

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

_			nue Service			•	use a copy of this return					<u> </u>	
A For the 2009 calend		ar year,	ear, or tax year beginning , 2009, and ending			ng			, 20				
В	Chec	k ıfa	mana					loyer identification number					
	Addr	ess c	hange	use ins				75-2	557	363			
	Nam	e cha	nge	label or print or	Number and st	reet (or P O box, if n	nail is not delivered to str	eet address)	Room/s	suite	E Telephor	ne nur	mber
	Initia	l retu	m	type.									
	Tem	ınate	d	See Specific	2420 W.	IRVING BLV	D, SUITE 125						
	Ame	nded	retum	Instruc- tions.	City or town, st	tate or country, and Z	IP + 4				F Group E	xemp	tion
			n pending			TX 75061					Number	<b>•</b>	
	•	Sec	tion 501(c)(3	organi	izations and	4947(a)(1) non	exempt charitable	trusts must att	ach	G Ad	counting Met	hod.	🛚 Cash 🗌 Accrual
				a cor	mpleted Sch	edule A (Form	990 or 990-EZ).			0	ther (specify)	<u> </u>	
										H C	heck▶ 🏻	f the d	organization is <b>not</b>
ı	We	bsite	e: <b>&gt;</b>							re	quired to attac	h Sch	edule B (Form 990,
J	Tax	-ex	empt status (	check o	nly one) - 🏻	501(c) ( 3 )	◀ (insert no )	4947(a)(1) or	□ 527	99	90-EZ, or 990-	PF).	
K	Che	ck I	► X if the or	ganızatı	ion is not a se	ection 509(a)(3)	supporting organiza	ation and its gros	s receipt	s are no	rmally <b>not</b> mo	re tha	n \$25,000 A
	For	n 99	0-EZ or Form	990 retu	urn is not requ	uired, but if the c	organization choose	es to file a return,	be sure t	to file a c	complete retur	'n	
L	Add	lline	s 5b, 6b, and	7b, to lir	ne 9 to detern	nıne gross recei	pts, if \$500,000 or n	nore, file Form 99	90 instead	d of For	m 990-EZ	▶ \$	3,000
P	art	1	Revenu	e, Exp	penses, ai	nd Changes	in Net Assets	or Fund Ba	lances	(See	the instruction	s for	Part I.)
	T	1	Contributions	s, gifts, (	grants, and si	imilar amounts re	eceived					1	
		2	Program ser	vice rev	enue includin	ng government fe	ees and contracts					2	<u> </u>
	ł	3	Membership	dues ar	nd assessme	nts					[	3	
		4	Investment ii	ncome							[	4	
	<del>3010</del>	5a	Gross amou	nt from s	sale of assets	s other than inve	entory	[ 9	5a			" " }	
	1	Ь	Less: cost o	other b	asis and sale	es expenses .		[5	5b			- 1	
R	g.	c	Gain or (loss	) from s	sale of assets	other than inver	ntory (Subtract line	5b from line 5a)				5c	
e	Τ.	6	Special events a	ınd actıvıtı	ies (complete app	plicable parts of Sche	edule G) If any amount is	from <b>garning</b>	g, check he	ne ▶ [			
e	4	a	Gross reven	ue (not	including \$		of contribu	utions			-	1	
n	E		reported on I	ine 1)				0	6a		3,000	1	
ē	$\mathbb{H}$	Ь	Less direct	expense	es other than	fundraising expe	enses		6b			1	
	Z	c	Net income	or (loss)	from special	events and activ	vities (Subtract line	6b from line 6a)				6c	3,000
	SCANNED	7a					nces	l l	7a		<b>-</b> 7		<del></del>
	ΰ	Ь	Less: cost of	goods	sold			PECF	74\/E[	)		1	
	92	) с	Gross profit	or (loss)	) from sales o	of inventory (Sub	tract line 7b from li	10 7a)	<del></del> .	<u>.</u>	31	7c	
		8	Other revenu	ue (desc	cribe ►					17	31 ) [	8	
		9	Total reven	ue. Add	d lines 1, 2, 3	, 4, 5c, 6c, 7c, a	nd 8	MON .	<u>i 5 20</u>	10.	<b>⊘</b> · ►	9	3,000
		10	Grants and	sımilar a	mounts paid	(attach schedule	e)	1.1		؛ لِـــِـــ	ราห122	10	2,991
E		11	Benefits paid	to or fo	or members			OGD	EN. !	J.T	<u></u> ] [	11	
X		12	Salaries, oth	er comp	oensation, and	d employee ben	efits	.[				12	
P		13	Professional	fees an	nd other paym	nents to indepen	dent contractors					13	
n		14										14	
е		15	Printing, pub	lications	s, postage, ar	nd shipping .					[	15	21,693
S		16	Other expen	ses (de:	scribe 🕨						)	16	
		17	Total expen	ses. A	dd lines 10 th	rough 16						17	24,684
-	.   -	18	•	•			rom line 9)				[	18	(21,684)
NS e s t t	3	19	Net assets o	r fund b	alances at be	eginning of year	(from line 27, colun	nn (A)) (must agr	ee with				
e	3		end-of-year	figure re	eported on pri	ior year's return)						19	21,693
' t		20	Other chang	es in ne	et assets or fu	ınd balances (at	tach explanation)					20	
		21					bine lines 18 throug					21	9
P	art	II	Balance	Shee	ets. If Tota	al assets on line	25, column (B) are	\$1,250,000 or mo	ore, file F	orm 990	) instead of Fo	rm 99	00-EZ.
					(See the inst	tructions for Par	tll)			(A) E	Beginning of year		(B) End of year
22			. •								21,6		
23												_  23	<del></del>
24		Othe	er assets (desc	cribe 🕨					)			24	<del></del>
25		Tota	ıl assets		• • • • •					<u> </u>	21,6	93 2	9
26			ı <b>l liabilities</b> (d						)			26	<del>                                     </del>
27	' <u> </u>	Net	assets or fun	d balan	nces (line 27	of column (B) m	ust agree with line	21)			21,6	93 27	9

