#### **Return of Organization Exempt From Income Tax**

2023 Inspection

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information For the 2023 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Rangers Scholarship Fund, Address change Doing business as 80-0334135 Name change Number and street (or P.O. box if mail is not delivered to street addres 706-593-1677 P.O. Box 52184 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated Fort Benning 210,033 **G** Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates Application pending Henry "Ike" Eisenbarth 786 Ashfield Drive H(b) Are all subordinates included? If "No " attach a list. See instructions Fayetteville NC 28311 **X** 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 Tax-exempt status: www.rangersscholarshipfund.org Website: H(c) Group exemption number Form of organization: | X | Corporation | Trust | Association Year of formation: 2008 Summary Part I 1 Briefly describe the organization's mission or most significant activities: Governance See Schedule O 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 8 ∞ಶ 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 0 5 6 Total number of volunteers (estimate if necessary) 20 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0 Current Year 109,607 204,045 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,988 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 109,607 210,033 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 150,500 121,860 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ...... 2,015 475 123,875 150,975 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -14,268 59,058 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year o End of Year 215,385 277,303 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 0 <del>2</del>77,303 215,385 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Scott "Colt" Corp. Legal Counsel Puryear

Sign Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid self-employed **Preparer** This tax return Firm's EIN Firm's name **Use Only** prepared by a non-paid preparer. May the IRS discuss this return with the preparer shown above? See instructions Yes

	The Transfer of Reduired Contractor			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		′	l
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			l
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Vos." complete Schodule D. Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
Ü	complete Schedule D, Part III	8		х
0	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	-		
9				l
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			32
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			l
	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			l
	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			l
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			l
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign aggregation 2 15 (2) or a general of Calcadida F. Doute H. and IV.	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
10		16		Y
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	, ,		v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	,		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا _ ِ ا		77
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X
			$\alpha \alpha \alpha \alpha$	4 :

Part IV	Checklist	of	Required	Schedules	(continued)

			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	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?	25b		х
26	If "Yes," complete Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		х
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		х
29	Did the organization receive more than \$25,000 in noncash 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	l		
05.	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	330		
00	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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	X	
Pa	art 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			
	5. J.		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b 0	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	reportable gaming (gambling) winnings to prize winners?	1c		
	rependable gaining (gaintoming) withings to prize withings:	10	000	<u> </u>

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If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a / 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. Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customarily performed by or under the direct Х supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, b stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ...... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? X 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. 20 Steve Parsons P.O. Box 52184 Fort Benning GA 31909 706-593-1677

Form 990 (2	023) Rangers	Scholarship	Fund, Inc	e. 80-03	334135		F	Page <b>7</b>
Part VII	Compensation	of Officers, Direct	ors, Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent (	Contractors						_
	Check if Sched	ule O contains a res	ponse or note t	o any line in this l	Part VII			<u>. Ц</u>
Section A.	Officers, Directors	s, Trustees, Key Emplo	yees, and Highes	t Compensated Emp	loyees			

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of 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.

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

(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D)  Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation			
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Henry "Ike" Eis	enbarth 1.00 0.00	x		x				0	0	0
(2) Tom Lazzaro	0.00	A		Λ		+	$\dashv$		<u> </u>	<u> </u>
Secretary	1.00	x		x				0	0	0
(3) Scott "Colt" Pu										
Corp. Legal Counsel	1.00	х		х				0	0	0
(4) Steve Parsons	1 00									
Treasurer	1.00	х		х				0	0	0
(5) Mike Kelso	1.00									
Asst. Treasurer	0.00	x						0	0	0
(6) Matt Walker	1.00									
Director	0.00	х						0	0	0
(7) Alex Mordine										
Director	1.00	x						0	0	0
(8) Fred Kleibacker		72					$\dashv$	<u> </u>	<u> </u>	<u> </u>
	1.00									
Director	0.00	X						0	0	0
(9)										
(10)										
(11)							$\dashv$			
		<u> </u>								- 000

