			EXTENDED TO AUG			
	0	00	Return of Organization E	xempt From	Income Tax	OMB No. 1545-0047
Form	1 3	90	Under section 501(c), 527, or 4947(a)(1) of the Inte	ernal Revenue Code (ex	cept private foundation	ns) 2021
Department		of the Treasury	Do not enter social security numbers	on this form as it may	be made public.	Open to Public
Intern	al Reve	nue Service	Go to www.irs.gov/Form990 for ins			Inspection
AF	or the		ar year, or tax year beginning OCT 1, 202	21 and ending	SEP 30, 2022	
Bca	heck if oplicable	le: C Name of	f organization		D Employer identifi	cation number
	Addre ] chang	po CAL	FARLEY'S BOYS RANCH FOUNDAT	NOI		
	Name chang	Pe Doing b	usiness as		75-10809	87
-	Final		and street (or P.O. box if mail is not delivered to street add	dress) Room/suit		
_	termin		BOX 1890		806-372-	
	Amen	ded AMAD	own, state or province, country, and ZIP or foreign po ILLO, TX 79105	stal code	G Gross receipts \$ H(a) Is this a group re	228,432,070.
-	Applic tion		nd address of principal officer: RICHARD NEDI	ELKOFF	for subordinates	
_	pendir		AS C ABOVE		H(b) Are all subordinates in	
I T	ax-ex	empt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no.)	4947(a)(1) or 52		list. See instructions
			CALFARLEY.ORG		H(c) Group exemptio	n number 🕨
			X Corporation Trust Association	Other 🕨 📘 Yea	ar of formation: 1960	A State of legal domicile; TX
Pa	rtl	Summary				
e	1	Briefly describ	e the organization's mission or most significant activit			
Activities & Governance			SUPPORT TO CAL FARLEY'S BO	the second se	BA CAL FARLEY	the second se
srné	2	Check this bo	x > if the organization discontinued its operation	tions or disposed of mo	re than 25% of its net as	sets.
OVE			ting members of the governing body (Part VI, line 1a)		3	7
S S			ependent voting members of the governing body (Par			7
es			of individuals employed in calendar year 2021 (Part V,	line 2a)	5	0
ivit						7
Act			d business revenue from Part VIII, column (C), line 12		7a	45,024.
-	D	Net unielated	business taxable income from Form 990-T, Part I, line	11	7b	0.
				-	Prior Year	Current Year
one	8	Contributions	and grants (Part VIII, line 1h)	·····	Prior Year 2,404,154.	
venue	8 9	Contributions Program servi	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		Prior Year 2,404,154. 0.	Current Year 5,946,113. 0.
Revenue	8 9 10	Contributions Program servi Investment inc	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		Prior Year 2,404,154. 0. 18,724,599.	Current Year 5,946,113. 0. 32,577,222.
Revenue	8 9 10 11	Contributions Program servi Investment inc Other revenue	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 110	e)	Prior Year 2,404,154. 0. 18,724,599. 432,374.	Current Year 5,946,113. 0. 32,577,222. 782,956.
Revenue	8 9 10 11 12	Contributions Program servi Investment ind Other revenue Total revenue	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11 - add lines 8 through 11 (must equal Part VIII, column	e)	Prior Year 2,404,154. 0. 18,724,599. 432,374. 21,561,127.	Current Year 5,946,113. 0. 32,577,222. 782,956. 39,306,291.
Revenue	8 9 10 11 12 13	Contributions Program servi Investment ind Other revenue Total revenue Grants and sir	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c - add lines 8 through 11 (must equal Part VIII, column nilar amounts paid (Part IX, column (A), lines 1-3)	e)	Prior Year 2,404,154. 0. 18,724,599. 432,374. 21,561,127. 16,806,540.	Current Year 5,946,113. 0. 32,577,222. 782,956. 39,306,291. 17,393,447.
_	8 9 10 11 12 13 14	Contributions Program servi Investment ind Other revenue Total revenue Grants and sir Benefits paid	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c - add lines 8 through 11 (must equal Part VIII, column nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)	e) (A), line 12)	Prior Year 2,404,154. 0. 18,724,599. 432,374. 21,561,127. 16,806,540. 0.	Current Year 5,946,113. 0. 32,577,222. 782,956. 39,306,291. 17,393,447. 0.
_	8 9 10 11 12 13 14 15	Contributions Program servi Investment ind Other revenue Total revenue Grants and sir Benefits paid Salaries, other	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 110 - add lines 8 through 11 (must equal Part VIII, column nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A)	e) (A), line 12)	Prior Year 2,404,154. 0. 18,724,599. 432,374. 21,561,127. 16,806,540.	Current Year 5,946,113. 0. 32,577,222. 782,956. 39,306,291. 17,393,447.
_	8 9 10 11 12 13 14 15 16a	Contributions Program servi Investment ind Other revenue Total revenue Grants and sir Benefits paid Salaries, other Professional fit	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c - add lines 8 through 11 (must equal Part VIII, column nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)	e) (A), line 12)	Prior Year 2,404,154. 0. 18,724,599. 432,374. 21,561,127. 16,806,540. 0.	Current Year 5,946,113. 0. 32,577,222. 782,956. 39,306,291. 17,393,447. 0. 0.
Expenses Revenue	8 9 10 11 12 13 14 15 16a b	Contributions Program servi Investment ind Other revenue <u>Total revenue</u> Grants and sir Benefits paid Salaries, other Professional fi Total fundraisi	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 110 - add lines 8 through 11 (must equal Part VIII, column nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)	e) (A), line 12) 	Prior Year 2,404,154. 0. 18,724,599. 432,374. 21,561,127. 16,806,540. 0.	Current Year 5,946,113. 0. 32,577,222. 782,956. 39,306,291. 17,393,447. 0. 0.
_	8 9 10 11 12 13 14 15 16a b 17	Contributions Program servi Investment ind Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional fit Total fundraisi Other expense	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 110 - add lines 8 through 11 (must equal Part VIII, column nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)	e) (A), line 12)  ), lines 5-10)  0 •	Prior Year 2,404,154. 0. 18,724,599. 432,374. 21,561,127. 16,806,540. 0. 0.	Current Year 5,946,113. 0. 32,577,222. 782,956. 39,306,291. 17,393,447. 0. 0.
Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19	Contributions Program servi Investment ind Other revenue Total revenue Grants and sir Benefits paid Salaries, other Professional fu Total fundraisi Other expense Total expense	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 116 <u>- add lines 8 through 11 (must equal Part VIII, column</u> milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) es (Part IX, column (A), lines 11a-11d, 11f-24e)	e) (A), line 12)  ), lines 5-10)  0 •	Prior Year 2,404,154. 0. 18,724,599. 432,374. 21,561,127. 16,806,540. 0. 0. 0. 1,222,870.	Current Year 5,946,113. 0. 32,577,222. 782,956. 39,306,291. 17,393,447. 0. 0. 0. 1,360,468.
Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19	Contributions Program servi Investment ind Other revenue Total revenue Grants and sir Benefits paid Salaries, other Professional fu Total fundraisi Other expense Revenue less	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 116 - add lines 8 through 11 (must equal Part VIII, column milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line expenses. Subtract line 18 from line 12	e) (A), line 12)  ), lines 5-10) 0 . e 25)	Prior Year 2,404,154. 0. 18,724,599. 432,374. 21,561,127. 16,806,540. 0. 0. 0. 1,222,870. 18,029,410. 3,531,717. Beginning of Current Year	Current Year 5,946,113. 0. 32,577,222. 782,956. 39,306,291. 17,393,447. 0. 0. 0. 1,360,468. 18,753,915. 20,552,376. End of Year
Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19	Contributions Program servi Investment ind Other revenue Total revenue Grants and sir Benefits paid Salaries, other Professional fu Total fundraisi Other expense Revenue less Total assets (F	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 116 - add lines 8 through 11 (must equal Part VIII, column milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line expenses. Subtract line 18 from line 12	e) (A), line 12)  ), lines 5-10) 0 . e 25)	Prior Year 2,404,154. 0. 18,724,599. 432,374. 21,561,127. 16,806,540. 0. 0. 0. 1,222,870. 18,029,410. 3,531,717. Beginning of Current Year 418,737,875.	Current Year 5,946,113. 0. 32,577,222. 782,956. 39,306,291. 17,393,447. 0. 0. 0. 1,360,468. 18,753,915. 20,552,376. End of Year 353,153,021.
Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19	Contributions Program servi Investment ind Other revenue Total revenue Grants and sir Benefits paid Salaries, other Professional fi Total fundraisi Other expense Revenue less Total assets (F Total liabilities	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 116 - add lines 8 through 11 (must equal Part VIII, column milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (A), line 25) es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26)	e) (A), line 12)  ), lines 5-10) 0 . e 25)	Prior Year 2,404,154. 0. 18,724,599. 432,374. 21,561,127. 16,806,540. 0. 0. 0. 1,222,870. 18,029,410. 3,531,717. Beginning of Current Year 418,737,875. 10,931,845.	Current Year 5,946,113. 0. 32,577,222. 782,956. 39,306,291. 17,393,447. 0. 0. 0. 1,360,468. 18,753,915. 20,552,376. End of Year 353,153,021. 17,767,024.
Net Assets or Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22	Contributions Program servi Investment ind Other revenue Total revenue Grants and sir Benefits paid Salaries, other Professional fi Total fundraisi Other expense Revenue less Total assets (F Total liabilities Net assets or	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 116 - add lines 8 through 11 (must equal Part VIII, column milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (A), line 25) es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20	e) (A), line 12)  ), lines 5-10) 0 . e 25)	Prior Year 2,404,154. 0. 18,724,599. 432,374. 21,561,127. 16,806,540. 0. 0. 0. 1,222,870. 18,029,410. 3,531,717. Beginning of Current Year 418,737,875.	Current Year 5,946,113. 0. 32,577,222. 782,956. 39,306,291. 17,393,447. 0. 0. 0. 1,360,468. 18,753,915. 20,552,376. End of Year 353,153,021. 17,767,024.
Wet Assets or w Lund Balances Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II	Contributions Program servi Investment ind Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional fit Total fundraisi Other expense Revenue less Total assets (F Total assets or Total liabilities Net assets or	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 116 - add lines 8 through 11 (must equal Part VIII, column inilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (A), line 25) es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20 Pallock	e) (A), line 12)  ), lines 5-10) 0 •	Prior Year 2,404,154. 0. 18,724,599. 432,374. 21,561,127. 16,806,540. 0. 0. 1,222,870. 18,029,410. 3,531,717. Beginning of Current Year 418,737,875. 10,931,845. 407,806,030.	Current Year 5,946,113. 0. 32,577,222. 782,956. 39,306,291. 17,393,447. 0. 0. 1,360,468. 18,753,915. 20,552,376. End of Year 353,153,021. 17,767,024. 335,385,997.
Pur All Assets or Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II	Contributions Program servi Investment ind Other revenue Grants and sin Benefits paid Salaries, other Professional fu Total fundraisi Other expense Revenue less Total assets (F Total liabilities Net assets or f <b>Signature</b> Ities of perjury,	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 116 - add lines 8 through 11 (must equal Part VIII, column inilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20 <b>Block</b> declare that I have examined this return, including accompantial and the subtract line 18 from line 10 (Part X, line 26) (Part X, line 26)	e) (A), line 12) (A), lines 5-10) 0 • e 25)	Prior Year 2,404,154. 0. 18,724,599. 432,374. 21,561,127. 16,806,540. 0. 0. 1,222,870. 18,029,410. 3,531,717. Beginning of Current Year 418,737,875. 10,931,845. 407,806,030.	Current Year 5,946,113. 0. 32,577,222. 782,956. 39,306,291. 17,393,447. 0. 0. 1,360,468. 18,753,915. 20,552,376. End of Year 353,153,021. 17,767,024. 335,385,997.
Pur All Assets or Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II	Contributions Program servi Investment ind Other revenue Grants and sin Benefits paid Salaries, other Professional fu Total fundraisi Other expense Revenue less Total assets (F Total liabilities Net assets or f <b>Signature</b> Ities of perjury,	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 116 - add lines 8 through 11 (must equal Part VIII, column inilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (A), line 25) es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20 Pallock	e) (A), line 12) (A), lines 5-10) 0 • e 25)	Prior Year 2,404,154. 0. 18,724,599. 432,374. 21,561,127. 16,806,540. 0. 0. 1,222,870. 18,029,410. 3,531,717. Beginning of Current Year 418,737,875. 10,931,845. 407,806,030.	Current Year 5,946,113. 0. 32,577,222. 782,956. 39,306,291. 17,393,447. 0. 0. 1,360,468. 18,753,915. 20,552,376. End of Year 353,153,021. 17,767,024. 335,385,997.
Pur Assets of Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II 22 r pena correc	Contributions Program servi Investment inc Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional fu Total fundraisi Other expense Revenue less Total assets (F Total liabilities Net assets or Signature etites of perjury, ct, and complete.	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c - add lines 8 through 11 (must equal Part VIII, column inilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) s. Add lines 13-17 (must equal Part IX, column (A), line expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20 Block declare that I have examined this return, including accompanded Declaration of preparer (other than officer) is based on all in	e) (A), line 12) (A), lines 5-10) 0 • e 25)	Prior Year 2,404,154. 0. 18,724,599. 432,374. 21,561,127. 16,806,540. 0. 0. 1,222,870. 18,029,410. 3,531,717. Beginning of Current Year 418,737,875. 10,931,845. 407,806,030.	Current Year 5,946,113. 0. 32,577,222. 782,956. 39,306,291. 17,393,447. 0. 0. 1,360,468. 18,753,915. 20,552,376. End of Year 353,153,021. 17,767,024. 335,385,997.
Participation Parameters of Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II 22 r pena correc	Contributions Program servi Investment inc Other revenue Total revenue Grants and sir Benefits paid Salaries, other Professional fu Total fundraisi Other expense Revenue less Total assets (F Total liabilities Net assets or <b>Signature</b> Signature Signature	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 116 - add lines 8 through 11 (must equal Part VIII, column milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (A), line 25) es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20 <b>Block</b> declare that I have examined this return, including accompa Declaration of preparer (ather than officer) is based on all in	e) (A), line 12) (A), lines 5-10) 0 • e 25)	Prior Year 2,404,154. 0. 18,724,599. 432,374. 21,561,127. 16,806,540. 0. 0. 1,222,870. 18,029,410. 3,531,717. Beginning of Current Year 418,737,875. 10,931,845. 407,806,030. ments, and to the best of my er has any knowledge.	Current Year 5,946,113. 0. 32,577,222. 782,956. 39,306,291. 17,393,447. 0. 0. 1,360,468. 18,753,915. 20,552,376. End of Year 353,153,021. 17,767,024. 335,385,997.
Pur Assets of Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II 22 r pena correc	Contributions Program servi Investment inc Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional fr Total fundraisi Other expense Revenue less Total assets (F Total liabilities Net assets or Signature Ities of perjury, ct, and converts.	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c - add lines 8 through 11 (must equal Part VIII, column inilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) s. Add lines 13-17 (must equal Part IX, column (A), line expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20 Block declare that I have examined this return, including accompanded Declaration of preparer (other than officer) is based on all in	e) (A), line 12) (A), lines 5-10) 0 • e 25)	Prior Year 2,404,154. 0. 18,724,599. 432,374. 21,561,127. 16,806,540. 0. 0. 1,222,870. 18,029,410. 3,531,717. Beginning of Current Year 418,737,875. 10,931,845. 407,806,030. ments, and to the best of my er has any knowledge.	Current Year 5,946,113. 0. 32,577,222. 782,956. 39,306,291. 17,393,447. 0. 0. 1,360,468. 18,753,915. 20,552,376. End of Year 353,153,021. 17,767,024. 335,385,997.
Participation Parameters of Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II 22 r pena correc	Contributions Program servi Investment inc Other revenue Total revenue Grants and sin Benefits paid Salaries, other Professional fr Total fundraisi Other expense Revenue less Total assets (F Total liabilities Net assets or Signature Ities of perjury, ct, and converts.	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 116 - add lines 8 through 11 (must equal Part VIII, column inilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 from line 20 Block declare that I have examined this return, including accompa Declaration of preparer (ather than officer) is based on all in MUDHNSON, VICE PRESIDENT rint name and itte	e) (A), line 12) (A), lines 5-10) (0. (0. (0.) (	Prior Year 2,404,154. 0. 18,724,599. 432,374. 21,561,127. 16,806,540. 0. 0. 1,222,870. 18,029,410. 3,531,717. Beginning of Current Year 418,737,875. 10,931,845. 407,806,030. ments, and to the best of my er has any knowledge.	Current Year 5,946,113. 0. 32,577,222. 782,956. 39,306,291. 17,393,447. 0. 0. 1,360,468. 18,753,915. 20,552,376. End of Year 353,153,021. 17,767,024. 335,385,997.
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Part Expenses Balances Find Balances	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II r pena correc	Contributions Program servi Investment ind Other revenue Grants and sin Benefits paid Salaries, other Professional fit Total fundraisi Other expense Revenue less Total assets (F Total assets or Signature Ities of perjury, ct, and contents Signature Definition of perjury, ct, and contents Signature Definition of perjury, ct, and contents Signature Print/Type prep PAMELA	and grants (Part VIII, line 1h) ce revenue (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 116 - add lines 8 through 11 (must equal Part VIII, column inilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (A), line 25) es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line expenses. Subtract line 18 from line 12 Part X, line 16) (Part X, line 26) und balances. Subtract line 21 from line 20 Block declare that I have examined this return, including accompa Declaration of preparer (ather than officer) is based on all in WIDHNSON, VICE PRESIDENT rint name and itte warer's name Preparer's signatu	e) (A), line 12) (A), lines 5-10) (A), lines	Prior Year 2,404,154. 0. 18,724,599. 432,374. 21,561,127. 16,806,540. 0. 0. 0. 1,222,870. 18,029,410. 3,531,717. Beginning of Current Year 418,737,875. 10,931,845. 407,806,030. ments, and to the best of my er has any knowledge. Date 03/27/23	Current Year 5,946,113. 0. 32,577,222. 782,956. 39,306,291. 17,393,447. 0. 0. 0. 1,360,468. 18,753,915. 20,552,376. End of Year 353,153,021. 17,767,024. 335,385,997. knowledge and belief, it is 2023

