND WORLD-RE					
nar									
Æ	2	Check t	nis boy	ganization discontinued	ite approtions	or disposed	of more th	nan 25% of ite r	not secote
é	3			ne governing body (Part					18
ಹ	4			nembers of the governir					18
es	5			loyed in calendar year 2					
Ξ	6			mate if necessary)					5
Activities & Governance	7a			in ate in Necessary) ie from Part VIII, column					
_	b			income from Form 990-					0
_	 " -	iver unit	elated business taxable	income nom Form 990-	i, iiie 34	· · · · · ·		7b	0
	8	Contribu	itions and grants (Part)	/III, line 1h)					Current Year
Revenue	9			VIII, line 2g)			<u> </u>	800,704 0	511,711
Ver	10								
æ	11			olumn (A), lines 3, 4, and				2,498	1,286
	12			n (A), lines 5, 6d, 8c, 9c,				11,899	146,712
	13			h 11 (must equal Part VIII,			_	815,101	659,709
	t			d (Part IX, column (A), li				8,000	15,000
	14			(Part IX, column (A), lin				0	0
868	15		•	oloyee benefits (Part IX, c	, ,	,		191,878	187,346
ě	16a			art IX, column (A), line	ne)			U	0
Expenses	b			t IX, column (D), line 25) -	267,185			
_	1''		•	n (A), lines 11a–11d, 11f	,			506,318	514,313
	18			7 (must equal Part IX, co		25)		706,196	716,659
	19	Revenu	e iess expenses. Subtra	ct line 18 from line 12		<u> </u>	D. alautus	108,905	-56,950
Net Assets or	20	Total as	note (Dort V. line 46)				Beginning	of Current Year	End of Year
1886	20		` '				<u> </u>	6,969,082	6,122,788
<u> </u>	21							139,014	60,118
				obtract line 21 from line 2	<u> 20 </u>	<u> </u>		6,830,068	6,062,670
	art II		nature Block	data a la constanta a constanta			11 11 1		
				ed this return, including accomp of preparer (other than officer) i					le .
								l l	·
Si		7	Signature of officer					Date	
He	re		JOE DAVIS			PRE	SIDENT	240	
			Type or print name and title				<u>OID LITT</u>		
		Prin	t/Type preparer's name	Preparer's s	ignature /		Date		PTIN
Pa	id	1		111.1.	1 0/1	- (M		Check	if
	eparei	WA	LTER H BALDREE	I I W	M PM	<u>~ (1)</u>		/2018 self-emp	loyed P01337213
	e Only	I	n's name ► WALTER H	BALDREE CPA			Fi	rm's EIN ► 75-2	981348
		Fim	n's address ► PO BOX 36	7, LIPAN, TX 76462			P	hoпе <u>по.</u> 254/6	646-3576
Ma	v the IF			eparer shown above? (s	ee instruction	ns)			. X Yes No
.,,,,	., (10 11		to the recent with the pro			-,			

						Form 990 (2017)
4e	Total program service expenses	•	263,868			
4d	Other program services. (Descril (Expenses \$	be in Schedule O.) 0 including grants of	\$	0)(Revenue \$	0)	
4c	(Code:) (Expen	ses \$	including grants of s) (Revenue \$)
4b	(Code:) (Expens TO PROVIDE A SCHOLARSHIP OR DAUGHTER OF AN ACTIVE	ses \$ 15,000 TO A STUDENT ENRO TEXAS RANGER. SCI	including grants of \$ DLLED FULL TIME IN HOLARSHIPS GRAN	15,000 A COLLEGE OR U TED, 2@ \$5,000, 1	NIVERSITY WHO IS A 5 @\$3,000, AND 1@\$2,0) SON 00
	FOR DEVELOPMENT OF THE W FEATURES LESSON PLANS, VII RANGERS AND THEIR PLACE II	DEOS, AND OTHER E N HISTORY	DUCATIONAL MATE	RIALS TO TEACH (CHILDREN ABOUT THE	TEXAS
4 a	(Code:) (Expens TO FURTHER THE EDUCATION. ON-LINE HISTORY PROBRAM F	AL MISSION OF THE F OR STUDENTS IN TH	OUNDATION, A WEI E 4TH AND 7TH GRA	BSITE IS BEING DE ADES. EXPENSES	EVELOPED TO DELIVE IN THE CURRENT YEA	R WERE
4	Did the organization cease conductive services? If "Yes," describe these changes of Describe the organization's programmers. Section 501(c)(3) and the total expenses, and revenue, in	on Schedule O am service accomplishr 501(c)(4) organizations	nents for each of its to are required to repor	nree largest program	m services, as measured	Yes X No
	·					

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		1	
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	Х
_		-	1	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	İ		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		Χ
	Part III.	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		1	
	complete Schedule D, Part III	8	Х	
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? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		7	
11	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	entrouder.	Spices (1787-17)	
а	Schedule D, Part VI	11a	х	
_	Scriedule D, Part VI	116		
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11b		х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	110		 ^
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44-		,
	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> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Х	
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		X
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? If "Yes,"			
_	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
149	Did the organization maintain an office, employees, or agents outside of the United States?	14a	l	Х
b	then \$40,000 from greatmaking			
	fundraising, business, 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		X
4-	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			1
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	··•	 	1
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	X	
	On Part IX, Column (A), lines o and the rine res, complete somewhat green income and contributions on	1	+^	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18	X	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	10	+^	+-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
	If "Yes," complete Schedule G, Part III	1.0		1 1

Part	Checklist of Required Schedules (continued)			
			Yes	No_
20a	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_	Χ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ_
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		- 1	.,
	employees? If "Yes," complete Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	
	\$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 line 25a	24a	-	Χ_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a_		
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	1		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	25b		х
	990-EZ? If "Yes," complete Schedule L, Part I	200		
26	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	26		х
	disqualified persons? If "Yes," complete Schedule L, Part II. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ĺ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		Till (45 III)	
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	2123 T. III RI 840	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		, i	
	Schedule L, Part IV.	28b		<u> x</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
	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,			
	Part I	31		X
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	<u> </u>	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		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	1.4	\ \ \	
	III, or IV, and Part V, line 1	34	X	┼──
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		+
t	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35b		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1000	1	†
36	organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
^-	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	1	T
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			1
	VI	37		Х
-	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
38	19? Note . All Form 990 filers are required to complete Schedule O.	38	X	
	19: NOTE: All Form 500 more discrepance to complete burilding	Form	990	(2017)