EEA

Form 990-EZ (2009) SKYEWARD BOUND R	ANCH		75-2	25573	63 Page 2
Part III Statement of Program Service	Accomplishments (See th	e instructions for Part III.	)		Expenses
What is the organization's primary exempt purpose? ASS	IST YOUTH: TERM ILL;	PHYSICAL IMPAI	RD		uired for section
Describe what was achieved in carrying out the organization				501(	c)(3) and 501(c)(4)
manner, describe the services provided, the number of per					nizations and section (a)(1) trusts, optiona
each program title.	·			for of	thers.)
28 ASSSISTANCE TO DISADVANTAGED YOUTH		_			
(Grants \$ 2,991 ) If the	s amount includes foreign grant	s, check here	▶ 🔲	28a	0
29		<del>-</del>			
		_			
(Grants \$ ) If the	s amount includes foreign grant	s, check here	▶ 🔲	29a	
30	<u> </u>	-			
				1	
(Grants \$ ) If thi	s amount includes foreign grants	s, check here	▶ 🔲	30a	
Other program services (attach schedule)					
	s amount includes foreign grants			31a	
Total program service expenses (add lines 28a thro	ough 31a)			32	0
Part IV List of Officers, Directors, Trustees, and				uctions	s for Part IV.)
	(b) Title and average	(c) Compensation	(d) Contributions employee benefit pla		(e) Expense account and
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	deferred compensa		other allowances
DALACE DUVALL	PRES	STMA01			
	10	0		0	0
			:		
					ļ
			1		
<del></del>					
	- "				
	<u> </u>	<del> </del>	<del> </del>		
·		<del> </del>	-		-
			1		1
					<del> </del>
			<del> </del>		<del> </del>
	1				