		Phone no. 505-878-7200
May the I	RS discuss this return with the preparer shown above? See instructions	X Yes
132001 12-0	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

X Yes No Form 990 (2021)

	990 (2021) CAL FARLEY'S BOYS RANCH FOUNDATION 75-1080987	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	····· <u> </u>
	Briefly describe the organization's mission: CAL FARLEY'S BOYS RANCH FOUNDATION IS ORGANIZED TO PROVIDE FINANCIA	т.
	SUPPORT TO CAL FARLEY'S BOYS RANCH THROUGH INVESTMENT AND REINVESTM	
	OF FUNDS, PROPERTIES AND OTHER DONATIONS OF VALUE RECEIVED AS	
	CONTRIBUTIONS AND SUPPORT.	
	Did the organization undertake any significant program services during the year which were not listed on the	
_		es X No
	If "Yes," describe these new services on Schedule O.	
		es X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	and
	revenue, if any, for each program service reported.	
	(Code:) (Expenses \$ 17,393,447. including grants of \$ 17,393,447. ) (Revenue \$]	)
	PROVIDE FINANCIAL SUPPORT TO CAL FARLEY'S BOYS RANCH THROUGH INVEST	
	AND REINVESTMENT OF FUNDS, PROPERTIES, AND OTHER DONATIONS OF VALUE	
	RECEIVED AS CONTRIBUTIONS AND SUPPORT.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4c		)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 17, 393, 447.	
		<b>990</b> (2021)
132002	2 12-09-21	
	5	

Form 990 (				BOYS	RANCH	FOUNDATION
Part IV	Checklist of Red	quire	d Schedules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			77
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- 1		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	8		х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<b>•</b>		<u></u>
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10		10	x	
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
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		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18		18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		
13		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
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? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21	x	
132003	12-09-21			2021)

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FUIII	330	(2021)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 78			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	12-09-21	Form	990	(2021)
	7			

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021)		FARLEY'S				
Statements	s Regardi	ng Other IRS	Filings a	and Tax C	Compliance	(continued)

			Yes	No
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	-	v	
	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 on Schedule O	3b	X	
ła	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
L-	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		x
ia b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
c a		30		
a	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	u		
D	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	00		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
2	to file Form 8282?	7c		x
d				
ĕ	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
а	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 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders [11a]			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
_	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Nates Cas the instructions for additional information the construction must us add as Cabadula C			
а	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the			
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			
b c	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	14a		X
b c a	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       13b         Enter the amount of reserves on hand       13c         Did the organization receive any payments for indoor tanning services during the tax year?       13c	14a 14b		X
b c a 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       13b         Enter the amount of reserves on hand       13c			X
b c a 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       13b         Enter the amount of reserves on hand       13c         Did the organization receive any payments for indoor tanning services during the tax year?       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
b c a 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       13b         Enter the amount of reserves on hand       13c         Did the organization receive any payments for indoor tanning services during the tax year?       13c         If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
b cab	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       13b         Enter the amount of reserves on hand       13c         Did the organization receive any payments for indoor tanning services during the tax year?       13c         If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	14b		x
b c la	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       13b         Enter the amount of reserves on hand       13c         Did the organization receive any payments for indoor tanning services during the tax year?       13c         If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 1s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?         If "Yes," see the instructions and file Form 4720, Schedule N.	14b 15		x
b clab	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       13b         Enter the amount of reserves on hand       13c         Did the organization receive any payments for indoor tanning services during the tax year?       13c         If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 15 the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?         If "Yes," see the instructions and file Form 4720, Schedule N.       15 the organization an educational institution subject to the section 4968 excise tax on net investment income?	14b 15		x
b c a 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       13b         Enter the amount of reserves on hand       13c         Did the organization receive any payments for indoor tanning services during the tax year?       13c         If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 18 the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or         excess parachute payment(s) during the year?       11 "Yes," see the instructions and file Form 4720, Schedule N.         Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       11 "Yes," complete Form 4720, Schedule O.	14b 15		x

Form 990 (2021)

Part V

Form	990 (	(2021)
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## CAL FARLEY'S BOYS RANCH FOUNDATION

X

Yes No

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7		
	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 on Schedule O.			_		
b	Enter the number of voting members included on line 1a, above, who are independent	1b		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	iny other			
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		x
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint o	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, st	tockhol	ders, or			
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:			
а	The governing body?			<u>8a</u>	X	<u> </u>
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 read				1	
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		1	
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		X X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,			
				10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	<u>11a</u>	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ")	,			v	
40	on Schedule O how this was done			12c	X X	<u> </u>
13	Did the organization have a written whistleblower policy?			13	X	
14 45	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approva	a by inc	lependent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150		x
a h	The organization's CEO, Executive Director, or top management official			15a 15b		X
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			150		- 23
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nont wi	th a			
100				16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			1.00		1
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ KY, OR, WA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-	T (section 501(c)(3	B)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		(	, <b>y</b> )		
	X       Own website       Another's website       X       Upon request       Other (explain)	n on Sc	hedule ())			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd finan	cial	
	statements available to the public during the tax year.		polloy, u			
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	I records			
-	MEGAN JOHNSON - 806-322-2581		F			
	P.O. BOX 1890, AMARILLO, TX 79174					
132006	12-09-21			Forr	n <b>990</b>	(2021)

9

15070327 146892 878183

2021.05070 CAL FARLEY'S BOYS RANCH F 878183\_1

Form 990 (2	(021) CAL FARLEY'S BOYS RANCH FOUNDATION	75-1080987	Page 7			
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated					
,	Employees, and Independent Contractors					
	Check if Schedule O contains a response or note to any line in this Part VII					
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees					
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or	r within the organization's	s tax year.			
● List a	I of the organization's current officers, directors, trustees (whether individuals or organizations), regardles	s of amount of compens	ation.			

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B)	<b>(C)</b> Position				ı		<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
Name and the	Average hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)			s both	ı an	compensation	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DAN ADAMS PRESIDENT (THRU AUG 2021)	1.00 40.00						х	0.	276,847.	16,107.
(2) MARK STROTHER INTERIM PRESIDENT (THRU JUNE 2022)	1.00	x		x				0.	196,155.	16,939.
(3) MEGAN JOHNSON VICE PRESIDENT	1.00			x				0.	151,152.	14,428.
(4) RICHARD NEDELKOFF PRESIDENT (BEG. JUNE 2022)	1.00 40.00	x		x				0.	0.	0.
(5) MICHELLE BONNER CHAIRMAN	1.00	x		x				0.	0.	0.
(6) RODNEY RUTHART VICE CHAIRMAN	1.00	x		x				0.	0.	0.
(7) ROD SCHRODER SECRETARY	1.00	x		x				0.	0.	0.
(8) JULIE ATTEBURY DIRECTOR	1.00	x						0.	0.	0.
(9) MIKE KING DIRECTOR	1.00	x						0.	0.	0.
(10) LANCE PURCELL DIRECTOR	1.00	x						0.	0.	0.
(11) MALCOLM SHELTON DIRECTOR	1.00	x						0.	0.	0.
		-								
		-								
	1				I	1		l	L	Earm <b>990</b> (2021)

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132007 12-09-21

Form 990 (2021)

	990 (2021) CAL FARLE									75-1	080	987	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	st C		, ,				
	(A) Name and title	(B) (C) Average hours per week officer and a director/				than d is both	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	on	an	(F) timate nount other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizatior (W-2/1099-MI 1099-NEC)	SC/	fr org and	pensa om the anizat d relate inizatio	e ion ed
	Subtotal								0.	624,1		4	7,4	
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.	624,1	0. 54.	4	7,4	<u>0.</u> 74.
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable	e			0
													Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su	-		-	•			Ŭ	• •			3	x	
4	For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,		'								4	X	
Sec	rendered to the organization? <i>If "Yes." com</i>	plete Schedule	e J f	or si	uch j	bers	on .					5		Х
1	Complete this table for your five highest cor	npensated ind	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensat	ion fro	m	
	the organization. Report compensation for t (A)	he calendar ye	ear e	endir	ng w	ith c	or wi	thin 	<u>the organization's tax y</u> (B)	ear.		(0	<u>.</u>	
	Name and business address						(D) Description of services			omper		n		
	RTLE CALLAGHAN & CO, LLC, 300 BARR RBOR DRIVE, STE 500, WEST CONSHOHOCKEN,						INVESTMENT MANAGEMENT FEES				1,5	24.		
	Y MELLON ASSET SERVICIN Y MELLON/151-1015, PITT		Р	A	15	25	8		GSS COMPENSA	TION		194	4,3'	76.
	· · ·													
								-						
	Total number of independent contractors (in		ot li-	nitor		thor		tod	abovo) who received m	are then				
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	JUII	me	u 10		se iis 2	req	above, who received mo					
												Form	9 <b>90</b> (2	2021)