Pa	rt VII Section A. Officer	s, Directors, Tr	ust	es,	Key	Em	ploy	ees	s, and Highest Compens	ated Employees (continu	ed)			
	Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	cer ar	Poscheck ess pend a co	ition more rson i	s both	n an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	col	(F) nated a of other mpensa from the anizatio d organ	er ation je	S
(12)				8			ted							
(13)														
(14)														
(15)														
(16)														
(17)														
(18)														
(19)														
С	Total from continuation she Total (add lines 1b and 1c) Total number of individuals (ir reportable compensation from	eets to Part VII	Se limit	ctior	1 A	 	 		ove) who received more that	an \$100,000 of			VI	
3 4 5	Did the organization list any formula employee on line 1a? If "Yes, For any individual listed on line organization and related organization and related organization and person listed on line for services rendered to the	" complete Schene 1a, is the sum inizations greate	edule n of r tha 	repo in \$1	rtable 150,0 	ch ir e co 000?  isatio	mpe mpe If "\  on fr	dual nsat /es,' 	tion and other compensation complete Schedule J for any unrelated organization	on from the such		3 4 5	Yes	X X X
	ion B. Independent Contrac	tors							·					
1	Complete this table for your f compensation from the organ	ization. Report of							ndar year ending with or w	vithin the organization's tax	year.		(0)	
	Name and	(A) d business address							Descrip	(B) tion of services		Con	(C) npensati	on
2	Total number of independent received more than \$100,000								ose listed above) who	0				

Pa	rt V			of Revenue nedule O con	ıtains	a resp	onse or not	e to any line in	this Part VIII		П
			_					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under
		<b>D</b>					010		I CONTROL OF TOVERING	business revenue	sections 512-514
nts nts	1a	Federated cam	naigns		1a					( ) (	
3ra Ioui		Membership du	100	. 1. 1	1b		$\overline{\mathbf{v}}$				<i>y</i>
s, ( Am		Fundraising eve			1c						
3ift  ar		Related organiz			1d						
s, ini		Government grants (			1e						
r S		All other contributions									
but	~	and similar amounts r Noncash contributions			1f		204,045				
Contributions, Gifts, Grants and Other Similar Amounts	y	lines 1a-1f			1g	\$	- 1				
<u>a</u> 8	h	Total. Add lines	s 1a–1	lf				204,045			
							Business Code				
ce	2a										
ervi	b										
Program Service Revenue	С										
grar Rev	d										
Pro	е										
	f	All other progra	m ser	vice revenue							
_		Total. Add lines								T	
	3	Investment inco		_	ds, int	erest, an	d	<b>5</b> 000			
		other similar an						5,988			5,988
	4	Income from inv				•					
	5	Royalties				1					
	٠.	Cross rents		(i) Real		(11)	Personal				
	6a		6a 6b								
	b		6c								
	c d	Rental inc. or (loss)  Net rental incon		(loca)							
	7a	Gross amount from		(i) Securities			i) Other				
		sales of assets	7a	(i) Godina		(.	,, 54.16.				
ě	h	other than inventory Less: cost or other	14								
en!	_	basis and sales exps.	7b				- 1				
Revenue	С	Gain or (loss)	7c								
ther		Net gain or (los	s)								
oth		Gross income from	,								
		(not including \$									
		of contributions re					- 1				
		1c). See Part IV, I	line 18		8a						
	b	Less: direct exp	penses	s	8b						
	С	Net income or (	(loss)	from fundraising	event	ts					
	9a	Gross income for	_	-							
		activities. See F			9a						
		Less: direct exp			9b						
		Net income or (			tivities_						
	10a	Gross sales of			l		- 1				
		returns and allo			10a						
		Less: cost of go			10b						
_	С	Net income or (	(IUSS)	itotti sales of in	ventory	y	Business Code				
sno	11a						Dusiness Cour				
ne	i ia b										
Miscellaneous Revenue	C										
lisc Re		All other revenue								1	
2		Total. Add lines									
		Total revenue.						210,033	C	0	5,988