Form 990-EZ (2009) SKYEWARD BOUND RANCH 75-2557363 Page 3							
Pa	1 V Other Information (Note the statement requirements in the instructions for Part V.)	_					
		_	Yes	No			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed						
	description of each activity	33		_X_			
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of						
	the changes	34		X			
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but						
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.						
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section						
	6033(e) notice, reporting, and proxy tax requirements?	35a	X				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	Х				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets						
	during the year? If "Yes," complete applicable parts of Schedule N	36		X			
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>&gt;</b> 37a			v			
b	Did the organization file Form 1120-POL for this year?	37b		<u>X</u>			
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	-		v			
_	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<u>X</u>			
	If "Yes," complete Schedule L, Part II and enter the total amount involved						
39	Section 501(c)(7) organizations Enter:	=					
a	Initiation fees and capital contributions included on line 9						
D 40 =	dross receipts, included of time of the public doo of olds facilities						
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶						
_	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit						
þ	transaction during the year or is it 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	40ь					
_	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			, ,			
·	organization managers or disqualified persons during the year under sections 4912,						
	4955, and 4958						
d							
_	reimbursed by the organization						
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter						
	transaction? If "Yes," complete Form 8886-T	40e		Х			
41	List the states with which a copy of this return is filed						
42 a	The organization's books are in care of ▶ Telephone no. ▶						
	Located at ▶ , ZIP + 4 ▶						
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority						
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No			
	account)?	42b		X			
	If "Yes," enter the name of the foreign country						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank						
	and Financial Accounts.						
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	<u> </u>			
	If "Yes," enter the name of the foreign country:			_			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	• • •	▶	L_			
	and enter the amount of tax-exempt interest received or accrued during the tax year						
			V	A*-			
	Dillian and all and the second and t	<del></del>	Yes	No			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44	ŧ	v			
AE.	Form 990-EZ	44	ļ	X			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	45	<b>†</b>	Х			
_	"Yes," Form 990 must be completed instead of Form 990-EZ	1	) (LE7	1			

Form 99	90-EZ (2009) SKYEWARD BOUND				-2557363		Page 4	
Part \	VI .Section 501(c)(3) organizations a	and section 4947(a)(1	) nonexempt ch	naritable trusts on	I <b>ly.</b> All section	ภ		
	501(c)(3) organizations and section 4947(a)	(1) nonexempt charitable tru	sts must answer que:	stions 46-49b				
	and complete the tables for lines 50 and 51.							
<b>46</b> D	nd the organization engage in direct or indirect poli	tical campaign activities on t	oehalf of or in oppositi	on to		Yes	No	
Cá	andidates for public office? If "Yes," complete Sch	edule C, Part I			46		X	
<b>47</b> D	old the organization engage in lobbying activities?	If "Yes," complete Schedule	C, Part II		47		X	
<b>48</b> Is	the organization a school as described in section	170(b)(1)(A)(ii)? If "Yes," co	mplete Schedule E		48		X	
<b>49</b> a D	id the organization make any transfers to an exem	pt non-charitable related org	ganization?		49a	<u> </u>	Х	
<b>b</b> If	"Yes," was the related organization a section 527	organization?			49b	l	<u>L</u>	
<b>50</b> C	complete this table for the organization's five higher	st compensated employees	(other than officers, d	rectors, trustees and ke	y			
e	mployees) who each received more than \$100,000		<del></del>	• •				
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acco	xpense unt and lowance:		
NONE								
	<u> </u>		_L					
	Total number of other employees paid over \$100,000							
	complete this table for the organization's five higher			h received more than				
\$	100,000 of compensation from the organization. If	there is none, enter "None."						
	(a) Name and address of each independent contractor paid	more than \$100,000	<b>(b)</b> Ty	pe of service	(c) Comper	nsation		
		·		<u> </u>				
d T	otal number of other independent contractors each	receiving over \$100,000	>	- · · · · · · · · · · · · · · · · · · ·				
	•							
	Under penalties of penury, I declare that I have ex							
	and belief, it is true, correct, and complete Declar	ration of preparer (other than officer)	is based on all information	of which preparer has any know	vledge			
Sign	1. ( a be b [ ] 1	11-10-10						
Here	Signature of officer			Date				
	Dolon Durall							
	Type or print name and title		···					
	Preparer's		Date		er's Identifying No	(See ins	at)	
Paid	signature W Court	<del>xx</del>	11-08-10	employed > 🗲				
Prepare	Firm's name (or yours	<del></del>		EIN •				
Use On	address, and ZIP + 4	FREEWAY, SUITE 6	20			_		
	MESQUITE,			1	2-907-820		NI.	
may the	e IRS discuss this return with the preparer shown a	above? See instructions			.▶ ∐ Yes	<u>X</u>	No	