132008 12-09-21

				LEY'S	SВ	OYS RANC	CH FOUNDAT	ION	75-1080	987 Page
Part	VIII	Statement of Re	venue							
		Check if Schedule O	contains	a respon	nse or	r note to any line		(D)		
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 51
ຽ່	1 a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts										
<u> </u>		Fundraising events								
ar A		Related organizations				5,712,045.				
s, c mila		Government grants (contr		1e						
rion Sign	f	All other contributions, gifts,	grants, an	d						
the		similar amounts not included	above			234,068.				
	-	Noncash contributions included in		1g \$						
<u>ש כ</u>	h	Total. Add lines 1a-1f			1	<b>&gt;</b>	5,946,113.			
	•				_	Business Code				
	2a b									
and	c									
	d									
Program Service Revenue	е									
ž	f	All other program service	revenue		[					
	g	Total. Add lines 2a-2f				►				
	3	Investment income (includ								
		other similar amounts)					33,382,869.		45,024.	3333784
	4	Income from investment o		-		1	775 000			775 00
	5	Royalties		(i) Real	·····	(ii) Personal	775,008.			775,00
	6 2	Gross rents	6a	(i) near 7,94	48	(ii) i eisonai				
		Gross rents	6b	.,-	0.					
		Rental income or (loss)	6c	7,94	48.					
		Net rental income or (loss)				►	7,948.			7,948
		Gross amount from sales of		Securitie	es	(ii) Other				
		assets other than inventory	<b>7a</b> <sup>188</sup>	,029,94	41.	290,191.				
	b	Less: cost or other basis								
venue		and sales expenses		,806,78		318,991.				
A)		Gain or (loss)	· · · · · · · · · · · · · · · · · · ·	-776,84		-28,800.	90E C47			005 CAT
ž		Net gain or (loss)		r	·····	····· ►	-805,647.			-805,647
Other	8 a	Gross income from fundraisin including \$	-							
U		contributions reported on								
		Part IV, line 18	-		8a					
	b	Less: direct expenses			8b					
	с	Net income or (loss) from	fundraisi	ng event	ts	►				
	9 a	Gross income from gamin	ig activiti	es. See						
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from	• •	ſ		🕨				
1	υa	Gross sales of inventory, I			10-					
	h	and allowances Less: cost of goods sold			10a 10b					
		Net income or (loss) from				<b></b>				
						Business Code				
n 1	1 a				_ [					
Miscellarieous Revenue L	b									
eve	с				_ [					
E H		All other revenue								
	•	Total. Add lines 11a-11d				🕨				
	2	Total revenue. See instruction					39,306,291.	0.	45,024.	33315154

Form 990 (2	2021)	CAL	FARI	'EA.?	3
Part IX	Statement of	of Function	onal Ex	pense	es

CAL FARLEY'S BOYS RANCH FOUNDATION

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 to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 17,393,447. 17,393,447. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): 11 Management а 160,329. 160,329. b Legal С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 867,881. 867,881. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 1,990. 1,990. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 76. 76. 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization ..... 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 316,064. 316,064. ANNUITIES AND TRUSTS а REAL ESTATE & MINERAL 14,128. 14,128. т b С d All other expenses е 18,753,915. 17,393,447. 1,360,468. 0. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

13

132010 12-09-21

2021.05070 CAL FARLEY'S BOYS RANCH F 878183\_1

Form 990 (2021)

15070327 146892 878183

CAL	FARLEY	'S	BOYS	RANCH	FOUNDATION
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75-1080987 Page 11

		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			3,053,204.	2	3,579,660.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,280.	4	9,156.
	5	Loans and other receivables from any current or	former	r officer, director,			
		trustee, key employee, creator or founder, substa	antial c	contributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described				6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges				9	125.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,323,571.			
	b	Less: accumulated depreciation			1,762,635.	10c	3,323,571.
	11	Investments - publicly traded securities			275,812,135.	11	223,805,144.
	12	Investments - other securities. See Part IV, line 1			136,533,099.	12	117,050,531.
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets			14	E 204 024	
	15	Other assets. See Part IV, line 11			1,575,522.	15	5,384,834.
	16	Total assets. Add lines 1 through 15 (must equa			418,737,875.	16	353,153,021.
	17	Accounts payable and accrued expenses			4,541.	17	100.
	18	Grants payable			11 005	18	0.000
	19	Deferred revenue			11,025.	19	8,820.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
-iab		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	-		10,916,279.	05	17,758,104.
	00	of Schedule D			10,931,845.		
	26	Total liabilities. Add lines 17 through 25			10,951,045.	26	17,707,024.
s		Organizations that follow FASB ASC 958, check	ck ner				
nce	07	and complete lines 27, 28, 32, and 33.			384,614,151.	27	313,496,861.
ala	27	Net assets without donor restrictions			23,191,879.	27	21,889,136.
d B	28	Net assets with donor restrictions			23,191,079.	20	21,005,150.
un -		Organizations that do not follow FASB ASC 95					
orF	20	and complete lines 29 through 33.				29	
ets	29 20	Capital stock or trust principal, or current funds				29 30	
Net Assets or Fund Balances	30 21	Paid-in or capital surplus, or land, building, or eq Retained earnings, endowment, accumulated inc				30 31	
et A	31 22				407,806,030.	31 32	335,385,997.
ž	32 22	Total net assets or fund balances			418,737,875.	32 33	353,153,021.
	33	Total liabilities and net assets/fund balances			=I0,/J/,0/J.	৩৩	

Form **990** (2021)

# Form 990 Part X

(2021	)	CAL	FΑ
Ba	ance Sheet		

	990 (2021) CAL FARLEY'S BOYS RANCH FOUNDATION	75-	1080	)987	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,30		
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,75		
3	Revenue less expenses. Subtract line 2 from line 1	3		),55		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		7,80		
5	Net unrealized gains (losses) on investments	5	<u> </u>	1,51	1,4	72.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1	L,53	9,0	<u>63.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	335	5,38	<u>5,9</u>	<u>97.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	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?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it			1
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
-------------	--------------

Name	e of t	the organization	_						identification number	
		CAL	FARLEY'S BO	OYS RANCH FO	UNDAT	ION			5-1080987	
Par	tl	Reason for Public	Charity Status.	(All organizations must o	complete th	nis part.) S	ee instruction	IS.		
The o	rgan	ization is not a private found	dation because it is: (F	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	nurches, or associatio	n of churches described	d in sectio	n 170(b)( <sup>-</sup>	1)(A)(i).			
2		A school described in sect								
3 [		A hospital or a cooperative								
4		A medical research organiz	zation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,	
-		city, and state:								
5 [		An organization operated f		lege or university owned	d or operat	ed by a go	overnmental u	nit describe	ed in	
- F		section 170(b)(1)(A)(iv). (								
6 L		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7 [		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
<b>o</b> [		section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8 [										
9		An agricultural research or	-			-		-	-	
		or university or a non-land-	grant college of agric	ulture (see instructions).		name, city	, and state of	the college		
10		university: An organization that norma	ally receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ne memberek	in fees and	d aross receipts from	
		activities related to its exer								
		income and unrelated busi		-					-	
		See section 509(a)(2). (Co				eee aequi		jun _unorr c		
11		An organization organized	• •	velv to test for public sa	fetv. See	section 50	09(a)(4).			
12	X	An organization organized	-	•	•			rry out the	purposes of one or	
		more publicly supported or	-	-	-			•		
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	l 12g.		
а	X	<b>Type I.</b> A supporting org	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving	
		the supported organizati	on(s) the power to req	gularly appoint or elect a	a majority c	of the direc	tors or truste	es of the su	ipporting	
		organization. You must	complete Part IV, Se	ections A and B.						
b		<b>Type II.</b> A supporting org	ganization supervised	or controlled in connec	tion with it	s supporte	ed organizatio	n(s), by hav	ving	
		control or management of	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		_ organization(s). You mus	st complete Part IV,	Sections A and C.						
С		Type III functionally inte	egrated. A supporting	g organization operated	in connect	tion with, a	and functional	lly integrate	d with,	
	_	its supported organizatio	on(s) (see instructions)	). You must complete	Part IV, Se	ctions A,	D, and E.			
d		<b>Type III non-functionally</b>						-		
		that is not functionally in	•	• •				an attentiv	/eness	
		requirement (see instruct								
е		Check this box if the org					Туре I, Туре	II, Type III		
	<b>-</b> .	functionally integrated, o		nally integrated supporti	ng organiz	ation.			1	
		er the number of supported	•						L <b>T</b>	
<u>     g</u>		vide the following informatio (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	nization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organization		(described on lines 1-10	in your governi Yes	ng document?	support (see in	nstructions)	support (see instructions)	
CAL	ਸ	ARLEY'S BOYS		above (see instructions))	100					
RAN			75-0808768	7	x		17,393	3.447.		
								//==/		
Total							17,393	3,447.	0.	

Schedule A	(Form 990) 2021	CAL	FARLEY'S	BOYS	RANCH	FOUNDATION	75-1080987	Page <b>2</b>
Part II	Support Schedule for	or Org	anizations De	escribed	in Sectio	ns 170(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)	

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		1		1	1	<b>1</b>
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
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.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	,	,			12	
13	First 5 years. If the Form 990 is for th	•		•			
500	organization, check this box and stor ction C. Computation of Public	o here	rcontago				
						44	0/
	Public support percentage for 2021 (I		-			14 15	<u>%</u>
	Public support percentage from 2020 33 1/3% support test - 2021. If the o						
104	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the						
N	and stop here. The organization qual	-					
<b>1</b> 7a	10% -facts-and-circumstances test						
	and if the organization meets the fact		-				
	meets the facts-and-circumstances te			-	-		
h	10% -facts-and-circumstances test	-			•	17a. and line 15 is	10% or
~	more, and if the organization meets the		-				/ 0 0.
	organization meets the facts-and-circl						
18	Private foundation. If the organization						s
			, ••	. ,			(Form 990) 2021

Schedule A	(Form 990	) 2021	CAL	FARLEY'	S BOYS	RANCH	FOUNDATION	
Part III	Support	Schedule fo	or Orga	inizations D	escribed	in Sectior	n 509(a)(2)	

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202	1 <b>(f)</b> Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
_							<b>▶</b>
	ction C. Computation of Publi						
	Public support percentage for 2021 (I		•	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					.=	
	Investment income percentage for 20					17	%
18	Investment income percentage from					<b>18</b>	/inc 17 is not
198	<b>1 33 1/3% support tests - 2021.</b> If the						
ь	more than 33 1/3%, check this box ar						▶∟
	33 1/3% support tests - 2020. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 01-04-22	TH GIG THE CHECK &					dule A (Form 990) 2021
10202			18			Gene	

2021.05070 CAL FARLEY'S BOYS RANCH F 878183\_1

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

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## Schedule A (Form 990) 2021 CAL FARLEY'S BOYS RANCH FOUNDATION Part IV Supporting Organizations (continued)

14	cupperting erganizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		X
b	A family member of a person described on line 11a above? 11b		X
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.		X
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	X	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.		X
Sec	tion C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		

•	were a majority of the organization's directors of trustees during the tax year also a majority of the directors
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control
	or management of the supporting organization was vested in the same persons that controlled or managed
	the supported organization(s)

Section D. All 1	Type III Supporting	Organizations							

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
-	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>			1000 1100 000

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

с		The organization support	ed a governmental en	tity. Describe in	Part VI how	you supported a	governmental entity	, (see instruction <u>s).</u>
---	--	--------------------------	----------------------	-------------------	-------------	-----------------	---------------------	-------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 2b
 ...

 3a
 ...

 3b
 ...

Part V   Type III Non-Functionally Integrated 509(a)(3) Supp	orting Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qu	alifying trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
All other Type III non-functionally integrated supporting organization	s must complete s	Sections A through E.	1
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		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
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			
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</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)	1d		
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		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amour	nt,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
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		
7 Check here if the current year is the organization's first as a non-fund	ctionally integrate	d Type III supporting orga	nization (see

CAL FARLEY'S BOYS RANCH FOUNDATION

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

75-1080987 Page 6

	CAL	FARLEY '	' S	BOYS	RANCH	FOUNDATION
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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1		
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	·	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	CAL	FARLEY'S	BOYS	RANCH	FOUNDAT	ION	75-1080987	Page 8
Part VI	Supplemental In Part IV, Section A, line	D, lines 2 an	d 3; Part IV, Sec	tion E, line	s 1c, 2a, 2b	, 3a, and 3b; Pa	rt V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section /, Section B, line 1e; Pa nal information.	C, rt V,
132028 01-04-2	2				23			Schedule A (Form 9	90) 2021

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**202**<sup>-</sup>

Employer identification number

(	CAL FARLEY'S BOYS RANCH FOUNDATION	75-108098
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it 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).