Part IX	Statement	of F	unctional	<b>Expenses</b>
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Secti	on 501(c)(3) and 501(c)(4) organizations must			complete column (A).	
	Check if Schedule O contains a resp				
	ot include amounts reported on lines 6b, 7 Pb, and 10b of Part VIII.	b, (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	HISP	CUO		Py
2	Grants and other assistance to domestic individuals. See Part IV, line 22	150,500	150,500		-
3	Grants and other assistance to foreign	130,300	130,300		
3	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	·				
4	Benefits paid to or for members  Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 1	7			
f	Investment management fees	175		175	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	4 = 4		4 - 4	
13	Office expenses	176		176	
14	Information technology				
15	Royalties				
16 17	Occupancy				
18	Travel Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	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 O.)	104		104	
a	PayPal Fees	124		124	
b	•				
c C	·				
d	All other expenses				
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	150,975	150,500	475	0
26	Joint costs. Complete this line only if the	100,010	130,300	1,5	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part 2	X Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest-bearing	54,362	1	107,610
2	Savings and temporary cash investments	161,023	2	169,693
3	Pleages and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from 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		5	
6	Loans and other receivables from other disqualified persons (as defined			
_   ets	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	Notes and loans receivable, net		7	
0	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
l <u>.</u>	basis. Complete Part VI of Schedule D 10a			
	Less: accumulated depreciation [10b]		10c	
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	015 205	15	000 202
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	277,303
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u>s</u> 22	Loans and other payables to any current or former officer, director,			
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>i</u>	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0	26	C
es	Organizations that follow FASB ASC 958, check here X			
g	and complete lines 27, 28, 32, and 33.	215,385	07	277 202
27   28   27	Net assets without donor restrictions		27	277,303
귤   28	Net assets with donor restrictions		28	
<u> </u>	Organizations that do not follow FASB ASC 958, check her			
٥ م	and complete lines 29 through 33.		00	
29 29	Capital stock or trust principal, or current funds		29	
88 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances 25 28 30 31 32	Retained earnings, endowment, accumulated income, or other funds		31	277 202
$\frac{5}{2}$ 32	Total net assets or fund balances		32	277,303
33	Total liabilities and net assets/fund balances	215,385	33	277,303

Form **990** (2023)

orn	990 (2023) Rangers Scholarship Fund, Inc. 80-0334135				Pag	ge <b>12</b>
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>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			.0,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2			50,9	
3	Revenue less expenses. Subtract line 2 from line 1	3	M		<b>59,</b> 0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		21	5,3	<u> 385</u>
5	Net unrealized gains (losses) on investments	5			2,8	<u> 360</u>
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		27	77,3	303
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
					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 O.					
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.					
	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		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u> .		3b		
				Form	990	(2023)

#### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047
2023

Open to Public Inspection

#### Attach to Form 990 or Form 990-EZ.

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

Name of the organization Employer identification number Rangers Scholarship Fund, Inc. 80-0334135 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D)

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

(E)