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the omanization

**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. ▶ See separate instructions.

OMB No 1545-0047

Employer identification number

2009

Open to Public Inspection

75-2557363 SKYEWARD BOUND RANCH Reason for Public Charity Status (All organizations must complete this part ) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R 🛛 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). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 that describes the type of supporting organization and complete lines 11e through 11h Type III-Other **b** Type II c Type III-Functionally integrated a Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (ı) or (ıı) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization in col organization in col (i) listed in your the organization in support (described on lines 1-9) governing document? (i) organized in the above or IRC section col (i) of your support? (see instructions) ) No Yes Yes Yes No No Totai

		WARD BOUND I		,	VdVAVist and	75-255736	
۲a	rt II Support Schedule for Org	-		ections 170(b	)(1)(A)(IV) and	170(B)(1)(A)(V	17
2-4	(Complete only if you checked the	box on line 5, 7, o	r 8 of Part I.)				
	etion A. Public Support	(-) 2005	<b>(b)</b> 2006	(-) 0007	(d) 2008	(e) 2009	(f) Total
ale	ndar year (or fiscal year beginning in) ▶	(a) 2005	(B) 2006	(c) 2007	(0) 2008	(e) 2009	(i) iotai
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
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		1		Ī		
	publicly supported organization) included		Ī		Ī		
	on line 1 that exceeds 2% of the amount		I		1		
	shown on line 11, column (f)		ļ				
6	Public support. Subtract line 5 from In 4		<u> </u>		<u></u>	<u>L</u>	
	ction B. Total Support		1 6)	1 ()	1 (1)	( )	(4) =
	ndar year (or fiscal year beginning in) ►	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						-
9	Net income from unrelated business activities, whether or not the business is regularly carried on		,				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		Ī	<u> </u>			
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	<u> </u>					▶□
Sec	ction C. Computation of Public Su					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
14	Public support percentage for 2009 (line 6, c					14	%%
15	Public support percentage from 2008 Sched	•					%
16a	33 1/3% support test - 2009. If the organiz						. 🗂
	and stop here. The organization qualifies as						▶ ⊔
b							. □
	box and stop here. The organization qualifie	∍s as a publicly su	ıppoπeα organızat	ion			▶ 📙

17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

. . . . . . . . . . . . .

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

	•(Complete only if you checked the	how on line 0 of Par	+1)	, , ,	•		
52	tion A. Public Support	DOX OIT III 9 9 OI FAI	· 1./	<del></del>	<del></del>		
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale	endar year (or listal year beginning iii)	(a) 2005	(B) 2000	(6) 2001	(4) 2000	(6) 2000	(i) iotai
1	Gifts, grants, contributions, and	ŀ					
	membership fees received. (Do not include any "unusual grants")	<b>,</b>	ĺ	30,221	35,130		65,351
2	Gross receipts from admissions, merchan-			00,222	5,5,200		
	dise sold or services performed, or fac-						
	lities furnished in any activity that is related to the organization's tax-exempt purpose	577,020	2,500	2,000	763,805		1,345,325
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513					3,000	3,000
				_			
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	577,020	2,500	32,221	798,935	3,000	1,413,676
70	Amounts included on lines 1, 2, and 3						
14	received from disqualified persons						
	· · ·						
b	Amounts included on lines 2 and 3 receiv-	1				:	
	ed 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						
	line 6.)						1,413,676
Sec	ction B. Total Support			<del></del>			
Cale	endar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d</b> ) 2008	(e) 2009	(f) Total
9	Amounts from line 6	577,020	2,500	32,221	798,935	3,000	1,413,676
10a	Gross income from interest, dividends, payments received on securities loans,	i					
	rents, royalties and income from similar					1	
	sources						
ь	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						<u>.</u>
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly					1	
	carried on	-					
12	Other income. Do not include gain or						
	loss from the sale of capital assets		i				
	(Explain in Part IV.)	-					
13							1 412 68
	and 12.)					1	1,413,670
14	First five years. If the Form 990 is for the or	ganızatıon's fırst, se	econd, third, fourth,	or fifth tax year as	a section 501(c)(3	3)	. □
50	organization, check this box and stop here ction C. Computation of Public Su						· · · · · · ·
15	Public support percentage for 2009 (line 8, co			<u> </u>		15	100.00
16	Public support percentage from 2008 Schedu	• • • • • • • • • • • • • • • • • • • •				16	200.00
	ction D. Computation of Investme						•
17	Investment income percentage for 2009 (line			umn (f))		17	
18	Investment income percentage from 2008 So					18	
	33 1/3% support tests - 2009. If the organiz				•		
ıya	17 is not more than 33 1/3%, check this box	and stop here. The	organization quali	, and mile 13 is ino fies as a publicly s	upported organizat	ion	▶ 🏻
<b>.</b>	33 1/3% support tests - 2008. If the organi	-	*	•	-		_
	line 18 is not more than 33 1/3%, check this						▶ 🔲
20	Private Foundation: If the organization did	not check a box on	line 14, 19a, or 19b	o, check this box a	nd see instructions		<b>▶</b> 🗍