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

Schedule B (Form 990) (2021)

### CAL FARLEY'S BOYS RANCH FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 5,712,045. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 90,568. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 23,793. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 х Person Payroll 12,885. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Х 6 Person Payroll 11,753. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

15070327 146892 878183

Employer identification number

75-1080987

<sup>123452 11-11-21</sup> 

CAL FARLEY'S BOYS RANCH FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 10,800. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 8 X Person Payroll 8,545. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 8,078. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll 5,400. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Page **2** 

Employer identification number

75-1080987

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		_ _ _ \$				

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CAL FARLEY'S BOYS RANCH FOUNDATION

Name of organization

Employer identification number

75-1080987

Schedule B (Form 990) (2021)

123453 11-11-21

Schedule I	B (Form 990) (2021)			Page 4			
Name of o	rganization			Employer identification number			
CAL F	ARLEY'S BOYS RANCH FOUN	DATION		75-1080987			
Part III		ions to organizations described in s	ection 501(c)(7),	(8), or (10) that total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 o	<b>less</b> for the year. (	Enter this info. once.) <b>*</b>			
(a) No.	Use duplicate copies of Part III if additional	space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer of gi	ft				
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I		(-, 3		(,			
·		e) Transfer of gi					
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee			
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
			[				
		(e) Transfer of gi	ft				
	Transferee's name, address, a	na <b>ZIP + 4</b>	Relation	ship of transferor to transferee			
123454 11-11	1-21			Schedule B (Form 990) (2021)			

## 15070327 146892 878183

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



Department of the Treasury Internal Revenue Service

Nam	e of the organization CAL FARLEY'S BOYS	RANCH FOUNDATION			er identificatio	
Pa			or Ac			
	organization answered "Yes" on Form 990, Part IV, lin			oountor	Complete II t	
	<b>.</b> ,	(a) Donor advised funds	()	) Funds a	and other accou	unts
4	Total number at and of year					
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	0				<b>—</b>
	are the organization's property, subject to the organization's				L Yes	No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o			•		
De					Yes	No
Pa			Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recrea	tion or education)	a histo	rically imp	ortant land are	а
	Protection of natural habitat	Preservation of	a certif	ied histori	c structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a con			
	day of the tax year.			Hel	d at the End of t	he Tax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
с	Number of conservation easements on a certified historic stru-	ucture included in (a)		2c		
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ire			
	listed in the National Register		[	2d		
3	Number of conservation easements modified, transferred, rel			ation duri	ng the tax	
	year 🕨					
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it	t holds?			🗌 Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting,					/ear
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion eas	ements dı	uring the year	
	►\$					
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(	h)(4)(B)(i	)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footr	•			es the	
	organization's accounting for conservation easements.	5				
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her Si	milar A	ssets.	
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8. not to report in its revenue statement a	nd bala	nce sheet	works	
	of art, historical treasures, or other similar assets held for put					
	service, provide in Part XIII the text of the footnote to its finar			ee e. paa.		
b	If the organization elected, as permitted under FASB ASC 95			sheet wor	rks of	
	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:				,	
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$		
				► <sup>*</sup> –		
0		asuros, or other similar assots for financia		· · _		
2	If the organization received or held works of art, historical tre		i yairi, p	Iovide		
-	the following amounts required to be reported under FASB A			•		
a L	Revenue included on Form 990, Part VIII, line 1			► \$_ ► ¢		
a	Assets included in Form 990, Part X			▶ \$		

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

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Schedule D (Form 990) 2021

		LEY'S BOYS					80987		
Pa	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	r Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make s	ignificant us	e of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	e Other								
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's exe	mpt purpose	in Part )	XIII.		
5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	sures, or other simila	r assets				
	to be sold to raise funds rather than to be ma						Yes	No	
Pa	t IV Escrow and Custodial Arran	gements. Complet	te if the organizatio	n answered "Yes" or	n Form 990,	Part IV, li	ine 9, or		
	reported an amount on Form 990, Pa	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contributions	s or other assets not	included				
	on Form 990, Part X?						Yes	No	
b	If "Yes," explain the arrangement in Part XIII								
							Amount		
с	Beginning balance				. 1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F						Yes	No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been	provided on Part XIII	-				
Pa	rt V Endowment Funds. Complete i	f the organization ans	wered "Yes" on Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ars back	(e) Four	years back	
1a	a Beginning of year balance 22,261,099. 21,531,101. 21,477,497. 21,709,900. 21,750,299.								
b									
с	c Net investment earnings, gains, and losses 633, 300. 1, 797, 568. 1, 423, 234. 809, 922. 1, 040, 850.								
d	d Grants or scholarships 2,500. 5,000. 5,000. 4,000. 35,714.								
	Other expenditures for facilities								
	and programs	1,025,543.	1,062,570.	1,364,655.	1,03	8,350.	1,	045,560.	
f	Administrative expenses								
g	End of year balance	21,866,356.	22,261,099.	21,531,101.	21,47	7,497.	21,	709,900.	
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	.0000	%						
b	Permanent endowment  84.4400	%	_						
с	Term endowment  15.5600	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	nd administered for t	ne organizati	ion			
	by:	-			-			Yes No	
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations						3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule R?				3b		
_4	Describe in Part XIII the intended uses of the								
Pa	rt VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c) A	Accumulated	1	(d) Book	value	
		basis (investm	,	(other) de	preciation				
1a	Land	3,323,5	571.				3,323	8,571.	
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	aual Form 990. Part X	(. column (B), line 10	0c.)			3,323	3,571.	
						chedule	D (Form	990) 2021	

Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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			
(3) Other			
(A) PRIVATE EQUITY FUNDS	48,826,727.	END-OF-YEAR MARKET	VALUE
(B) HEDGE FUNDS	65,548,033. 2,675,771.	END-OF-YEAR MARKET	VALUE
(C) CLOSED END FUND	2,675,771.	END-OF-YEAR MARKET	VALUE
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	117,050,531.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
<b>1.</b> (a) Description of liability			(b) Book value
(1) Federal income taxes			1 756 600
(2) GIFT ANNUITY LIABILITY			1,756,629.
(3) FUNDS INVESTED FOR CAL FAR	KUEI S		16 000 000
(4) BOYS RANCH	VC DANGU		16,000,000.
(5) PAYABLE TO CAL FARLEY'S BO	JIS KANCH		1,475.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	27.		17,758,104.

CAL FARLEY'S BOYS RANCH FOUNDATION

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

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Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

	edule D (Form 990) 2021 CAL FARLEY'S BOYS RANCH FOUNDA				1080987	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements W	ith Reve	enue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	-60,574	<u>,884.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments 2a	-94,	<u>511,472.</u>			
b	Donated services and use of facilities2b					
с	Recoveries of prior year grants					
d	I Other (Describe in Part XIII.) 2d	1,	<u>539,063.</u>			
е	Add lines 2a through 2d			2e	-92,972	
3	Subtract line <b>2e</b> from line <b>1</b>			3	32,397	<u>,525.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	1	<u>866,453.</u>			
b	Other (Describe in Part XIII.) 4b	6,0	042,313.			
с	Add lines <b>4a</b> and <b>4b</b>			4c	6,908	
-				5	39,306	291.
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				037000	/ 2 / 2 .
	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) Int XII Reconciliation of Expenses per Audited Financial Statements V	Vith Exp	enses per		n.	/ 2 ) 2 1
	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) Int XII Reconciliation of Expenses per Audited Financial Statements V Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Vith Exp	enses per l		n.	
	rt XII Reconciliation of Expenses per Audited Financial Statements V	Vith Exp	benses per		n.	
Pa	Int XII         Reconciliation of Expenses per Audited Financial Statements V           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Vith Exp	benses per	Retur	n.	
<b>Pa</b>	Int XII       Reconciliation of Expenses per Audited Financial Statements V         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	Vith Exp	benses per	Retur	n.	
Pa 1 2	Int XII       Reconciliation of Expenses per Audited Financial Statements V         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	Vith Exp	benses per	Retur	n.	
Pa 1 2	Int XII       Reconciliation of Expenses per Audited Financial Statements V         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	Vith Exp	benses per	Retur	n.	
<b>Pa</b> 1 2 a b	Int XII       Reconciliation of Expenses per Audited Financial Statements V         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	Vith Exp	benses per	Retur	n.	
<b>Pa</b> 1 2 a b	Int XII       Reconciliation of Expenses per Audited Financial Statements V         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	Vith Exp	benses per l	Retur	n.	<u>,149.</u> 0.
Pa 1 2 a b c d	Image: Network State in the state of the state in the state of the state in the state of the state of the state in the state of th	Vith Exp	benses per l	1	n.	<u>,149.</u> 0.
Pa 1 2 b c d e	Int XII       Reconciliation of Expenses per Audited Financial Statements V         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         2b         Other losses         2c         Other (Describe in Part XIII.)		benses per l	1 1 2e 3	n.	<u>,149.</u> 0.
Pa 1 2 b c d 3	Int XII       Reconciliation of Expenses per Audited Financial Statements V         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:		866,453.	Retur	n.	<u>,149.</u> 0.
Pa 1 2 3 4	Int XII       Reconciliation of Expenses per Audited Financial Statements V         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         2b         Other losses         2c         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:		benses per l	Retur	n. 11,845	<u>,149.</u> 0. ,149.
Pa 1 2 3 4	Int XII       Reconciliation of Expenses per Audited Financial Statements V         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         2b         Other losses         2c         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	Vith Exp	866,453. 042,313.	Retur	n. 11,845 11,845 6,908	<u>,149.</u> 0. ,149.
Pa           1           2           a           b           c           d           e           3           4           b           c           5	Int XII       Reconciliation of Expenses per Audited Financial Statements V         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d         Subtract line 2e from line 1       4a         Amounts included on Form 990, Part IX, line 25, but not on line 1:       1         Investment expenses not included on Form 990, Part VIII, line 7b       4a	Vith Exp	866,453. 042,313.	Letur	n. 11,845	<u>,149.</u> 0. ,149.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO BE HELD

INDEFINITELY AND THE INCOME FROM WHICH IS GENERALLY RESTRICTED TO PROVIDE

FINANCIAL SUPPORT TO CAL FARLEY'S BOYS RANCH.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME UNDER

SECTION 501 (A) OF THE INTERNAL REVENUE CODE (IRC) OF 1986, AS AMENDED, AS

AN ORGANIZATION DESCRIBED IN IRC SECTION 501 (C)(3). FURTHER, THE

FOUNDATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE

FOUNDATION UNDER THE IRC SECTION 509(A), AND, AS SUCH, CONTRIBUTIONS TO

THE FOUNDATION QUALIFY FOR DEDUCTION AS CHARITABLE CONTRIBUTIONS. HOWEVER, 132054 10-28-21 Schedule D (Form 990) 2021 32

15070327 146892 878183

2021.05070 CAL FARLEY'S BOYS RANCH F 878183\_1

Schedule D (Form 990) 2021	CAL	FARLEY'S	BOYS	RANCH	FOUNDATION	75-1080987	Page 5
Part XIII Supplemental Inform	nation	(continued)					

INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE FOUNDATION'S EXEMPT

PURPOSE IS SUBJECT TO TAX UNDER IRC SECTION 511.

THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED, AND PRESENTED IN THE FINANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE FOUNDATION'S TAX RETURN TO DETERMINE WHETHER THE TAX POSITIONS ARE MORE-LIKELY-THAN-NOT OF BEING SUSTAINED WHEN CHALLENGED OR WHEN EXAMINED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT OR EXPENSE AND LIABILITY IN THE CURRENT YEAR. MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN INCOME TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE - GIFT ANNUITIES	169,122.
CHANGE IN VALUE - MINERAL INTEREST	1,369,941.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,539,063.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
CONTRIBUTION RECLASSIFICATION	5,712,045.
RECLASS TO TRUST AND ANNUITIES	316,064.
EXPENSE RECLASSIFICATION	14,204.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	6,042,313.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	6,042,31

 PART XII, LINE 4B - OTHER ADJUSTMENTS:

 CONTRIBUTION RECLASSIFICATION
 5,712,045.

33

RECLASS TO TRUST AND ANNUITIES

316,064. Schedule D (Form 990) 2021

132055 10-28-21

Schedule D (Form 990) 2021         CAL FARLEY'S BOYS RANCH FOUNDATION           Part XIII         Supplemental Information (continued)	75-1080987 Page 5
EXPENSE RECLASSIFICATION	14,204.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	6,042,313.
	Schedule D (Form 990) 2021

Name of the organization					Employer ident	ification number
CAL FARLEY'S BO	YS RANCH	FOUNDAT	TON		75-10809	87
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	te if the organ	ization answered	Yes" on
Form 990, Part I\				<b></b>		
1 For grantmakers. Does	the organizatior	n maintain recor	ds to substantiate the amount of its gra	nts and other	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance?	Yes 🗌 No
	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance out	side the
United States.						
3 Activities per Region. (TI (a) Region	(b) Number of	(c) Number of	an be duplicated if additional space is ne (d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	l independent	gram services, investments, grants to		e specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
CENTRAL AMERICA AND						
THE CARIBBEAN -						
ANTIGUA & BARBUDA,						
ARUBA, BAHAMAS,	0	0	INVESTMENTS			108,453,850.
						_
<b>3 a</b> Subtotal	0	0				108,453,850.
<b>b</b> Total from continuation						, , ,
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				108,453,850.

Statement of Activities Outside the United States
 Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.

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

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

132071 12-20-21

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Schedule F (Form 990) 2021

OMB No. 1545-0047

**Open to Public** 

Inspection

#### Schedule F (Form 990) 2021

#### CAL FARLEY'S BOYS RANCH FOUNDATION

75-1080987

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the f					•
			or counsel has provided a sect					
3 Enter total number of other organizations or entities								

75-1080987

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

Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2021

			FARLEY	' S	BOYS	RANCH	FOUNDATION	
Part IV	Foreign For	ns						

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	No No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

					BOYS	RANCH	FOUNDATION
Part V	Supple	mental	Inforr	nation			

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

FORM 990, SCHEDULE F, PART I, LINE 3(F):

METHOD OF ACCOUNTING: ACCRUAL

Schedule F (Form 990) 2021

132075 12-20-21

SCHEDULE I (Form 990)	Go	irants and Oth vernments, ar	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
	Compi	ete if the organizatio	Attach to For		rt IV, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		Go to www.ii	rs.gov/Form990 fo		nation.		Inspection
Name of the organization CAL FARLE	Y'S BOYS I	RANCH FOUND	ATION				Employer identification number $75 - 1080987$
Part I General Information on Grants a							
1 Does the organization maintain records criteria used to award the grants or assis	stance?	-					
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to recipient that received more than s	-				anization answered "	/es" on Form 990, Part	IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CAL FARLEY'S BOYS RANCH P.O. BOX 1890 AMARILLO, TX 79174	75-0808768	501(C)(3)	0.	17,393,447.			TO PROVIDE SUPPORT TO CAL FARLEY'S BOYS RANCH
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>	s listed in the line 1	I table					

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

#### Schedule I (Form 990) 2021 CAL FARLEY'S BOYS RANCH FOUNDATION

75-1080987

Page 2

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	<u> </u>				

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FOUNDATION DOLLARS ARE GIVEN TO BOYS RANCH IN SUPPORT OF OPERATIONS. THE

BOARD OF DIRECTORS OF THE FOUNDATION DETERMINES HOW MUCH SUPPORT TO

PROVIDE, AND THE RANCH PROVIDES THE FOUNDATION WITH AN ACCOUNTING OF

DOLLARS SPENT.