Part V

	Check if Schedule O contains a response of note to any line in this Fart v		٠ ل	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	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?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 5			
b	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. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	E10 (100 (100 (100 (100 (100 (100 (100 (<u> X</u>
b	If "Yes," enter the name of the foreign country:	die .		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).		6	
5a	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		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		
	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	7.		
	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	7c		x
	required to file Form 8282?	70		^
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	inieremarca.	X
e	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?	7f	-	X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h	 	
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
8	sponsoring organizations maintaining donor advised runds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	American St.	
^	Sponsoring organizations maintaining donor advised funds.			
9	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	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			1
11	Section 501(c)(12) organizations. Enter:			
''a	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	300		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	g operation	
	Note. See the instructions for additional information the organization must report on Schedule O.	ADAMES.		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	148	_	X
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	141	<u> </u>	

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orm 99	0 (2017) FORMER TEXAS RANGERS FOUNDATION 23-715			age 6
Part	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. Se	e inst	ructio	
	Check if Schedule O contains a response or note to any line in this Part VI		· <u> </u>	X
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18			
	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.		el ci	
	Enter the number of voting members included in line 1a, above, who are independent			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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			
Ia	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
D	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			Librar
O	the year by the following:			n de la
а	The governing body?	8a	Х	900000000000
b	Each committee with authority to act on behalf of the governing body?	8b		X
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		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
UCUL	IOI D. I Onoloo () mo occusi de loquesta manada anterior de la companya de la com		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	Х	<u></u>
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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	<u> </u>	X
b	Other officers or key employees of the organization	15b		<u> </u>
_	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		n de	
	with a taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		15	
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			n sull
	the organization's exempt status with respect to such arrangements?	16k		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s on	iy)	
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	яку, а	ına	
	financial statements available to the public during the tax year.			

State the name, address, and telephone number of the person who possesses the organization's books and records:

103 INDUSTRIAL LOOP STE 700, FREDERICKSBURG, TX 78624

THE FORMER TEXAS RANGERS FOUNDATION

(830) 990-1192

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Form	990	(201	7)
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MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

(11) RAY MARTINEZ

(12) PHIL RYAN

(9) KURT HOUSE

(13) CHARLES SCHWEIGER

(14) CAPTAIN CARL WEATHERS

(10) LARRY MARTIN

FORMER TEXAS RANGERS FOUNDATION

1 Of the contract of the contr		
ompensation of Officers, Directors, Tru	ustees, Key Employees, Highest Compensated	
mployees, and Independent Contractor	rs _	

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 nor any related organization compensated any current officer, director, or trustee. Position (do not check more than one (D) (E) (F) (B) (A) Reportable Estimated Reportable box, unless person is both an Name and Title Average amount of compensation officer and a director/trustee) compensation hours per other from from related week (list any Highest employee Individual trustee Institutional compensation the organizations hours for director (W-2/1099-MISC) organization from the related employee (W-2/1099-MISC) organization organizations compensated and related below dotted l trustee organizations line) 40.00 (1) JOE DAVIS 55,620 Х 0.00 Х PRESIDENT 15.00 (2) TOM C DOELL 0.00 Х Χ TREASURER 10.00 (3) LANCE COLEMAN Х Х 0.00 VICE CHAIR 15.00 (4) CHAD D STARY Х 0.00 **CHAIRMAN** (5) GREG THROWER 10.00 Χ 0.00 SECRETARY 10.00 (6) H.R. LEFTY BLOCK Х Х 0.00 VICE PRESIDENT 5.00 (7) F.R. BROWN 0.00**MEMBER** 5.00 (8) LEE YOUNG

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Form **990** (2017)

(A)	(B)	: /do n	not ch	(C Posi	ition	than o	one.	(D)	, (E)	(F)
(A) Name and title	Average hours per	box,	unles	s pe	rson	is both or/truste	an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15) LEE WHITE	5.00	,,								
MEMBER (16) MILTON WRIGHT	0.00 5.00	_	-	-	-				<u>-</u>	
MEMBER	0.00	Х								
(17) TOM ROARICK MEMBER	5.00 0.00									
(18)	0.00				Г		_			
(19)					_					
(20)					-					
(21)			<u> </u>	\vdash		-				
(22)			\vdash	-	-	<u> </u>				
			-	<u> </u>	}					
(23)						ļ				
(24)		-								
(25)		-								
1b Sub-total								55,620		0 0
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c).									1	0 0
Total number of individuals (including but not I reportable compensation from the organization)	imited to those li	sted	abo	ve) ' 0	who	rece	ive	d more than \$10	0,000 of	
3 Did the organization list any former officer, dir employee on line 1a? If "Yes," complete Sche	ector, or trustee, dule J for such in	ndivia	lual							Yes No 3 X
For any individual listed on line 1a, is the sum the organization and related organizations gre individual.	eater than \$150,0	000?	lf "Υ	es,	" coi	mplet	e S	chedule J for su	ch 	4 X
5 Did any person listed on line 1a receive or according for services rendered to the organization? If "	crue compensati Yes," com <u>plete</u> S	on fro Sched	om a dule	any <i>J fo</i>	unre r su	elated Ich pe	org erso	ganization or ind <u>n . </u>	ividual 	5 X
Section B. Independent Contractors		ad a mi	+ 001	otro	otor	a that		oived more than	\$100 000 of	
 Complete this table for your five highest comp compensation from the organization. Report of year. 	compensation for	the o	cale	nda	r ye	ar en	ding	g with or within t 	he organization	
(A) Name and business ac	idress	_						(B) Description of s	ervices	(C) Compensation
NONE							+			0
	<u></u>						+	 .		0
							_			0
Total number of independent contractors (incl	luding but not lim	nited	to th	nose	e list	ted at	DOV6	e) who received		tirete, illamide describirga de la company de company
more than \$100,000 of compensation from th	e organization_		<u> </u>		- "		<u>1_</u>		- Comment of the Comm	Form 990 (2017)