Rangers Scholarship Fund, Inc. 80-0334135
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and	1112	DE				Y
	membership fees received. (Do not include any "unusual grants.")	77,580	78,020	147,428	109,607	204,045	616,680
_			.,	,		, , , ,	
2	Tax revenues levied for the organization'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	<b>Total.</b> Add lines 1 through 3	77,580	78,020	147,428	109,607	204,045	616,680
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)						58,028
<u>6</u>	Public support. Subtract line 5 from line 4.   tion B. Total Support						558,652
	idar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(a)</b> 2023	(f) Total
<b>7</b>	Amounts from line 4	77,580	78,020	147,428	109,607	(e) 2023 204,045	(f) Total
8	Gross income from interest, dividends,	77,560	78,020	147,420	109,607	204,045	616,680
0	payments received on securities loans, rents, royalties, and income from similar sources	4,488	3,769	6,209		5,988	20,454
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	,						
ıu	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
1	<b>Total support.</b> Add lines 7 through 10						637,134
2	Gross receipts from related activities, etc.	(see instructions)	)			12	
3	First 5 years. If the Form 990 is for the o	organization's first,	second, third, fou	rth, or fifth tax yea	ar as a section 50	1(c)(3)	_
	organization, check this box and stop he	re					
Sec	tion C. Computation of Public S						
4	Public support percentage for 2023 (line 6	i, column (f) divide	ed by line 11, colu	mn (f))		14	87.68%
5	Public support percentage from 2022 Sch	edule A, Part II, lir	ne 14				96.35 %
l6a	<b>33 1/3% support test — 2023.</b> If the org				is 33 1/3% or mo	ore, check this	=
	box and <b>stop here.</b> The organization qua						X
b	<b>33 1/3% support test — 2022.</b> If the organic						
_	this box and <b>stop here.</b> The organization						
7a	10%-facts-and-circumstances test — 2						
	10% or more, and if the organization mee				-		
	Part VI how the organization meets the fa	acts-and-circumsta	inces test. The or	ganization qualifies	s as a publicly sup	oported	
	organization						Ц
b	10%-facts-and-circumstances test — 2	•					
	15 is 10% or more, and if the organization				•	•	
	in Part VI how the organization meets the			-			
	organization	id not obselve !	on line 40, 40-	16b 17a 17b	shook this bay sa		Ц
18	<b>Private foundation.</b> If the organization di						
	instructions						
						Schodulo	A (Form 990) 2023

### Rangers Scholarship Fund, Inc. Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			4				
Caler	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1112	bA	GUU				y
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5						$\rightarrow$	
7a	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.							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
<u></u>	tion B. Total Support							
	idar year (or fiscal year beginning in)	(=) 2010	(h) 2020	(a) 2024	(-1) 2022	(2) 2022	$\overline{}$	(f) Tatal
		<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	$\dashv$	(f) Total
9	Amounts from line 6						$\dashv$	
10a	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							
С	Add lines 10a and 10b						_	
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,						T	
	and 12.)							
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	•				(		Г
Sec	tion C. Computation of Public							
15	Public support percentage for 2023 (line 8			umn (f))			15	%
16	Public support percentage from 2022 Sch						16	%
	tion D. Computation of Investm							
17	Investment income percentage for 2023			13. column (f))			17	%
	nvestment income percentage from 2022		1 1 4 7				18	%
19a						<del></del>		
	17 is not more than 33 1/3%, check this b							
b	<b>33 1/3% support tests</b> — <b>2022.</b> If the or		=			-		
	line 18 is not more than 33 1/3%, check t	=						
20	Private foundation. If the organization d	lid not check a box	on line 14, 19a,	or 19b, check this	box and see instr	uctions	<u></u>	<u></u> [
				•				A (F 000) 0000

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on 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

- Are all of the organization's supported organizations listed by name in the organization's governing 1 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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).
- 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?
- **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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.
- 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.
- 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.
  - 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.)

		Yes	No
		<b>y</b>	
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	30		
	10a		
	10b	/F	90) 2023
che	dule A	(Form 9	90) 2023

Par	t IV Supporting Organizations (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		
b	A family member of a person described on line 11a above?	11b		
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.	11c		
Secti	on 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? If "No," describe in Part VI 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			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
		2		
Secti	supervised, or controlled the supporting organization.  On C. Type II Supporting Organizations			
0001	on or type in dupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			-110
-	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).	1		
Secti	on D. All 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	_		
Cooti	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction.)  The organization satisfied the Activities Test. Complete line 2 below.	15).		
b	The organization satisfied the Activities rest. Complete fine 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etri ictic	ne)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			140
_	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.	3b		

	TUG		135 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	<b>)rga</b> n	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	Nov. 20	), 1970 (explain in Part VI	). See
instructions. All other Type III non-functionally integrated supporting organizations m	ust co	mplete Sections A through	ι Ε.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year
		(A) Ther real	(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 amount,			
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-functionally integrate	d Type	e III supporting organizatio	n
(see instructions).			