SC	HEDULE J		OMB No. 154						
(Fo	rm 990)	<b>Compensation Information</b> For certain Officers, Directors, Trustees, Key Employees, and Highest		20	71				
-	-	Compensated Employees		20		l			
Deres		<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic			
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction				
Nam	ne of the organizatio	n	Employer	identificatio	on nui	nber			
		CAL FARLEY'S BOYS RANCH FOUNDATION	75-3	108098'	7				
Pa	rt I Question	s Regarding Compensation							
					Yes	No			
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	990,						
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or	charter travel Housing allowance or residence for perso	nal use						
	Travel for con	panions Payments for business use of personal re	sidence						
	Tax indemnifie	cation and gross-up payments Health or social club dues or initiation fee							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)								
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or							
		provision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b		<u> </u>			
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>			
-									
3		ny, of the following the organization used to establish the compensation of the organization's							
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO (Found time Directory but any later in Directory b	on to						
	·	ation of the CEO/Executive Director, but explain in Part III.							
	Compensatio								
		compensation consultant							
		ther organizations Approval by the board or compensation of	ommittee						
4	During the year di	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
4	organization or a re								
а	-	e payment or change-of-control payment?		4a	х				
b		ceive payment from a supplemental nonqualified retirement plan?				x			
		ceive payment from an equity-based compensation arrangement?				x			
•	-	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n						
	contingent on the								
а	-			5a		X			
b		ration?				X			
		or 5b, describe in Part III.							
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	'n						
	contingent on the	net earnings of:							
а	The organization?			6a		X			
b		ation?				X			
		or 6b, describe in Part III.							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
		nes 5 and 6? If "Yes," describe in Part III		7		X			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne						
	initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X			
9	If "Yes" on line 8, o	id the organization also follow the rebuttable presumption procedure described in							
	Regulations section			9		Ĺ			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2021			

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAN ADAMS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	276,847.	0.	0.	11,356.	4,751.	292,954.	0.
(2) MARK STROTHER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	184,152.	0.	12,003.	10,002.	6,937.	213,094.	0.
(3) MEGAN JOHNSON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	143,652.	0.	7,500.	7,500.	6,928.	165,580.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### PART I, LINE 4A:

DAN ADAMS, FORMER CEO, RECEIVED A \$50,000 SEVERANCE PAYMENT FROM THE

RELATED ORGANIZATION IN CALENDAR YEAR 2021. NOTHING WAS PAID BY THE

#### REPORTING ORGANIZATION.

SCHEDULE	С
(Form 990)	

Department of the Treasury

Name of the organization

Internal Revenue Service

### 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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



CAL FARLEY'S BOYS RANCH FOUNDATION

Employer identification number 75 - 1080987

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SECTION 501(C)(3) ORGANIZATION. CAL FARLEY'S PROVIDES PROFESSIONAL

PROGRAMS AND SERVICES IN A CHRIST-CENTERED ATMOSPHERE TO STRENGTHEN

FAMILIES AND SUPPORT OVERALL DEVELOMENT OF CHILDREN. CAL FARLEY'S

PROVIDES RESIDENTIAL CHILDCARE AT NO CHARGE TO THEIR FAMILIES. CHILDREN

FROM PRE-SCHOOL THROUGH HIGH SCHOOL LIVE IN GROUP HOMES AND ARE

PROVIDED A VARIETY OF ACADEMIC, VOCATIONAL, SPIRITUAL, AND

EXTRACURRICULAR ACTIVITIES TO HELP THEM BECOME RESPONSIBLE AND

RESILIENT YOUNG PEOPLE. DURING THE FISCAL YEAR 2021-2022, THE CAL

FARLEY'S ORGANIZATION SERVED A TOTAL OF 170 CHILDREN IN RESIDENCE.

FORM 990, PART VI, SECTION A, LINE 2:

RODNEY RUTHART AND MALCOLM SHELTON HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

THE CAL FARLEY'S BOYS RANCH FOUNDATION HAS ONE MEMBER, THE CAL FARLEY'S

BOYS RANCH.

FORM 990, PART VI, SECTION A, LINE 7A:

AS THE SOLE MEMBER OF CAL FARLEY'S BOYS RANCH FOUNDATION, CAL FARLEY'S BOYS

45

RANCH ELECTS ALL OF THE BOARD OF DIRECTORS FOR THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7B:

CERTAIN DECISIONS MADE BY THE BOARD OF THE FOUNDATION ARE SUBJECT TO

APPROVAL BY THE BOARD OF DIRECTORS FOR CAL FARLEY'S BOYS RANCH.

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

Schedule O (Form 990) 2021

15070327 146892 878183

Schedule O (Form 990) 2021								
Name of the organization	Employer identification number							
CAL FARLEY'S BOYS RANCH FOUNDATION	75-1080987							
	<u>.</u>							
FORM 990, PART VI, SECTION B, LINE 11B:								
FORM 990, FART VI, SECTION B, HINE TIB.								
THE FORM 990 FOR THIS COMPANY WAS PREPARED BY AN OUTSIDE (	PA FIRM AND							
REVIEWED BY THE BUDGET/AUDIT COMMITTEE AND THEN SENT TO THE	IE FULL BOARD FOR							

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

THE CONFLICT OF INTEREST QUESTIONNAIRE IS SENT TO DIRECTORS AND OFFICERS

ANNUALLY. THE PRESIDENT AND CEO ENSURES THAT ALL ARE COMPLETED AND

MAINTAINED ON FILE IN THE OFFICE. IF A CONFLICT ARISES, THE PERSON WITH THE

CONFLICT IS NOT ALLOWED TO VOTE ON THE TRANSACTION. THERE HAVE BEEN NO

INCIDENCES OF CONFLICT FOR THE REPORTING YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE - GIFT ANNUITIES 169,122. CHANGE IN VALUE OF MINERAL INTERESTS 1,369,941.

46

TOTAL TO FORM 990, PART XI, LINE 9

132212 11-11-21

1,539,063.

# SCHEDULE R

(Form 990)

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

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number 75 - 1080987

Department of the Treasury Internal Revenue Service Name of the organization

#### CAL FARLEY'S BOYS RANCH FOUNDATION

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

## Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

		-					
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
CAL FARLEY'S BOYS RANCH - 75-0808768							
P.O. BOX 1890							
AMARILLO, TX 79174	CHILD AND FAMILY SERVICES	TEXAS	501(C)(3)	7	N/A		х

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

Schedule R (Form 990) 2021

#### Schedule R (Form 990) 2021 CAL FARLEY'S BOYS RANCH FOUNDATION

75-1080987 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	General or managing partner?		Percentage ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	-											
	1											
	{											
	4											

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr ent	(i) ction b)(13) rolled tity?		
		country)						Yes	No		
									<u> </u>		
		-	-								
									<u> </u>		
								'			

#### Schedule R (Form 990) 2021 CAL FARLEY'S BOYS RANCH FOUNDATION

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

1       During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IHV?       1       X         a       Receipt of (i) Interest, (ii) annuities, (iii) royaities, or (iv) rent from a controlled entity       1a       X         b       Gift, grant, or capital contribution to related organization(s)       1c       X         c       Gift, grant, or capital contribution form related organization(s)       1c       X         d       Leans or loan guarantees to or for related organization(s)       1d       X         e       Loans or loan guarantees by related organization(s)       1e       X         f       Dividends from related organization(s)       1f       X         g       Sale of assets to related organization(s)       1f       X         g       Sale of assets to related organization(s)       1f       X         i       Exchange of assets trom related organization(s)       1f       X         i       Exchange of assets from related organization(s)       1i       X         k       Lease of facilities, equipment, or other assets from related organization(s)       1i       X         h       Performance of services or membership or fundraising solicitations by related organization(s)       1i       X         n       Performa	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity       1a       X         b Gilt, grant, or capital contribution to related organization(s)       1b       X         c Gift, grant, or capital contribution from related organization(s)       1c       X         d Loans or loan guarantees to or for related organization(s)       1c       X         e Loans or loan guarantees by related organization(s)       1e       X         f Dividends from related organization(s)       1f       X         g Sale of assets to related organization(s)       1f       X         f Dividends from related organization(s)       1f       X         g Sale of assets to related organization(s)       1f       X         h Purchase of assets from related organization(s)       1f       X         j Lease of facilities, equipment, or other assets from related organization(s)       1f       X         i Lease of facilities, equipment, or other assets from related organization(s)       1f       X         i Performance of services or membership or fundraising solicitations for related organization(s)       1f       X         n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1f       X         n Sharing of paid employees with related organization(s)       1f       X         n Sha	1				No				
b       Gift, grant, or capital contribution to related organization(s)       1b       X         c       Gift, grant, or capital contribution from related organization(s)       1c       X         d       Loans or loan guarantees to or for related organization(s)       1c       X         e       Loans or loan guarantees to or for elated organization(s)       1c       X         f       Dividends from related organization(s)       1f       I       X         g       Sale of assets to related organization(s)       1f       I       X         g       Sale of assets to related organization(s)       1f       I       X         h       Purchase of assets from related organization(s)       1f       X       I         j       Lease of facilities, equipment, or other assets to related organization(s)       1i       X         i       Exchange of assets with related organization(s)       1i       X         i       Lease of facilities, equipment, or other assets from related organization(s)       1i       X         k       Lease of facilities, equipment, or other assets form related organization(s)       1i       X         n       Performance of services or membership or fundraising solicitations by related organization(s)       1i       X         n       Sharing of paid employe	а		1a		X				
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p       Reimbursement paid to related organization(s) for expenses         q       Reimbursement 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)			10	Х					
q Reimbursement 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)									
q Reimbursement paid by related organization(s) for expenses       1q       X         r       Other transfer of cash or property to related organization(s)       1r       X         s       Other transfer of cash or property from related organization(s)       1s       X	р	Reimbursement paid to related organization(s) for expenses	1p		Х				
r       Other transfer of cash or property to related organization(s)         s       Other transfer of cash or property from related organization(s)			1q		X				
s Other transfer of cash or property from related organization(s)	-								
s Other transfer of cash or property from related organization(s)	r	Other transfer of cash or property to related organization(s)	1r		Х				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	s		1s		X				
	2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							

	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
<u>(4)</u>				
<u>(5)</u>				
(6)				

#### Schedule R (Form 990) 2021 CAL FARLEY'S BOYS RANCH FOUNDATION

#### 75-1080987 Page 4

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.?		(h Dispro tiona allocati	) por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner?	(k) Percentage ownership
			3000013 012 014)	Yes No		Yes	NO		Yes No	

Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21

Form 8879-TE	****	THIS IS NOT A IRS e-file Sign for a Tax	A FILEABLE COPY ature Authoriza Exempt Entity	ation	F	OMB No. 1545-0047
Form <b>OOTO</b> TE	For calendar year 20		T 1 , 2021, and ending		20 2 2	0004
5	, er ealertaal year ze		e IRS. Keep for your record			2021
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/For	m8879TE for the latest info	rmation.		
Name of filer					EIN or SSN	
CAL F	ARLEY'S BO	YS RANCH FOUNI			75-10	80987
Name and title of officer or	person subject to tax					
Part I Type o	f Doturn and D	VICE PRESIDE	NT			
Check the box for the re Form 5330 filers may er or <b>10a</b> below, and the a whichever is applicable, than one line in Part I.	eturn for which you a ter dollars and cents mount on that line fo blank (do not enter	are using this Form 8879-TE s. For all other forms, enter or the return being filed with -0-). But, if you entered -0- c	and enter the applicable am whole dollars only. If you che this form was blank, then le n the return, then enter -0- o	eck the box on line ave line <b>1b, 2b,</b> n the applicable	ne <b>1a, 2a, 3</b> <b>3b, 4b, 5b,</b> line below.	3a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b, Do not complete more
	k here ►		/ (Form 990, Part VIII, columi			
	heck here 🕨 🔄		/ (Form 990-EZ, line 9)			
	L check here		D-POL, line 22)			3b
	heck here		tment income (Form 990-PF			4b
	ck here ►		8868, line 3c)			5b
	eck here ► X		T, Part III, line 4)			6b 0.
	ck here ►	7	D, Part III, line 1) I <b>d of tax year</b> (Form 5227, lt			
	ck here ▶ ck here ▶	<b>b</b> Tax due (Form 5330	• · · · ·	lem D)		8b 9b
	check here	¬ ``	ayment requested (Form 80	138-CP Part III li	ne 22)	10b
			f Officer or Person Su			
financial institution to de later than 2 business da payment of taxes to rec personal identification n <b>PIN: check one box on</b>	ebit the entry to this lys prior to the paym eive confidential info lumber (PIN) as my s	account. To revoke a paym lent (settlement) date. I also prmation necessary to answ signature for the electronic r	software for payment of the ent, I must contact the U.S. authorize the financial institu er inquiries and resolve issue eturn and, if applicable, the o	Treasury Financi utions involved in es related to the consent to electi	ial Agent at n the proces payment. I h	1-888 <sup>-</sup> 353-4537 no ssing of the electronic nave selected a withdrawal.
		ERO firm n	ame	10	enterniyri	Enter five numbers, but
with a state a on the return' As an officer o return. If I hav	gency(ies) regulating s disclosure consent or person subject to re indicated within the program, I will enter	g charities as part of the IRS t screen. tax with respect to the entit his return that a copy of the er my PIN on the return's dis		uthorize the afor signature on the ate agency(ies) r	ementioned tax year 20	ERO to enter my PIN
Signature of officer or person su			A FILEABLE COPY	<u> </u>	Date	
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ERO's signature 🕨				Date 🕨 <u>03/</u>	27/23	
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	Do Not 9		his Form - See Instruc		20	
			the IRS Unless Reque		50	Form 8879-TE (2021)
LHA FOR PRIVACY ACT A	nd Paperwork Red	uction Act Notice, see ins	TUCTIONS.			FORM 007 3-TE (2021)
102521 01-11-22			52			

2021.05070 CAL FARLEY'S BOYS RANCH F 878183\_1

(Rev. January 2022)

### Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

#### File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or								
print	CAL FARLEY'S BOYS RANCH FOUNDATION 75-1080987							
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s							
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. AMARILLO, TX 79105								
Enter th	e Return Code for the return that this application is for (fil	e a separat	te application for each return)					
Applica	tion	Return	Application			Return		
ls For		Code	Is For			Code		
Form 99	00 or Form 990-EZ	01	Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	00-PF	04	Form 5227			10		
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	00-T (trust other than above)	06	Form 8870			12		
Form 99	00-T (corporation) MEGAN JOHNSON	07						
• If this box > 1 In th >	e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until the organization named above. The extension is for the org . Calendar year or . X tax year beginning OCT 1, 2021 the tax year entered in line 1 is for less than 12 months, c . Change in accounting period	Group Exe and atta AUGUs anization's , an	mption Number (GEN), I uch a list with the names and TINs of ST 15, 2023, to file return for: Id ending SEP 30, 2022	f this is fo all memb	r the whole g ers the exter npt organizat	group, check this		
	this application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter the	tentative tax, less			0		
	ny nonrefundable credits. See instructions.			<u>3a</u>	\$	0.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069				<b>^</b>	0.		
	stimated tax payments made. Include any prior year overp			<u>3b</u>	\$	0.		
	alance due. Subtract line 3b from line 3a. Include your pa	•		20	\$	0.		
	sing EFTPS (Electronic Federal Tax Payment System). See			<b>3c</b>		-		
instruct	<ul> <li>If you are going to make an electronic funds withdrawal ions.</li> </ul>			+00-1 E and		re for payment		
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	3868 (Rev. 1-2022)		

123841 01-12-22

		EXTENDED TO AUGUST 15, 2023				
Form <b>990-T</b>	E	Exempt Organization Business Income Tax Return	n	OMB No. 1545-0047		
		(and proxy tax under section 6033(e))		0004		
	For cal	endar year 2021 or other tax year beginning $\underbrace{ ext{OCT 1, 2021}}_{ ext{order and ending}}$ , and ending $\underbrace{ ext{SEP 30, 2021}}_{ ext{sec}}$	22	2021		
Department of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.	-	Open to Public Inspection for 501(c)(3) Organizations Only		
Internal Revenue Service	ernal Revenue Service <b>Do not enter SSN numbers on this form as it may be made public if your organization is a 501</b> (0					
A Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	DEmbi	oyer identification number		
<b>B</b> Exempt under section	Print	CAL FARLEY'S BOYS RANCH FOUNDATION		5-1080987		
<b>X</b> 501( <b>c</b> )( <b>3</b> ) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1890	EGrou (see i	p exemption number instructions)		
408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code AMARILLO, TX 79105	╶╴	Check box if		
	с во	ok value of all assets at end of year > 353,153,021.	-1' `-	an amended return.		
G Check organization		X     501(c) corporation     501(c) trust     401(a) trust     Other trust		an amended return.		
H Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439				
		ation filing a consolidated return with a 501(c)(2) titleholding corporation				
-		ed Schedules A (Form 990-T)	<u></u>	1		
		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No		
		d identifying number of the parent corporation.				
		MEGAN JOHNSON Telephone number	806-	322-2581		
Part I Total Unr	relate	d Business Taxable Income				
1 Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see				
instructions)			1	0.		
2 Reserved			2			
3 Add lines 1 and 2			3			
		see instructions for limitation rules)		0.		
5 Total unrelated bu	isiness	taxable income before net operating losses. Subtract line 4 from line 3	5			
	•	ng loss. See instructions	6			
7 Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.				
Subtract line 6 fro			7			
8 Specific deduction	n (genei	ally \$1,000, but see instructions for exceptions)		1,000.		
9 Trusts. Section 19	99A deo	duction. See instructions	9	1		
10 Total deductions			10	1,000.		
11 Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,				
enter zero			11	0.		
Part II Tax Com	-					
		s corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	0.		
		ates. See instructions for tax computation. Income tax on the amount on				
Part I, line 11 from		_ Tax rate schedule or Schedule D (Form 1041)	2			
3 Proxy tax. See ins			► <u>3</u>			
4 Other tax amounts			4			
5 Alternative minimu		•				
		cility income. See instructions h 6 to line 1 or 2, whichever applies	6	0.		
		h 6 to line 1 or 2, whichever applies	/	Form <b>990-T</b> (2021)		
LHA For Paperwork F	heuuct			Form CCC • (2021)		

Form 9	90-T (2021)					Page <b>2</b>
Part	III Tax and Payments					
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a				
b	Other credits (see instructions)	1b				
с	General business credit. Attach Form 3800 (see instructions)	1c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d				
е	Total credits. Add lines 1a through 1d			1e		
2	Subtract line 1e from Part II, line 7			2		0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8	8697	Form 8866			
	Other (attach statement)			3		
4	Total tax. Add lines 2 and 3 (see instructions).	ously de	eferred under			
	section 1294. Enter tax amount here	▶		4		0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), lin	ne 4	,	5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a				
b	2021 estimated tax payments. Check if section 643(g) election applies					
с	Tax deposited with Form 8868	6c				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d				
е	Backup withholding (see instructions)	6e				
f	Credit for small employer health insurance premiums (attach Form 8941)	6f				
g	Other credits, adjustments, and payments: Form 2439					
	□ Form 4136 Other Total ►	► 6g				
7	Total payments. Add lines 6a through 6g			7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		►	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		►	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpa	aid	►	10		
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax		Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information	on (se	e instructions)			
1	At any time during the 2021 calendar year, did the organization have an interest in or a	a signat	ure or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the c	organiza	tion may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	name o	of the foreign country			
	here					X
2	During the tax year, did the organization receive a distribution from, or was it the gran	tor of, c	r transferor to, a			
	foreign trust?					X
	If "Yes," see instructions for other forms the organization may have to file.					
3						
4	Enter available pre-2018 NOL carryovers here 🕨 \$ Do not ir	nclude a	any post-2017 NOL ca	rryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a		•	-		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL	L carryc	vers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for	the tax	year. See instructions			
	Business Activity Code	Avai	lable post-2017 NOL	carryover		
	\$					
	\$	;				
6a	Did the organization change its method of accounting? (see instructions)					X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-P	F, or Fc	orm 1128? If "No,"			
	explain in Part V				<u></u>	
Dort	V Supplemental Intermation					

Part v Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign			erjury, I declare that I have examined te. Declaration of preparer (other thar					wledge	e and belief, it is true,		
Here		·		VICE PRESIDENT			<u>r</u>	May the IRS discuss this return the preparer shown below (see			
		Signature of officer		Date	Title			instru	instructions)? X Yes No		
		Print/Type pr	eparer's name	Preparer's signature		Date	Check	if	PTIN		
Paid				PAMELA			self- employe				
Prepare	r	PAMELA	ALEXANDERSON	ALEXANDERSON 03/27/23		03/27/23			P01218925		
Use Only		Firm's name MOSS ADAMS LLP							91-0189318		
	<b>,</b>	6565 AMERICAS PARKWAY NE STE 600									
		Firm's address ALBUQUERQUE, NM 87110					Phone no.	50	5-878-7200		
123711 01-31-	-22								Form <b>990-T</b> (2021)		
				-	-						

55 2021.05070 CAL FARLEY'S BOYS RANCH F 878183\_1

SCHE	DULE A
(Form	990-T)

Department of the Treasury

Internal Revenue Service

С

### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

1

1

Open to Public Inspection for 501(c)(3) Organizations Only

Α	Name of the organization	
---	--------------------------	--

CAL FARLEY'S BOYS RANCH FOUNDATION

523000 Unrelated business activity code (see instructions)

B Employer identification number 75-1080987

of

1

**D** Sequence:

#### Describe the unrelated trade or business **PASSTHROUGH INVESTMENTS** Ε

Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
•	1c			
Cost of goods sold (Part III, line 8)	2			
Capital gain net income (attach Sch D (Form 1041 or Form	4a	45,024.		45,024.
	4b 4c			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
Other income (see instructions; attach statement)	12			
Fotal. Combine lines 3 through 12	13	45,024.		45,024.
	Gross receipts or sales c Balance ► Less returns and allowances c Balance ► Cost of goods sold (Part III, line 8) Gross profit. Subtract line 2 from line 1c Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions Net gain (loss) (Form 4797) (attach Form 4797). See instructions) Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) Rent income (Part IV) Unrelated debt-financed income (Part V) Interest, annuities, royalties, and rents from a controlled organization (Part VI) Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) Advertising income (Part IX) Other income (see instructions; attach statement) <b>Fotal.</b> Combine lines 3 through 12	Gross receipts or sales	Gross receipts or sales   Less returns and allowances   Cost of goods sold (Part III, line 8)   Gross profit. Subtract line 2 from line 1c   Capital gain net income (attach Sch D (Form 1041 or Form   1120)). See instructions   Net gain (loss) (Form 4797) (attach Form 4797). See instructions)   Capital loss deduction for trusts   Income (loss) from a partnership or an S corporation (attach statement)   Rent income (Part IV)   Interest, annuities, royalties, and rents from a controlled   organization (Part VI)   Investment income of section 501(c)(7), (9), or (17)   organizations (Part VII)   Advertising income (Part IX)   Dither income (see instructions; attach statement)   11   Corporation (see instructions; attach statement)   12   13   45, 024.	Gross receipts or sales  ess returns and allowances  ess instructions  ess instructi

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	. 1	
2	Salaries and wages		
3	Repairs and maintenance	3	
4	Bad debts		
5	Interest (attach statement). See instructions		
6	Taxes and licenses		
7	Depreciation (attach Form 4562). See instructions 7		
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	
9	Depletion	9	
10	Contributions to deferred compensation plans	. 10	
11	Employee benefit programs		
12	Excess exempt expenses (Part VIII)		
13	Excess readership costs (Part IX)		
14	Other deductions (attach statement) SEE STATEMENT 1	14	103,041.
15	Total deductions. Add lines 1 through 14	15	103,041.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	-58,017.
17	Deduction for net operating loss. See instructions	. 17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		-58,017.
LHA	For Paperwork Reduction Act Notice, see instructions.	Schedu	le A (Form 990-T) 2021

123741 01-28-22

Schedu Part	ule A (Form 990-T) 2021	Entor mother	d of inventory valua	tion			Page 2
1						1	
2	Purchases				Г	2	
3	Cost of labor					3	
4	Additional section 263A costs (attach sta					4	
5	Other costs (attach statement)					5	
6	Total. Add lines 1 through 5					6	
7						7	
8	Cost of goods sold. Subtract line 7 from	n line 6. Enter her	e and in Part I, line	2		8	
9	Do the rules of section 263A (with respec						Yes No
Part	IV Rent Income (From Real Pr	operty and P	ersonal Prope	rty Leased with R	eal Propert	<u>y)</u>	
1	Description of property (property street a	ddress, city, stat	e, ZIP code). Checł	k if a dual-use. See instr	uctions.		
	A						
	в						
	c						
	D		-		-		_
•	Deather should be seen al		Α	В	C		D
2	Rent received or accrued						
а	From personal property (if the percentage						
	rent for personal property is more than 1 but not more than 50%)						
b	From real and personal property (if the	·····					
D	percentage of rent for personal property	exceeds					
	50% or if the rent is based on profit or inc						
с	Total rents received or accrued by prope	· · · · · · ·					
•	Add lines 2a and 2b, columns A through						
4 <u>5</u> Part ` 1	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A Unrelated Debt-Financed Description of debt-financed property (str A B C C	through D. Enter	instructions)			▶ 	0.
	D						
			Α	В	С		D
2	Gross income from or allocable to debt-fi	nanced					
	property						
3	Deductions directly connected with or all	ocable					
	to debt-financed property						
а	Straight line depreciation (attach stateme						
b	Other deductions (attach statement)	·····					
с	Total deductions (add lines 3a and 3b,						
_	columns A through D)						
4	Amount of average acquisition debt on o						
_	to debt-financed property (attach stateme						
5	Average adjusted basis of or allocable to						
•	financed property (attach statement)		%				
6	Divide line 4 by line 5		%	%		%	%
7	Gross income reportable. Multiply line 2		ntor horo and an D				0.
8	Total gross income (add line 7, columns	s A unough D). E	mennere and on Pa	arti, iirie 7, column (A)			0.
9	Allocable deductions. Multiply line 3c by						
9 10	Total allocable deductions. Add line 9,		ah D. Enter here an	d on Part L line 7 colur	mn (R)	L	0.
						·	0.
<b>11</b> 123721 (	Total dividends-received deductions in						(Form 990-T) 2