23-7150500

Part VIII

П	Stateme	nt of	Revenu	e
---	---------	-------	--------	---

		Check if Schedule O contains	a response or no	te to any line in	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0			United the Party	
		Membership dues		0				
		Fundraising events		231,096				
		Related organizations		<u></u> 0				
		Government grants (contributions		0				
		•	′ 					
를 다	T	All other contributions, gifts, grant		000 045				
를 됨		similar amounts not included about	·	280,615				
a G	g	Noncash contributions included in lir		0	E44 744			
	<u>h</u>	Total. Add lines 1a-1f	· · · · · · · · · · ·	Business Code	51 <u>1,711</u>			
93			}	Business Code				
9	2a				0			
œ.	b				0			
ice	C				0			
Ser	d				0			
Ē	е				0			
Program Service Revenue	f	All other program service revenue	a [0			
ځ	g	Total. Add lines 2a-2f	<u> </u>	▶	0		A CONTRACTOR OF STREET	
	3	Investment income (including divother similar amounts)		and ⊳	1,286			
	4	Income from investment of tax-ex	empt bond proc	eeds 🕨	0			
	5	Royalties	<u></u>	<u> <u>.</u> . ▶</u>	0			
		•	(i) Real	(ii) Personal				
	6a	Gross rents		<u> </u>				
-	b	Less: rental expenses						
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss)			C		X	Manual Victory (2017)
	7a	Gross amount from sales of	(i) Securities	(ii) Other		and the second		
	l 'a	assets other than inventory	0	0				
	b	Less: cost or other basis	-					
	D		ا ه	n			1.0	
	_	and sales expenses	0	0				
	C	Gain or (loss)			(
	d	Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·				
•	g ₂	Gross income from fundraising						
2	ва	events (not including \$	0					
Š		of contributions reported on line						
ĸ		See Part IV, line 18		231 006				
Ē	١.			174 561	CAMPAN CONTRACTOR OF THE PROPERTY OF THE PROPE			
Other Revenu	b	Less: direct expenses		174,501	EE E25			
	_ C	Net income or (loss) from fundra		· · · · ·	30,330	/	100.05	
	9a	Gross income from gaming activ		_				
		See Part IV, line 19.		0				
	b	Less: direct expenses		0				
	C	Net income or (loss) from gamin	g activities	<u>, , , , , ▶</u>) 	in endamning	(Melkerel () 2 () 2 (
	10a	Gross sales of inventory, less		1 40 500				2
		returns and allowances		140,522			PROPERTY OF THE PROPERTY OF TH	androne i spore in Rodenna die Estado
	b	Less: cost of goods sold		50,345				
	С	Net income or (loss) from sales	of inventory		90,17			
		Miscellaneous Revenue		Business Code				Land the second
	11a			<u> </u>		ol	 	
	b						_	
	C			-		0	-	 -
	d	All other revenue				0	and the second s	
	е	Total. Add lines 11a-11d						1 _
	12	Total revenue. See instructions			659,70	9	0 0	<u> </u>

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note				· · · L
Do n 8b, 9	ot include amounts reported on lines 6b, 7b, bb, 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 domestic organizations				
•	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	15,000	15,000		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0	<u> </u>	Laterage 1	
4	Benefits paid to or for members	0	- <u>- </u>		
5	Compensation of current officers, directors,	10.050	44 500	23,175	11,587
	trustees, and key employees	46,350	11,588	20,170	11,007
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	اه			
	persons described in section 4958(c)(3)(B)	127,436	43,328	61,169	22,939
7	Other salaries and wages	127,430	40,020	01,100	
8	Pension plan accruals and contributions (include	0			
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	13,560	4,204	6,644	2,712
10	Payroll taxes	10,000			
11	Fees for services (non-employees): Management				
a	Legal	0			
b	Accounting	18,943	-	18,943	
C	Lobbying	0	_		
d	Professional fundraising services. See Part IV, line 17	0			<u> </u>
e f	Investment management fees	186		186	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	6,086			6,086
13	Office expenses	39,985		27,464	4,924
14	Information technology	2,471	618	1,235	618_
15	Royalties				10.000
16	Occupancy	63,384		21,137	10,366
17	Travel	2,137	<u> </u>		2,137
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials .			-	
19	Conferences, conventions, and meetings			1,518	
20	Interest	1,518		1,510	<u> </u>
21	Payments to affiliates		3 136,851	1,382	0
22	Depreciation, depletion, and amortization	138,233 13,460	-		3,364
23	Insurance	- Charles and the contract of			NIDATE OF THE PARTY OF THE PART
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 O.)	174,80	2		174,802
á	FUND RAISING	17,29		3 274	12,768
k		13,95		13,955	
		14,82			14,821
9		7,03			61
25	All other expenses Total functional expenses. Add lines 1 through 24e	716,65		185,606	267,185
26	Joint costs. Complete this line only if the				
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				Form 990 (2017)

Part X 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		331,476	1	274,683
	2	Savings and temporary cash investments	125,963	2	116,404	
	3	Pledges and grants receivable, net		332,894	3	44,676
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensa				
		Complete Part II of Schedule L		0	5	
	6	Loans and other receivables from other disqualified person	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary e	mployees' beneficiary			
ts		organizations (see instructions). Complete Part II of Sche	dule L	0	_	
Assets	7	Notes and loans receivable, net		0		0
Ä	8	Inventories for sale or use		42,864		52,020
	9	Prepaid expenses and deferred charges		10,000	9	2,000
	10a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D	10a 5,178,869			Section 1
	b	Less: accumulated depreciation	10b 348,674	4,968,428		4,830,195
	11	Investments—publicly traded securities		0		0
	12	Investments—other securities. See Part IV, line		0		0
	13	Investments—program-related. See Part IV, line		0		0
	14	Intangible assets		0		0
	15	Other assets. See Part IV, line 11		1,157,457		802,810
	16	Total assets. Add lines 1 through 15 (must equ		6,969,082		6,122,788 60,118
	17	Accounts payable and accrued expenses		54,027	1	00,110
	18	Grants payable				
	19	Deferred revenue				
	20	Escrow or custodial account liability. Complete			+	
10	21	Loans and other payables to current and forme				
ţ	22	trustees, key employees, highest compensated				
Ē		disqualified persons. Complete Part II of Sched		C	22	
Liabilities	23	Secured mortgages and notes payable to unrel		84,987	+	0
_	24	Unsecured notes and loans payable to unrelate				0
	25	Other liabilities (including federal income tax, page 1975)				
		parties, and other liabilities not included on line				
		Part X of Schedule D		(25	0
	26	Total liabilities. Add lines 17 through 25		139,014	26	60,118
		Organizations that follow SFAS 117 (ASC 95	8) check here X and			
S		complete lines 27 through 29, and lines 33 a				
Š	27	Unrestricted net assets		5,703,968	27	5,451,613
<u>8</u>	28	Temporarily restricted net assets		1,056,590		562,147
<u>n</u>	29	Permanently restricted net assets		69,510		48,910
Š		•				
노	ŀ	Organizations that do not follow SFAS 117 (ASC958) complete lines 30 through 34.	, check here			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		t .	30	
Se	31	Paid-in or capital surplus, or land, building, or e			31	
Ą	32	Retained earnings, endowment, accumulated i			32	
Š	33	Total net assets or fund balances		6,830,06		6,062,670
	34	Total liabilities and net assets/fund balances		6,969,08	2 34	6,122,788