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Sect	Section D – Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exempt purp	1							
2	Amounts paid to perform activity that directly furthers exempt purpose organizations, in excess of income from activity		2	)DV					
3	Administrative expenses paid to accomplish exempt purposes of sup		3	<del>/ / /</del>					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required—provide de	etails in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.	,		6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the organizations	zation is responsive		8					
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Sect	ion E - Distribution Allocations (see instructions)	(ii) Underdistribution: Pre-2023	s	(iii) Distributable Amount for 2023					
1	Distributable amount for 2023 from Section C. line 6		110 2020		7 anount for 2020				
	Underdistributions, if any, for years prior to 2023								
	(reasonable cause required-explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2023								
а	From 2018								
	From 2019								
	From 2020								
	From 2021								
е	From 2022								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2023 distributable amount								
i	Carryover from 2018 not applied (see instructions)								
<u></u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from								
	Section D, line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2023 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2023, if								
	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in Part VI. See instructions.  Remaining underdistributions for 2023. Subtract lines 3h								
U	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3j								
•	and 4c.								
8	Breakdown of line 7:								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
	Excess from 2022								
	Excess from 2023								

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Fund

OMB No. 1545-0047

Name of the organization

**Employer** identification number

80-0334135

Rangers Scholarship Organization type (check one): Filers of: Section: **X** 501(c)( Form 990 or 990-EZ **3** ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 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 X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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).

Employer identification number

Rang	ers scholarship rund, inc.	80	-U334135
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1		\$ 50,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and Zir + 4	\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 6,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZiF + 4	\$ 14,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions  \$ 30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 11,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)

#### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Rangers Scholarship Fund,

Employer identification number

80-0334135

Part I General Information on Grants an	d Assistance	!						
<ul> <li>Does the organization maintain records to substantiate the selection criteria used to award the grants or assistated</li> <li>Describe in Part IV the organization's procedures for months.</li> </ul>	ance?				ants or assistance,	and	X Yes	No
Part II Grants and Other Assistance to D	Onestic Ora	anization	ns and Domestic	s. Governments	Complete if the	organization	answered "Yes" on F	-orm 990
Part IV, line 21, for any recipient that							anowered ree on r	01111 000
(a) Name and address of organization     or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grar or assistance	nt
(1)		,	-		,			
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
<ul> <li>Enter total number of section 501(c)(3) and government</li> <li>Enter total number of other organizations listed in the lin</li> </ul>		ed in the lin	ne 1 table					

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	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
1 Scholarships	105	150,500		77					
2 SOFund Directed Awards									
3									
4									
5									
6									
_7									
Part IV Supplemental Information. Pro	ovide the information	required in Part I, li	ne 2; Part III, columi	n (b); and any other addit	ional information.				

# SCHEDULE O (Form 990)

## 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.

OMB No. 1545-0047

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

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

Open to Public Inspection

Name of the organization Rangers Scholarship Fund, Inc

Employer identification number 80-0334135

Form 990 - Organization's Mission	
The organization awards merit-based scholarships to eligible dependent	
family members of current and veteran Rangers of the 75th Ranger Regime	nt
for undergraduate and graduate studies that result in a degree or	
vocational certification.	
Form 990, Part I, Line 6	
All services provided to the organization are performed by volunteers,	
including but not limited to, managerial duties, fundraising, program	
services, legal and accounting services.	
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990	
Copy of Form 990 provided to the voting members.	
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation	
Documents made available upon request.	