(2)       Nonexempt Controlled Organizations         (4)       Nonexempt Controlled Organizations         7. Taxable Income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made       10. Part of column 9 that is included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1)													1
1. Name of controlled organization       2. Employer identification number       3. Net unrelated income (loss) (see instructions)       4. Total of specified payments made unrelated       6. Deductions directly connected with income in column 5         (1)	Sched	ule A (Form 990-T) 2021	uition Do	valtice and D	onto from	o Control		anization					Page 3
1. Name of controlled organization       2. Employer identification number       3. Net unrelated income (loss) (see instructions)       4. Total of specified payments made iter is included in the controlling organization       6. Deductions directly connected with income in column 5         (1)       Image: specified (see instructions)       Image: specified payments made       10. Part of column 9       11. Deductions directly connected with income in column 5         (2)       Image: specified (see instructions)       10. Part of column 9       11. Deductions directly connected with income in column 10         (3)       Image: specified (see instructions)       9. Total of specified payments made       10. Part of column 9       11. Deductions directly connected with income in column 10         (1)       Image: specified (see instructions)       9. Total of specified payments made       10. Part of column 9       11. Deductions directly connected with income in column 10         (1)       Image: specified (see instructions)       Image: specified payments made       10. Part of column 9       11. Deductions directly connected with income in column 10         (1)       Image: specified (see instructions)       Image: specified (see instructions)       11. Deductions directly connected with income in column 10         (1)       Image: specified (see instructions)       Image: specified (see instructions)       11. Deductions (see instructions)       11. Deductions (see instructions)         (2)       I	Part	VI Interest, Annu	lilles, Roy	yanties, and Ro		n Control		-			,		
organization         identification         income (loss)         payments made         that is included in the controlling organizations         connected with income in column 5           (1)         Image: Image		1 Name of controlle	d	2 Employer	3 Net	unrelated		-	· · · · · ·	-		6 Deduc	tions directly
number       (see instructions)       Controlling organizations (this gross income       income in column 5         (1)       Image: column 5       Income			u l					•	that is	s included	in the		,
(1)       Image: Controlled Organizations         7. Taxable Income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made (see instructions)       10. Part of column 9 that is included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1)       Image: Column 6, income       11. Deductions directly connected with income in column 10         (2)       Image: Column 6, income       11. Deductions directly connected with income in column 10         (2)       Image: Column 6, income       11. Deductions directly connected with income in column 10         (3)       Image: Column 6, income       Add columns 5 and 10. Enter here and on Part 1, ins 8, column (8)         1       Description of income       2. Amount of income       3. Deductions diatech statement)         1       Description of income       2. Amount of income       3. Deductions diatech statement)       5. Total deductions and set-asides (add cols 3 and 4)         (1)       Add amounts in column 2. Enter here and on Part 1, ine 9, column (8)       Add amounts in column 2. Enter here and on Part 1, ine 9, column (1)       Add amounts in column 2. Enter here and on Part 1, ine 9, column (8)       Add amounts in column 5. Enter here and on Part 1, ine 9, column (8)         1       Description of exploted activity:       2       Add amounts in column 2. Enter here and on Part 1, ine 9, column (8)       Add amounts in column 2. Enter here		0			(see ins	tructions)						income	in column 5
(2)       Nonexempt Controlled Organizations         7. Taxable Income       8. Net unrelated Income (loss) (see instructions)       9. Total of specified payments made       10. Part of column 9 that is included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1)       Image: Connected with Income (loss)       9. Total of specified payments made       10. Part of column 9 that is included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (2)       Image: Column (2)       Image: Column (2)       Image: Column (2)       Image: Column (2)         (3)       Image: Column (2)       Image: Column (2)       Image: Column (2)       Image: Column (2)         Totals       Image: Column (2)       Image: Column (2)       Image: Column (2)       Image: Column (2)         1       Description of income       2. Amount of income       3. Deductions directly connected (attach statement)       Image: Column (2)         3       Image: Column (2)       Image: Column (2)       Image: Column (3)       Image: Column (3)         (4)       Add amounts in column 2. Enter here and on Part 1, ine 9, column (8)       Image: Column (3)       Image: Column (3)         1       Description of exploited activity:       Image: Column (2)       Image: Column (3)       Image: Column (3)         (4)	(1)									greee me			
(4)       Nonexempt Controlled Organizations         7. Taxable Income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made       10. Part of column 9 that is included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1)	(2)												
Nonexempt Controlled Organizations           7. Taxable Income         8. Net unrelated income (loss) (see instructions)         9. Total of specified payments made         10. Part of column 9 that is included in the controlling organizations         11. Deductions directly connected with income in column 10           (1)	(3)												
7. Taxable Income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made       0. Part of column 9 that is include in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1)	(4)												
income (loss) (see instructions)       payments made       that is included in the controlling organization's       connected with income in column 10         (1)				No	· · · · ·		<u> </u>	ons					
including (use) (see instructions)       payments induce (see instructions)       controlling organization's gross income       controlling organization's income in column 10 income in column 10         (1)       (a)       (b)       (c)       (c)         (2)       (c)       (c)       (c)       (c)         (3)       (c)       (c)       (c)       (c)       (c)         (d)       (c)       (c)       (c)       (c)       (c)       (c)         (d)       (c)       (c)       (c)       (c)       (c)       (c)       (c)         Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization income       (c)	7	7. Taxable Income				•					11.		
(1)				. ,	pa	yments mad	е				:		
(2)       Add columns 5 and 10. Enter here and on Part I, line 8, column (A)       Add columns 5 and 10. Enter here and on Part I, line 8, column (A)         Totals       0.       0.         Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization income       3. Deductions         1. Description of income       2. Amount of income       3. Deductions         3. Deductions       4. Set-asides (attach statement)       5. Total deductions and set-asides (add cols 3 and 4)         (1)			(See	instructions)				gross	incom	ne			
(3)       Add columns 5 and 10. Enter here and on Part 1, line 8, column (A)       Add columns 5 and 10. Enter here and on Part 1, line 8, column (A)         Totals       •       0.       0.         Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       5. Total deductions directly connected (attach statement)       5. Total deductions and set-asides (atd cols 3 and 4)         (1)       2. Amount of income       3. Deductions directly connected (attach statement)       5. Total deductions and set-asides (add cols 3 and 4)         (2)       -       -       -       -         (3)       -       -       -       -         (4)       -       -       -       -         7. Totals       -       -       -       -         (4)       -       -       -       -         7. Totals       -       -       -       -         1       Description of exploited activity:       -       -       -         2       Gross unrelated business income from trade or business. Enter here and on Part 1, line 9, column (A)       2       -         3       Expenses directly connected with production of unrelated business income. Enter here and on Part 1, line 5 through 7       3       -         4       Net income (loss) from unrelated													
(4)       Add columns 5 and 10. Enter here and on Part I, line 8, column (A)       Add columns 6 and 11. Enter here and on Part I, line 8, column (A)         Totals       0.       0.         Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       4. Set-asides (attach statement)       5. Total deductions and set-asides (add cols 3 and 4)         (1)       2.       Add amounts in column 2. Enter here and on Part I, line 9, column (A)       4. Set-asides (add cols 3 and 4)         (2)       Add amounts in column 2. Enter here and on Part I, line 9, column (A)       Add amounts in column 5. Enter here and on Part I, line 9, column (B)       Add amounts in column 5. Enter here and on Part I, line 9, column (A)         Totals       0.       0.       2         Part VIII       0.       0.       0.         1       Description of exploited activity:       0.       2         2       Gross unrelated business income from trade or business. Enter here and on Part I, line 9, column (A)       2         3       Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)       3         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       5         5       Gross income from activity that is not unrelated business income from line 5.       5       6													
Add columns 5 and 10. Enter here and on Part I, line 8, column (B)       Add columns 6 and 11. Enter here and on Part I, line 8, column (B)         Totals       0.       0.         Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       S. Deductions directly connected (attach statement)       S. Setasides (attach statement)       S. Total deductions and est-asides (add cols 3 and 4)         (1)       2.       Add amounts in column 2. Enter here and on Part I, line 9, column (B)       S. Total deductions and 0.         (3)       4.       Add amounts in column 2. Enter here and on Part I, line 9, column (B)       Add amounts in column 2. Enter here and on Part I, line 9, column (B)         1       Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       0.         2       0.       0.       2         3       Expenses directly connected with production of unrelated business. Income. Enter here and on Part I, line 10, column (B)       3         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       3         5       Gross income from activity that is not unrelated business income       5         6       5       6         7       Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line       6													
Totals       0.       Enter here and on Part I, line 8, column (A)       Enter here and on Part I, line 8, column (B)         Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       4. Set-asides (attach statement)       5. Total deductions and set-asides (attach statement)       5. Total deductions and set-asides (attach statement)       6.       0.	(4)								no 5 o	nd 10	Ada		E and 11
Totals       0.       0.         Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       5. Total deductions and set-asides (attach statement)         1. Description of income       2. Amount of income       3. Deductions directly connected (attach statement)       5. Total deductions and set-asides (add cols 3 and 4)         (1)       2.       3. Deductions directly connected (attach statement)       4. Set-asides (add cols 3 and 4)         (2)       2.       4.       4.       5. Total deductions and set-asides (attach statement)       5. Total deductions and set-asides (attach statement)         (3)       4.       Add amounts in column 2. Enter here and on Part I, line 9, column (A)       Add amounts in column 5. Enter here and on Part I, line 9, column (A)       0.       0.         Part VIII       Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       0.       0.         1       Description of exploited activity:       2       3       3       4.       4.       4.         3       Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (A)       2       2         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       3       5       6       4         5       6<													
Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       5. Total deductions and set-asides (attach statement)         1. Description of income       2. Amount of income       3. Deductions directly connected (attach statement)       4. Set-asides (add cols 3 and 4)         (1)       2								line 8, c	olumn	(A)	I	ine 8, col	umn (B)
Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       5. Total deductions and set-asides (attach statement)         1. Description of income       2. Amount of income       3. Deductions directly connected (attach statement)       4. Set-asides (add cols 3 and 4)         (1)       2	Totals						►			0.			0.
income       directly connected (attach statement)       (attach statement)       and set-asides (add cols 3 and 4)         (1)       (attach statement)       (attach statement	Part	VII Investment I	Income o	f a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee inst	ructions)			
(attach statement)       (attach s		<b>1.</b> Desc	cription of in	come		2. Amou	nt of			4. Set-	asides		
(2)       (3)       Add amounts in column 2. Enter here and on Part I, line 9, column 5. Enter here and on Part I, line 9, column (A)       Add amounts in column 2. Enter here and on Part I, line 9, column (A)         Totals       0.       0.       0.         Part VIII       Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       0.         1       Description of exploited activity:       2         2       Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)       2         3       Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)       3         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       4         5       Gross income from activity that is not unrelated business income       5         6       Expenses attributable to income entered on line 5       6         7       Excess exempt expenses. Subtract line 5, but do not enter more than the amount on line       5						incon	ne			(attach st	atemer		
(3)       Add amounts in column 2. Enter here and on Part I, line 9, column 5. Enter here and on Part I, line 9, column (A)       Add amounts in column 5. Enter here and on Part I, line 9, column 6.         Totals       0.       0.       0.       0.         Part VIII       Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       0.       0.         1       Description of exploited activity:	(1)												
(4)       Add amounts in column 2. Enter here and on Part I, line 9, column (A)       Add amounts in column 2. Enter here and on Part I, line 9, column (B)         Totals       0.       0.       0.         Part VIII       Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       0.         1       Description of exploited activity:	(2)												
Add amounts in column 2. Enter here and on Part I, line 9, column (A)       Add amounts in column 5. Enter here and on Part I, line 9, column (A)         Totals       0.       0.         Part VIII       Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       0.         1       Description of exploited activity:       2         2       Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)       2         3       Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)       3         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       4         5       Gross income from activity that is not unrelated business income       5         6       Expenses. Subtract line 5 from line 6, but do not enter more than the amount on line       6	(3)												
column 2. Enter here and on Part I, line 9, column (A)       column 5. Enter here and on Part I, line 9, column (B)         Part VIII       Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)         1       Description of exploited activity:         2       Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)         3       Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7         5       Gross income from activity that is not unrelated business income         6       Expenses attributable to income entered on line 5         7       Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line	(4)												
Totals       here and on Part I, line 9, column (A)       here and on Part I, line 9, column (B)         1       Description of exploited activity:       0.       0.         2       Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)       2         3       Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)       3         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       4         5       Gross income from activity that is not unrelated business income       5         6       Expenses attributable to income entered on line 5       6         7       Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line       1													
Totals       0.       0.       0.         Part VIII       Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       0.         1       Description of exploited activity:													
Part VIII       Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)         1       Description of exploited activity:						line 9, colu						line 9	
1       Description of exploited activity:	-				<b>&gt;</b>	la a la Alabara							0.
2       Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)       2         3       Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)       3         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       4         5       Gross income from activity that is not unrelated business income       5         6       Expenses attributable to income entered on line 5       6         7       Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line       1		Exploited E		suvity income	, other I	nan Adve	erusinę	y income (	see ins	structions)			
<ul> <li>3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)</li> <li>3</li> <li>4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7</li> <li>5 Gross income from activity that is not unrelated business income</li> <li>6 Expenses attributable to income entered on line 5</li> <li>7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line</li> </ul>		• •		6			- De til	1	- (A)				
line 10, column (B)       3         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete         lines 5 through 7       4         5       4         6       5         6       6         7       Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line											2		
4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete       4         5       Gross income from activity that is not unrelated business income       5         6       Expenses attributable to income entered on line 5       6         7       Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line       6	3			-							3		
lines 5 through 745Gross income from activity that is not unrelated business income56Expenses attributable to income entered on line 567Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line6	4												
5       Gross income from activity that is not unrelated business income       5         6       Expenses attributable to income entered on line 5       6         7       Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line       6	7										4		
667Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line	5	•											
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line													
										<u></u>	7		

Schedule A (Form 990-T) 2021

123731 01-28-22

	lule A (Form 990-T) 2021				Page 4
Part					
1	Name(s) of periodical(s). Check box if reportir	ng two or more periodicals on a	a consolidated basis	5.	
	A				
	В				
	c				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
_		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)		►	0.
а		[	1		
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)		▶	0.
		[	1		
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complet				
-	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6 7	Circulation income				
'	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
U	deduction. For each column showing a gain of	n l			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g		tal or zero here and	d on	
u	Part II, line 13			L 011	0.
Part		rectors, and Trustees	see instructions)		
			,	3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	I. Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (se	ee instructions)			

123732 01-28-22

1

#### 75-1080987

FORM 990-T (A) OTHER DEDUC	TIONS STATEMENT 1
DESCRIPTION	AMOUNT
INVESTMENT MANAGEMENT FEES	103,041.
TOTAL TO SCHEDULE A, PART II, LINE 14	103,041.

Department of the Treasury Internal Revenue Service

#### Name

#### Capital Gains and Losses ► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. ► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

5-	. 1	Λ	Q	Λ	۵	Q	7
5-	. т	υ	0	υ	7	0	1

7

#### ► Yes X No

#### CAL FARLEY'S BOYS RANCH FOUNDATION

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ......... If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gai	ins and Losses - Ass	sets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below.	<b>(d)</b> Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89		(h) Gain or (loss) Subtract column (e) from
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	column (d) and combine the result with column (g)
<ul> <li>1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b</li> </ul>					
<b>1b</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box A</b> checked					
2 Totals for all transactions reported on					
Form(s) 8949 with <b>Box B</b> checked					
<b>3</b> Totals for all transactions reported on					00.455
Form(s) 8949 with <b>Box C</b> checked					22,165.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-king				5	
6 Unused capital loss carryover (attach compute	,			6	()
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gai	<u>e lines 1a through 6 in columr</u>	<u>1 h</u>		7	22,165.
	ns and Losses - Ass	ets Heid More Thai	n One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with <b>Box D</b> checked					
9 Totals for all transactions reported on					
Form(s) 8949 with <b>Box E</b> checked					
<b>10</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box F</b> checked					22,859.
				11	
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-king	d exchanges from Form 8824			13	
				14	00.050
15 Net long-term capital gain or (loss). Combine		nh		15	22,859.
Part III Summary of Parts I and					00.15-
16 Enter excess of net short-term capital gain (lin				16	22,165.
17 Net capital gain. Enter excess of net long-term				17	22,859.
<b>18</b> Add lines 16 and 17. Enter here and on Form		plicable line on other returns	s	18	45,024.
Note: If losses exceed gains, see Capital Los	ses in the instructions.				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2021

121051 12-17-21

Form <b>8949</b>
Department of the Treasury Internal Revenue Service

Name(s) shown on return

## Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Attachment Sequence No. **12A** Social security number or

taxpaver identification no.