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		 	. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		659	,709
2	Total expenses (must equal Part IX, column (A), line 25)	2		716	,659
3	Revenue less expenses. Subtract line 2 from line 1	3		-56	,950
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	3,830	,068
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-710	,448
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	 	3,062	,670
Part					
	Check if Schedule O contains a response or note to any line in this Part XII		 	<u>. </u>	Х
1 2a b	Accounting method used to prepare the Form 990:		2a 2b	Yes X	No X
c 3a	Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		2c	X	
þ	the Single Audit Act and OMB Circular A-133?. 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.		 3a 3b		X

Form **990** (2017)

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Sequence No. 179 Go to www.irs.gov/Form4562 for instructions and the latest information internal Revenue Service Identifying number Business or activity to which this form relates Name(s) shown on return 23-7150500 FORMER TEXAS RANGERS FOUNDATION 990 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 0 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 0 separately, see instructions (c) Elected cost (b) Cost (business use only) (a) Description of property 6 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 0 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 Other depreciation (including ACRS) . . . MACRS Depreciation (Don't include listed property.) (See instructions.) Part III Section A 138.233 17 MACRS deductions for assets placed in service in tax years beginning before 2017 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (f) Method (g) Depreciation deduction (business/investment use (e) Convention year placed (a) Classification of property period only-see instructions) in service 19 a 3-year property b 5-year property 7-year property d 10-year property e 15-year property f 20-year property S/L 25 yrs. a 25-year property S/L MM 27.5 yrs. h Residential rental S/L MM 27.5 yrs. property S/L MM 39 yrs. Nonresidential real S/L MM property Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System 20 a Class life 12 yrs. S/L b 12-year S/L MM 40 yrs. c 40-year Part IV Summary (See instructions.)

23 For assets shown above and placed in service during the current year, enter the

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047
2017

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number FORMER TEXAS RANGERS FOUNDATION 23-7150500 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). £ An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . 0 Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (vi) Amount of (v) Amount of monetary (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by						
	each person (other than a		and the second				
	governmental unit or publicly			Light of December 1			
	supported organization) included on		er operation				
	line 1 that exceeds 2% of the amount		TO HERE				
_	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	• '	(a) 2010 0	0	0		0	0
7 8	Amounts from line 4				<u> </u>		
0	payments received on securities loans,						
	rents, royalties, and income from				1		
	similar sources						0
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 VI.)						
11							<u>. </u>
12	Gross receipts from related activities, etc. (s	ee instructions).				12	
13	First five years. If the Form 990 is for the o	organization's first,	second, third, fourt	th, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop here			· · · · · · · ·	<u> </u>	<u> </u>	
	ction C. Computation of Public Su			_			0.00%
14	Public support percentage for 2017 (line 6,	column (f) divided l	y line 11, column	(f))		14	0.00%
15	Public support percentage from 2016 Sched	dule A, Part II, line	14				0.007
16a	33 1/3% support test—2017. If the organizand stop here. The organization qualifies a	zation did not checi is a publicly suppor	k the box on line 1: ted organization.	3, and line 14 is 33	3 1/3% or more, cne		
ŧ	33 1/3% support test—2016. If the organization qualif	zation did not chec	k a box on line 13	or 16a, and line 15	is 33 1/3% or mor	e, check this	_
47-	10%-facts-and-circumstances test—201						_
110	is 10% or more, and if the organization mee Part VI how the organization meets the "fac organization	ets the "facts-and-c ts-and-circumstand	ircumstances" test ces" test. The orga	, check this box ar nization qualifies a	nd stop here. Expl as a publicly suppor	ain in ted	· · · · · · • [
ŀ	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization resupported organization.	6. If the organization of the state of the "facts-and-cets the "facts-and-cets the "facts-and-cets the "facts-and-cets the "facts-and-cets the "facts-and-cets" of the state o	on did not check a d-circumstances" t ircumstances" test	box on line 13, 16 test, check this bot t. The organization	a, 16b, or 17a, and x and stop here. i qualifies as a publ	line	_
18	Private foundation. If the organization did						