CAL FARLEY'S BOYS RANCH FOUNDATION 75						75-1	75-1080987	
Before you check Box A, B, or C be statement will have the same inform broker and may even tell you which	low, see whether ation as Form 10			or substitute staten Ir basis (usually you	nent(s) from y r cost) was r			
Part I Short-Term. Transactions, see page 2. Note: You may aggregate a	tions involving capit	tions reported on	Form(s) 1099-B show	ving basis was reporte	ed to the IRS a	and for which no ad	justments or	
codes are required. Enter th You must check Box A, B, or C below.	e totals directly on	Schedule D, line 1a	; you aren't required	to report these trans	actions on For	rm 8949 (see instru	ctions).	
If you have more short-term transactions than w	ill fit on this page for on	e or more of the boxes	s, complete as many for	ms with the same box che	ecked as you nee	d.	each applicable box.	
(B) Short-term transactions re		,	0			-,		
X (C) Short-term transactions n	ot reported to you	, u on Form 1099-l	В					
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	<b>(d)</b> Proceeds (sales price)	(e) Cost or other basis. See the	loss. If you in column (g	if any, to gain or enter an amount g), enter a code in See instructions.	(h) Gain or (loss). Subtract column (e)	
		(Mo., day, yr.)		Note below and see <i>Column (e)</i> in the instructions	(f)	(g) Amount of adjustment	from column (d) & combine the result with column (g)	
HIRTLE CALLAGHAN								
SELECT EQUITY FUND	)							
LP							22,165.	С
2 Totals. Add the amounts in colu negative amounts). Enter each to		.,						
Schedule D, <b>line 1b</b> (if <b>Box A</b> ab above is checked), or <b>line 3</b> (if <b>E</b>	ove is checked),	line 2 (if Box B					22,165.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

62

15070327 146892 878183

Form 8949 (2021)				Attachm	nent Sequen	ce No. <b>12A</b>	Page <b>2</b>	
					Social secur	ity number or ntification no.		
CAL FARLEY'S B	OYS RANCE	I FOUNDAT	ION			75-1	080987	
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b Part II Long-Term. Transactio	oox to check.		-					
see page 1.								
Note: You may aggregate all codes are required. Enter the You must check Box D, E, or F below. C	totals directly on S Check only one bo	Schedule D, line 8a	; you aren't require ox applies for your long	d to report these trans	actions on For ete a separate Fo	m 8949 (see instru orm 8949, page 2, for e	ctions).	
If you have more long-term transactions than will (D) Long-term transactions rep								
(E) Long-term transactions rep	-					-,		
X (F) Long-term transactions not		-	-					
1 (a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds (sales price)	(e) Cost or other basis. See the	loss. If you in column (g	if any, to gain or enter an amount g), enter a code in	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(cure price)	Note below and see Column (e) in the instructions	column (f). § (f) Code(s)	See instructions. (g) Amount of adjustment	from column (d) & combine the result with column (g)	
HIRTLE CALLAGHAN								
SELECT EQUITY FUND								
LP							22,859.	С
2 Totals. Add the amounts in colum	 nns (d), (e), (g), a	nd (h) (subtract						
negative amounts). Enter each to Schedule D, <b>line 8b</b> (if <b>Box D</b> abo		-						
above is checked), or line 10 (if E	lox F above is ch	necked)	···· ·		hee's s		22,859.	
Note: If you checked Box D above b adjustment in column (g) to correct t	•			. ,		nt of the adjustm	ent.	
123012 12-14-21						F	orm <b>8949</b> (2021)	

Department of the Treasury Internal Revenue Service

#### Name

#### Capital Gains and Losses ► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. ► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

5	_	1	n	8	n	q	8	7
S	_	т	υ	0	υ	7	0	1

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#### Yes X No

#### CAL FARLEY'S BOYS RANCH FOUNDATION

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ......... If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below.	<b>(d)</b> Proceeds	<b>(e)</b> Cost	(g) Adjustments to ga or loss from Form(s) 89		(h) Gain or (loss) Subtract column (e) from
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	column (d) and combine the result with column (g)
<ul> <li>1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b</li> </ul>					
<b>1b</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box A</b> checked					
2 Totals for all transactions reported on					
Form(s) 8949 with <b>Box B</b> checked					
<b>3</b> Totals for all transactions reported on					22,165.
Form(s) 8949 with <b>Box C</b> checked	·				22,103.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kind				5	· · · · · · · · · · · · · · · · · · ·
6 Unused capital loss carryover (attach computa				6	22,165.
7 Net short-term capital gain or (loss). Combine Part II Long-Term Capital Gain	e lines 1a through 6 in column	n oto Hold Moro Tho	a One Veer	7	<u> </u>
	15 dilu LUSSES - ASS				(h) Online on (he and)
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
round off cents to whole dollars.				(9)	result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with <b>Box D</b> checked					
<b>9</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box E</b> checked					
10 Totals for all transactions reported on					22.950
10 Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					22,859.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked11 Enter gain from Form 4797, line 7 or 9	(			11	22,859.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked11 Enter gain from Form 4797, line 7 or 912 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	22,859.
<ul> <li>10 Totals for all transactions reported on Form(s) 8949 with Box F checked</li> <li>11 Enter gain from Form 4797, line 7 or 9</li> <li>12 Long-term capital gain from installment sales</li> <li>13 Long-term capital gain or (loss) from like-kind</li> </ul>	from Form 6252, line 26 or 3			12 13	22,859.
<ul> <li>10 Totals for all transactions reported on Form(s) 8949 with Box F checked</li> <li>11 Enter gain from Form 4797, line 7 or 9</li> <li>12 Long-term capital gain from installment sales</li> <li>13 Long-term capital gain or (loss) from like-kind</li> <li>14 Capital gain distributions</li> </ul>	from Form 6252, line 26 or 3 d exchanges from Form 8824	7		12 13 14	
<ul> <li>10 Totals for all transactions reported on Form(s) 8949 with Box F checked</li> <li>11 Enter gain from Form 4797, line 7 or 9</li> <li>12 Long-term capital gain from installment sales</li> <li>13 Long-term capital gain or (loss) from like-kind</li> <li>14 Capital gain distributions</li> <li>15 Net long-term capital gain or (loss). Combined</li> </ul>	from Form 6252, line 26 or 3 d exchanges from Form 8824 lines 8a through 14 in colum	7		12 13	22,859.
<ul> <li>10 Totals for all transactions reported on Form(s) 8949 with Box F checked</li> <li>11 Enter gain from Form 4797, line 7 or 9</li> <li>12 Long-term capital gain from installment sales</li> <li>13 Long-term capital gain or (loss) from like-kind</li> <li>14 Capital gain distributions</li> <li>15 Net long-term capital gain or (loss). Combine</li> <li>Part III Summary of Parts I and</li> </ul>	from Form 6252, line 26 or 3 I exchanges from Form 8824 I lines 8a through 14 in colum	7  n h		12 13 14 15	22,859.
<ul> <li>10 Totals for all transactions reported on Form(s) 8949 with Box F checked</li> <li>11 Enter gain from Form 4797, line 7 or 9</li> <li>12 Long-term capital gain from installment sales</li> <li>13 Long-term capital gain or (loss) from like-kind</li> <li>14 Capital gain distributions</li> <li>15 Net long-term capital gain or (loss). Combine</li> <li>Part III Summary of Parts I and</li> <li>16 Enter excess of net short-term capital gain (lir</li> </ul>	from Form 6252, line 26 or 3 d exchanges from Form 8824 lines 8a through 14 in colum <b>I II</b> le 7) over net long-term capita	7		12 13 14 15 16	22,859.
<ul> <li>10 Totals for all transactions reported on Form(s) 8949 with Box F checked</li> <li>11 Enter gain from Form 4797, line 7 or 9</li> <li>12 Long-term capital gain from installment sales</li> <li>13 Long-term capital gain or (loss) from like-kind</li> <li>14 Capital gain distributions</li> <li>15 Net long-term capital gain or (loss). Combine</li> <li>Part III Summary of Parts I and</li> <li>16 Enter excess of net short-term capital gain (lir</li> <li>17 Net capital gain. Enter excess of net long-term</li> </ul>	from Form 6252, line 26 or 3 d exchanges from Form 8824 lines 8a through 14 in colum I II I II I I Over net long-term capita capital gain (line 15) over net	7 n h Il loss (line 15) t short-term capital loss (line	97)	12 13 14 15 16 17	22,859. 22,165. 22,859.
<ul> <li>10 Totals for all transactions reported on Form(s) 8949 with Box F checked</li> <li>11 Enter gain from Form 4797, line 7 or 9</li> <li>12 Long-term capital gain from installment sales</li> <li>13 Long-term capital gain or (loss) from like-kind</li> <li>14 Capital gain distributions</li> <li>15 Net long-term capital gain or (loss). Combine</li> <li>Part III Summary of Parts I and</li> <li>16 Enter excess of net short-term capital gain (lir</li> </ul>	from Form 6252, line 26 or 3 d exchanges from Form 8824 lines 8a through 14 in colum <b>I II</b> re 7) over net long-term capital capital gain (line 15) over net 1120, page 1, line 8, or the ap	7 n h Il loss (line 15) t short-term capital loss (line	97)	12 13 14 15 16	22,859.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2021

121051 12-17-21

Form	8949
	ent of the Treasury Revenue Service

Name(s) shown on return

## **Sales and Other Dispositions of Capital Assets**

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Sequence No. 12A

Social security number or taxpayer identification no.

> 76 1000007

CAL 1	FARLEY'S	BOYS	RANCH	FOUNDATION
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CAL FARLEY S BO							080987
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	ow, see whether ation as Form 109	you received any 99-B. Either will s	/ Form(s) 1099-B c show whether you	or substitute staterr r basis (usually you	ent(s) fron r cost) was	n your broker. A su s reported to the IF	ibstitute IS by your
Part I Short-Term. Transacti		al assets you held	1 year or less are ge	nerally short-term (see	e instruction	s). For long-term	
transactions, see page 2. <b>Note:</b> You may aggregate all codes are required. Enter the	short-term transac	tions reported on I	Form(s) 1099-B show	ing basis was reporte	d to the IRS	and for which no ac	
You must check Box A, B, or C below. C	Check only one bo	x. If more than one b	ox applies for your short	t-term transactions, comp	lete a separat	e Form 8949, page 1, for	
If you have more short-term transactions than will							
(A) Short-term transactions rep (B) Short-term transactions rep	-		•		note ap	ove)	
X (C) Short-term transactions no	-		-				
1 (a)	(b)	(c)	(d)	(e)	Adjustment, if any, to gain or (h)		
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If v	Gain or (loss).	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the			Subtract column (e)
		(Mo., day, yr.)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
HIRTLE CALLAGHAN							
SELECT EQUITY FUND							
LP							22,165.
2 Totals. Add the amounts in colum							
negative amounts). Enter each tot							
Schedule D, line 1b (if Box A abo							22 165
above is checked), or line 3 (if Bo			uno incorrect cost		hoois st		<u>22,165.</u>
Note: If you checked Box A above b adjustment in column (g) to correct t							

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Form 8949 (2021)				Attachn	nent Sequenc	e No. <b>12A</b>	Page <b>2</b>
Name(s) shown on return. Name and	SSN or taxpaye	er identification n	o. not required if			Social secur	ity number or ntification no.
CAL FARLEY'S B		75-1080987					
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ow, see whether ation as Form 109	you received any 99-B. Either will s	Form(s) 1099-B ( show whether you	or substitute statem ır basis (usually you	ent(s) from yo r cost) was re	our broker. A su ported to the IF	bstitute IS by your
Part II Long-Term. Transaction	ons involving capita						
Note: You may aggregate all codes are required. Enter the You must check Box D, E, or F below. (	e totals directly on S Check only one bo	Schedule D, line 8a	; you aren't required ox applies for your long	d to report these trans	actions on Forr ete a separate Fo	n 8949 (see instru rm 8949, page 2, for o	ctions).
If you have more long-term transactions than will (D) Long-term transactions rep					-		
(E) Long-term transactions rep		,			NOLE ADOVE	<i>i</i> )	
<b>X</b> (F) Long-term transactions not	•						
1 (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	<b>(d)</b> Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and	Adjustment, if any, to gain o loss. If you enter an amount in column (g), enter a code ir column (f). See instructions.		Gain or (loss)
		(Mo., day, yr.)		see Column (e) in the instructions	<b>(f)</b> Code(s)	<b>(g)</b> Amount of adjustment	combine the result with column (g)
HIRTLE CALLAGHAN						•	
SELECT EQUITY FUND							
LP							22,859.
• Totale Add the operate in a firm	$\frac{1}{2}$	nd (b) (au bhing ai		-			<u> </u>
<b>2 Totals.</b> Add the amounts in colur negative amounts). Enter each to	tal here and inclu	ude on your					
Schedule D, line 8b (if Box D abo							
above is checked), or line 10 (if E					haaia aa mar		<u>22,859.</u>
Note: If you checked Box D above b adjustment in column (g) to correct t							
123012 12-14-21	0		-	3			orm 8949 (2021)

15070327 146892 878183