Page 3

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

(Complete only if you checked the box on line 10 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						
Cale	ndar year (or fiscal year beginning in) 💎 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,332,158	820,710	1,471,170	549,327	511,711	4,685,076
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	127,616	132,916	229,027	307,247	146,712	943,518
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's		·				
•	benefit and either paid to or expended on					i	
	its behalf				1		. 0
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	1,459,774	953,626	1,700,197	856,574	658,423	5,628,594
	Amounts included on lines 1, 2, and 3	1,100,11					
10	received from disqualified persons	383,762	481,409	254,195			1,119,366
h	Amounts included on lines 2 and 3	000,702	101,100				
U	received from other than disqualified						
	persons that exceed the greater of \$5,000	İ					
		465,127					465,127
	or 1% of the amount on line 13 for the year	848,889	481,409	254,195	0	0	1,584,493
_	Add lines 7a and 7b	040,009	401,408	204,100	U	· ·	1,001,100
8	Public support (Subtract line 7c from						4,044,101
	line 6.)						4,044,101
	ction B. Total Support	(-) 2012	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	endar year (or fiscal year beginning in)	(-7	 			658,423	5,628,594
9	Amounts from line 6	1,459,774	955,626	1,700,197	830,374	000,420	3,020,00
10a	Gross income from interest, dividends,	1					
	payments received on securities loans, rents,	0.700	5 754	2 707	2,498	1,286	20,061
	royalties, and income from similar sources	6,739	5,751	3,787	2,490	1,200	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						,
	acquired after June 30, 1975			0.70	0.400	4 000	20.064
C	Add lines 10a and 10b	6,739	5,751	3,787	2,498	1,286	20,061
11	Net income from unrelated business	-					
	activities not included in line 10b, whether						,
	or not the business is regularly carried on .		<u> </u>	ļ — —			
12	Other income. Do not include gain or					'	
	loss from the sale of capital assets						
	(Explain in Part VI.)	<u>.</u>	<u> </u>				
13	Total support. (Add lines 9, 10c, 11,					050 705	5 0 40 05
	and 12.)						5,648,65
14							
	organization, check this box and stop here				· · · · · · · · ·		P _
Se	ction C. Computation of Public Su	ipport Percent	tage			, , ,	
15	Public support percentage for 2017 (line 8,	column (f) divided	by line 13, column	(f))		15	<u>71.59</u> %
16	Public support percentage from 2016 Sche-					16	72.109
Se	ction D. Computation of Investme						
17	Investment income percentage for 2017 (lir	ne 10c, column (f) o	divided by line 13,	column (f))		17	0.36%
18	Investment income percentage from 2016 S	Schedule A, Part III	, line 17			18	0.349
19a	33 1/3% support tests—2017, if the organ	nization did not che	eck the box on line	14, and line 15 is r	more than 33 1/3%,	and line 17 is	. г.
	not more than 33 1/3%, check this box and	stop here. The or	ganization qualifie	s as a publicly sup	ported organization		▶ 🖸
1	5 33 1/3% support tests—2016, if the organ	nization did not che	eck a box on line 1-	4 or line 19a, and I	ine 16 is more than	33 1/3%, and	_
	line 18 is not more than 33 1/3%, check this	s box and stop he	re. The organization	on qualifies as a pu	ibliciy supported org	anization	

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

Part IV Supporting

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes." provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

art V.		
	Yes	No
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Schedu	e A (Form 990 or 990-EZ) 2017	FORMER TEXAS RANGERS FOUNDATION	23-7150500	Page 5
Part	V Supporting Organ	nizations (continued)		
			ACRES 552	Yes No
11		ted a gift or contribution from any of the following persons?		
а	•	lirectly controls, either alone or together with persons described in (b) and	I	
_		of a supported organization?	118	
b	A family member of a perso		in Part VI . 11th	
Cook		person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail	in Part VI.	}
Secu	on B. Type I Supporting	Organizations		Yes No
1	Did the directors trustees	or membership of one or more supported organizations have the power to)	100 100
•		least a majority of the organization's directors or trustees at all times duri		
		in Part VI how the supported organization(s) effectively operated, supervi		
	•	s activities. If the organization had more than one supported organization,	Ka tenda 5 va	
	describe how the powers to	appoint and/or remove directors or trustees were allocated among the st	upported	
	organizations and what cor	nditions or restrictions, if any, applied to such powers during the tax year.	1	
2		e for the benefit of any supported organization other than the supported	in the second se	
		ed, supervised, or controlled the supporting organization? If "Yes," explain		
	, ,	efit carried out the purposes of the supported organization(s) that operate	1	
	supervised, or controlled th		2	<u> </u>
Sect	ion C. Type II Supportin	g Organizations		Yes No
4	More a majority of the area	inization's directors or trustees during the tax year also a majority of the d	irectors	163 140
•		rganization's supported organization(s)? If "No," describe in Part VI how		
		porting organization was vested in the same persons that controlled or ma		
	the supported organization		1	1000 2000 3000 1100 1200 1200 1200 1200
Sect	ion D. All Type III Suppo			
			Technology	Yes No
1		e to each of its supported organizations, by the last day of the fifth month		
		a written notice describing the type and amount of support provided during		and the second
		n 990 that was most recently filed as of the date of notification, and (iii) co		
_		ocuments in effect on the date of notification, to the extent not previously		
2		on's officers, directors, or trustees either (i) appointed or elected by the sung on the governing body of a supported organization? If "No," explain in		
	the organization maintaine	d a close and continuous working relationship with the supported organizations.	ation(s).	
3		ip described in (2), did the organization's supported organizations have a		
•	significant voice in the orga	anization's investment policies and in directing the use of the organization	's	
		es during the tax year? If "Yes," describe in Part VI the role the organizati		
	supported organizations pl		3	
Sect	ion E. Type III Function	ally Integrated Supporting Organizations		
1	Check the box next to the	method that the organization used to satisfy the Integral Part Test during t	he year (see instructio	ons).
а	The organization satisfi	ed the Activities Test. Complete line 2 below.		
b	The organization is the	parent of each of its supported organizations. Complete line 3 below.		
С	The organization suppo	orted a governmental entity. Describe in Part VI how you supported a governmental	ernment entity (see inst	ructions).
2	Activities Test. Answer (a)	and (b) below.		Yes No
a		organization's activities during the tax year directly further the exempt pur	poses of	
•	the supported organization	n(s) to which the organization was responsive? If "Yes," then in Part VI id	entify	
	those supported organia	rations and explain how these activities directly furthered their exempt p	ourposes,	
		responsive to those supported organizations, and how the organization d	eterminea :::	
		tuted substantially all of its activities.	2	
b	Did the activities described	d in (a) constitute activities that, but for the organization's involvement, on	e or more	
	of the organization's suppo	orted organization(s) would have been engaged in? If "Yes," explain in Pa	ert VI the see	
		on's position that its supported organization(s) would have engaged in the	2	1 !
•	activities but for the organi	zation's involvement. nizations. Answer (a) and (b) below.	E CONTRACTOR OF THE PROPERTY O	
3	Did the organization have	the power to regularly appoint or elect a majority of the officers, directors,	andra van	
а	trustees of each of the sur	oported organizations? Provide details in Part VI .	, same	a
b	Did the organization exerc	ise a substantial degree of direction over the policies, programs, and acti	vities of each	
	of its supported organizati	ons? If "Yes," describe in Part VI the role played by the organization in th		b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	<u>izations</u>	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust	on Nov. 20, 1970 (explain	in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ns must complete Sections	A through E.
Section A - Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		<u>_</u>
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1 <u>d</u>	0	0_
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	Ì	[
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		C
7 Check here if the current year is the organization's first as a non-functional	ally int	egrated Type III supporting	organization (see
instructions).			

Part \	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	rations (continued)	
Section	n D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	tions	
4	Amounts paid to acquire exempt-use assets			****
5	Qualified set-aside amounts (prior IRS approval required)		-	
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	<u> </u>		0
8	Distributions to attentive supported organizations to which the	ne organization is respon	isive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			0.000
10	Line 8 amount divided by line 9 amount	<u></u> . I	/#N	0.000 (iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			0
	Underdistributions, if any, for years prior to 2017			
2	(reasonable cause required—explain in Part VI). See	The second second		
	instructions.			TOTAL TOTAL
3	Excess distributions carryover, if any, to 2017	2.27		
a				
b	From 2013			
<u>c</u>	From 2014			
<u>d</u>	From 2015		A STATE OF THE STA	
<u>e</u>	110111 2010	0		
	Total of lines 3a through e Applied to underdistributions of prior years	0	0	LOCKET TO LOT
<u>g</u> h	Applied to 3017 distributable amount		Control of the Contro	0
i	Carryover from 2012 not applied (see instructions)			and the same of
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2017 from			
	Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2017 distributable amount			_0
Ç	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			0
7	Excess distributions carryover to 2018. Add lines 3j	_	englandi e a a a a a a a a a a a a a a a a a a	TO COMMINION OF THE SAME
	and 4c.		A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T	
8	Breakdown of line 7: Excess from 2013 0	The second state of the se		
a	Execution 23.15			
<u>b</u>	Excess from 2014	Z DE PARA DE DE LA DEDA CA DEDA DE SERVICIO DE SERVICI	TREE BY COMMERCIAL STREET	The second condition of the selection of
d	EXCECUTION 2010			
e	<u> </u>		Januarus 77 Februaris	

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
 -	
	·
	
	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

FORMER TEXAS RANGERS FOUNDATION 23-7150500					
Organization type (check					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General Rule					
For an organization or more (in mone contributor's total	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 y or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.				
Special Rules					
regulations under	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
contributor, durin contributions tota during the year fo General Rule ap	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one g the year, contributions exclusively for religious, charitable, etc., purposes, but no such led more than \$1,000. If this box is checked, enter here the total contributions that were received or an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the plies to this organization because it received nonexclusively religious, charitable, etc., contributions or more during the year.				
Caution: An organization 990-EZ, or 990-PF), but i	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, t must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its				

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number 23-7150500 FORMER TEXAS RANGERS FOUNDATION Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year 1 2 Aggregate value of contributions to (during year) . . . 3 Addregate value of grants from (during year) . . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be 6 used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes Part II Conservation Easements. Complete if the organization answered "Yes" on 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 education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b h Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a d 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(a) Book value
	Land	0	0		0
b	Buildings	0	5,093,455	283,859	4,809,596
c.	Leasehold improvements	0	0	0	0
d	Equipment	0	73,943	61,155	12,788
e	Other	0	11,471	3,660	7,811
	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X,	column (B), line 10c.)	<u> </u>	4,830,195

Part VII Investments—Other Securities.

Complete if the organization answ	<u>ered "Yes" on Form 99</u>	90, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	(
(2) Closely-held equity interests	(<u> </u>
(3) Other		
(A)		
(B)		
(C)	-	
(D)	- 	
(E)		
(F)	-	
(G) (H)	-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments—Program Related.		2000 0000 0000 0000 0000 0000 0000 000
Complete if the organization answ	ered "Yes" on Form 99	90, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(6)	+	
(7)		
(8)		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	•	
		90, Part IV, line 11d. See Form 990, Part X, line 15.
	Description	(b) Book value 57,304
(1) EDUCATIONAL PROGRAM		696,596
(2) COLLECTIONS - UNRESTRICTED (3) COLLECTIONS - PERM RESTRICTED		48,910
(4) REAL ESTATE HELD FOR SALE		10,51
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)	▶ 802,810
Part X Other Liabilities.		90, Part IV, line 11e or 11f. See Form 990, Part X,
line 25.		
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		TOTAL TOTAL STATE OF THE STATE
(3)		
(4)		
(5)		
<u>(6)</u> (7)		
(8)	1	
(9)		O Comparisation's financial statements that reports the
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	>	
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to the	e organization's financial statements that reports the

0

0

Part XI Line 4B OTHER ADJUSTMENTS: AUCTION NON-CASH CONTRIBUTIONS

COST OF PROMOTIONAL ITEMS

Part XII Line 2D - OTHER ADJUSTMENTS: SILVER STARS & SIX GUNS GALA FUNDRAISING EXPENSE

Schedule D (For	n 990) 2017 FORMER TEXAS RANGERS FOUNDATION Supplemental Information (continued)	23-7150500	Page 5
Part XIII	Supplemental Information (continued)		
			-
			
			
			
			
	·		
			·
	<u></u>		
			
			
			
-		 -	
			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest instructions.

Inspection

	the organization					Employer identification	
	ER TEXAS RANGERS FOUNDATION	ON				23-715	
Part					ered "Yes" on Forr	n 990, Part IV, lin	e 17.
	Form 990-EZ filers are not	required to co	mplete th	is part.		11 11 - 1 1	
1	Indicate whether the organization ra	aised funds throu	igh any of t	he followin	ig activities. Check a	ill that apply.	
а	Mail solicitations		_		f non-government g		
b	Internet and email solicitations		=		of government grants	5	
C	Phone solicitations		g X S	ecial fund	raising events		
d	In-person solicitations						
2a	Did the organization have a written key employees listed in Form 990, I	or oral agreeme Part VII) or entity	nt with any in connect	individual tion with pr	(including officers, d rofessional fundraisir	irectors, trustees, ng services?	Yes X No
b	If "Yes," list the 10 highest paid indi						raiser is
	to be compensated at least \$5,000						
						(v) Amount paid to	1 10 1
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody of	draiser have r control of utions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			_
1							0
2		 			0	0	0
					0	_0	0
3			_		0	0	0
4					0	0	0_
5					0	0	0
6					0	0	0
7	<u> </u>		 				
8		-	 		0	0	0
9		<u> </u>			0	0	0
					0	0	0
10					0	0	0
Total				. •	o	o	0
3	List all states in which the organizate registration or licensing.	ation is registered	d or license	d to solicit	contributions or has	been notified it is e	xempt from
							
							
						<u></u>	
- -							
			,				
-				-			

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events NONE (add col. (a) through **GUNS & SILVER ST/** col. (c)) (event type) (event type) (total number) Revenue 231.096 0 231,096 Gross receipts 0 0 Less: Contributions . . . 2 Gross income (line 1 3 0 231,096 minus line 2) 231,096 0 0 Cash prizes 0 0 Noncash prizes **Direct Expenses** 0 Rent/facility costs 0 10,248 10.248 Food and beverages . . . 0 0 Entertainment . . . 0 164,313 164,313 Other direct expenses . . . 174,561) 56.535 Net income summary. Subtract line 10 from line 3, column (d) . 11 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 0 Gross revenue. Direct Expenses Noncash prizes Rent/facility costs Other direct expenses . Yes Yes Yes No No Volunteer labor . . No 0) Enter the state(s) in which the organization conducts gaming activities: TΧ 9 Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: TX DOES NOT REQUIRE LICENSING FOR 501 (C) (3) ORGANIZATIONS 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:

chedu	le G (Form 990 or 990-EZ) 2017 FORMER TEXAS RANGERS FOUNDATION	23-7150500 Page
11	Does the organization conduct gaming activities with nonmembers?	X Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes X No
3	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	13a 9
b 4	An outside facility	13b 100.009
	Name ► ERIN HALL	
	Address ► 103 INDUSTRIAL LOOP STE 700 FREDERICKSBURG, TX 78624	·
l5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
	If "Yes," enter the amount of gaming revenue received by the organization \bullet \$0 and the amount of gaming revenue retained by the third party \bullet \$0.	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ►	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ► \$0	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	is the organization required under state law to make charitable distributions from the gaming proceeds to	n
	retain the state gaming license?	Yes X No
D	or spent in the organization's own exempt activities during the tax year	
Par		ns (iii) and (v); and al information.

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

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

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

▶ Attach to Form 990.

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OMB No. 1545-0047

Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Yes X No Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 23-7150500 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance the selection criteria used to award the grants or assistance?. FORMER TEXAS RANGERS FOUNDATION Part

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)			AN THE PROPERTY AND THE				
(2)						-	
(3)			* A CARLON PROPERTY.				1 many .
(4)	A SAMPLE OF THE PARTY OF THE PA						ALL MANAGEMENT AND AND AND AND AND AND AND AND AND AND
(9)							
(9)			To the second se				America
(1)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	501(c)(3) and g	government organiza	ations listed in the line	1 table		•	

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(f) Description of noncash assistance		And the second s				onal information.									
(e) Method of valuation (book, FMV, appraisal, other)						ι (b); and any other additi									
(d) Amount of noncash assistance						2. Part III. column	1 1 2 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			1 1 1 1 1 1 1 1 1 1 1 1 1 1	6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1 1 3 1 1 5 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(c) Amount of cash grant	15.000					equired in Part I. line		1					9 1 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
(b) Number of recipients	4					e the information re									
(a) Type of grant or assistance receipment recipient recipient	EDUCATION SCHOLARSHIPS	7	4	u		Sumpomental Information Provide the information required in Part I. line 2: Part III, column (b); and any other additional information.									

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service Name of the organization

 Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

FORMER TEXAS RANGERS FOUNDATION 23-7150500 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

		(b) Relationship between disqualified person and	I N D	(d) Cor	rected?
1	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					ļ
(4)					
(5)					ļ
(6)					
2		by the organization managers or disqualified pe			
3	Enter the amount of tax, if any,	on line 2, above, reimbursed by the organization.	,		_

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or the zation?	(e) Original principal amount	(f) Balance due	(g) In d	lefault?	(h) App by boa	ard or	(i) Wa agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)						_						
							<u> </u>					
(2) (3)												
(4)												
(5)								<u> </u>				<u></u>
(6)												
(7)									<u> </u>			
(8)			<u>.</u>				ļ		1	L		
(9)							<u> </u>	<u> </u>				
(10)			<u> </u>				2277777993344					THE STREET
Total					⊳ \$	(ו ו	i iniines				

Grants or Assistance Benefiting Interested Persons. Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Complete ii mic ci	3			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
				ļ .
		<u> </u>		
(6)				
				<u> </u>
(8)	<u> </u>			
(9)			<u> </u>	
(10)		<u> </u>	<u> </u>	<u> </u>

Part IV	Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.											
	(a) Name of interested person	(b) Relationship between interested person and the organization	(с) Amount of transaction	(d) Description of transaction	<u> </u>	zation': nues?						
					Yes	No						
(1)						 - -						
(2)	<u> </u>					 						
(3) (4)												
(5)												
(6)												
(7)												
(8)		-				╁──						
(9)			<u> </u>									
(10) Part V	Supplemental Information Provide additional information for	or responses to questions or	n Schedule L (see ins	tructions).								
		_ _		<i>.</i>								
												
			.									
		_ _										
	· 											
	. 											
		·										
												
												
			-									
												
						• -						
												
					- 							

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for the latest information.

Employer identification number 23-7150500

FORM	IER TEXAS RANGERS FOUNDAT	ION		23-71505	500
Part					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC,				
	or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation				
	contribution—Historic				
	structures				
14	Qualified conservation				
	contribution—Other	-			
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other	_			·
18	Collectibles				
19	Food inventory	<u> </u>			
20	Drugs and medical supplies		-		
21	Taxidermy				-
22	Historical artifacts .			· · · · · · · · · · · · · · · · · · ·	<u> </u>
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()			<u> </u>	
26	Other ► (
27	Other ► () Other ► ()				
28 29	Number of Forms 8283 received	hy the orga	nization during the tay year t	for contributions for	
23	which the organization completed	1 Form 828:	Reart IV Donee Acknowled	gement	29
	Which the organization complete	or only oron	5, 1 41(11, 2 5), 50 1 141111	3	Yes No
30a	During the year, did the organizate	tion receive	by contribution any property	reported in Part I. lines 1 th	
500	28, that it must hold for at least the	ree vears f	rom the date of the initial cor	ntribution, and which isn't red	quired
	to be used for exempt purposes if	or the entire	e holding period?		30a X
b	If "Yes," describe the arrangemen		- •		probabilities of particular
31	Does the organization have a gift		e policy that requires the rev	iew of any nonstandard	u series e
-	contributions?				31 X
32a	Does the organization hire or use				
	noncash contributions?				32a X
b	If "Yes," describe in Part II.				
33	If the organization didn't report a	n amount in	column (c) for a type of pro	perty for which column (a) is	Section 122 Section 122
	checked, describe in Part II.				

hedule M (F	Form 990) 2017 FORMER TEXAS RANGERS FOUNDATION	23-7150500	Page 4
art II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a	and 33, and whe	ether
_ _	the organization is reporting in Part I, column (b), the number of contributions, the numb	er of items rece	eived,
	or a combination of both. Also complete this part for any additional information.		
			-
			 _
			
·			
		,	
		-	
			
			
			
-			
			-
			
		.	
. _			
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2017
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Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

FORMER TEXAS RANGERS FOUNDATION	23-7150500
Form 990, Part VI, Section A, Line 8B: THERE ARE NO COMMITTEES WITH THE AUTHORITY	TO ACT ON
BEHALF OF THE GOVERNING BODY.	
Form 990, Part VI, Section B, Line 11B: A DRAFT OF THE FORM 990 IS GIVEN TO ALL BOARD	MEMBERS
AND REVIEWED DURING THE BOARD MEETING.	
Form 990, Part VI, Section C, Line 19: ALL GOVERNING DOCUMENTS AND MOST RECENT A	UDITED
FINANCIAL STAEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
Form 990, Part XII, Line 2C: THIS IS CONSISTENT WITH THE PRIOR YEAR.	
	
	
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Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
	23-7150500
FORMER TEXAS RANGERS FOUNDATION	120-7 100000
www	

SCHEDULE R (Form 990)

Department of the Treasury Name of the organization Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

OMB No. 1945-0047	2017	Open to Bublic
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Employer identification number 23-7150500 Go to www.irs.gov/Form990 for instructions and the latest information. FORMER TEXAS RANGERS FOUNDATION

Section 512(b)(13) controlled Schedule R (Form 990) 2017 Ñ × (f) Direct controlling entity? Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had 9 Yes (f)
Direct controlling entity (e) End-of-year assets Ϋ́ Public charity status (if section 501(c)(3)) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501(C)(7) Legal domicile (state or foreign country) Primary activity ĭ FRATERNAL MEMBERSHIP AND one or more related tax-exempt organizations during the tax year Primary activity (1) FORMER TEXAS RANGERS ASSOCIATION, INC 74-6062234 (a) Name, address, and EIN (if applicable) of disregarded entity Name, address, and EIN of related organization PO BOX 290229 KERRVILLE, TX 78029-0229 Part II Part 1 **€** 9 <u>@</u> 8 3 3 <u>ල</u> 3 0 **3** 3 9

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23-7150500

Page 2

Part III

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.

Schedule R (Form 990) 2017 Section 512(b)(13) controlled Percentage ownership ž Yes Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part General or managing partner? ŝ (h) Percentage ownership Yes Code V—UBi amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? 욷 (f) Share of total income Yes IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Share of end-of-year assets (e)
Type of entity
(Coorp, Scorp, or trust) 6 (f) Share of total income (d) Direct controlling Predominant income (related, unrelated, excluded from tax under sections 512-514) (c) Legal domicile (state or foreign country) (d)
Direct controlling Pentity Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity (a) Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Ξ 3 ල 9 9 8 8 3 **₹** 9 9 Ξ 3 0

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		:	9	۲	Yes No	의
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-1V?	sactions with one or more related orc	janizations listed in P	arts II–IV ∶			i :
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ed entity			<u>e</u>	× :	\times
				1b	×	$_{\times}$
		-		7	<u>×</u>	×
כ כוון, שלמוון, טו כמטונמו טטונווסמונטו ווסוון ופומנפט טושמוויבמוטיונט).				77	×	×
d Loans or loan guarantees to or for related organization(s).				2 .	\ 	را،
e I pans or loan guarantees by related organization(s).				Je	×	×
and the second potential and an experience (c)				7	<u>×</u>	×
T DIVIDENDS ITOIT Letated of gallication (s)		· · · · · ·		2	×	×
g Sale of assets to related organization(s)				20 -7	1	
h Purchase of assets from related organization(s).				J.L	1	۱,
				ij	×	\times
Liver of familiary and imment or other accepts to related organization(s)				1j	<u>×</u>	×
J Lease of facilities, equipment, of other assets to related of gainzaron(s).		·				
				÷	×	×
k Lease of facilities, equipment, or other assets from related organization(s).				4 ;		
Performance of services or membership or fundraising solicitations for related organization(s)	ed organization(s)			=	<u> </u>	
m Performance of services or membership or fundraising solicitations by related organization(s)	ed organization(s)			٦ ع	×	×
	nanization(s)			_ - -	 ×	
				7	~	>
 Sharing of paid employees with related organization(s) 				2	1	<
n Reimhursement naid to related organization(s) for expenses				1p \	×	1
	•	-			_ ×	
d Keimbursement paid by related organization (s) for expenses.		· · · ·				
					>	>
 r Other transfer of cash or property to related organization(s) 				= ,		< ;
s Other transfer of cash or property from related organization(s).				18	\dashv	$\langle $
If the answer to any of the above is "Yes." see the instruction	on who must complete this line, in	cluding covered relat	onships and transactic	on threshold	S.	
		(q)	(၁)	(p)		
امن) Name of related organization		Transaction type (a-s)	Amount involved	Method of determining amount involved	stermining ivolved	Ę.
		() LIG				
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ξ.						
(7)						
(e)						١
(4)						
(5)						
(9)			Schedu	Schedule R (Form 990) 2017	990) 20	17
					•	

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

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.

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment particles single.	organization.	ee instructions r	egarding exclusi		tall livestill	ant partitional lips.	ŀ	1	117	6	(4)
(a) Name address and EIN of partitle	(b) Primav activity	(c) Legal domicile	(d) Predominant	(e) Are all part	(f) (f)	of Share of		(n) Disproportionate			(n) Percentage
ואחופ, מטעיפטט, מוס כווע כי מוניין		(state or foreign country)	B_€	section 501(c)(3) organizations?	total income	ome end-of-year assets		allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
			sectoris 5 (2.5.14)	Yes	No		15	Yes No		Yes No	
(1)											
(2)					_		-				
(3)											
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Schedule R (Fo	rm 990) 2017	FORMER TEXAS RANGERS FOUNDATION	23-7150500	Page 5
Part VII	Supplem	ental Information.		
	Provide a	dditional information for responses to questions on Schedule R. S	see instructions.	
				
				
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