#### **Federal Supporting Statements** 2009 PG 01 Name(s) as shown on return Employer Identification Number SKYEWARD BOUND RANCH 75-2557363 FORM 990EZ, PART I, LINE 10 STATEMENT #122 GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE **RELATIONSHIP** AMOUNT ASSIST PHYSICAL IMP/TERM ILL YOUTH 2,991 ACTIVITY GRANTEE ADDRESS ACTIVITY EDUCATION, HEALTH SOCIAL PROGRAMS NELSON-TEBEDO HEALTH RESOURCE CENTR GRANTEE ADDRESS TX 75219 DALLAS ACTIVITY TOY COLLECTIONS TOYS FOR TOTS GRANTEE ADDRESS TX 76155 FORT WORTH CHARITABLE ACTIVITIES ACTIVITY GRANTEE KNIGHT LIGHT CHARITIES ADDRESS FLOWER MOUND TX 75027 SPONSER FUND RAISING ACTIVITIES ACTIVITY GRANTEE LEVI BAUR MEMORIAL FUND ADDRESS CRAWFORD TX 76638 TOTAL 2,991

	Federal Supporting Statements	<b>2009</b> PG01
Name(s) as shown on return	<del>-</del>	Employer Identification Number
SKYEWARD BOUND F	RANCH	75-2557363

FORM 990EZ, PART IV COMPENSATION EXPLANATION

STATEMENT #A01

<u>NAME</u>

DALACE DUVALL

**EXPLANATION** 

NONE

Form 8868 (F	ev 4-2009)	•		Page 2	
If you are f	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II and	check this box		· · · · · •   X	
Note. Only co	mplete Part II if you have already been granted an automatic 3-month extension on a	previously filed	Form 8868		
If you are f	iling for an Automatic 3-Month Extension, complete only Part I (on page 1)				
Partille	Additional (Not Automatic) 3-Month Extension of Time. Only file	the original (no	copies neede	d)	
Type or	Name of Exempt Organization	Market 1	Employer identif		
print	SKYEWARD BOUND RANCH		75-2557363		
File by the	Number, street, and room or suite no. If a P.O. box, see instructions		For IRS use only		
extended due date for	2420 W. IRVING BLVD, SUITE 125				
filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions	(1) "理场社	12 4 15 1 A. 1	The state of the s	
return See instructions	IRVING, TX 75061	The state of the s			
	return to be filed (File a separate application for each return)			(7) (7) (7) (4) (4) (4)	
Form 990		1041-A		Form 6069	
Form 990-				Form 8870	
X Form 990-		5227			
	complete Part II if you were not already granted an automatic 3-month extension o	n a previously fi	lled Form 886	58.	
	are in the care of	<u></u>			
Telephone	No ▶ FAX No ▶				
	ization does not have an office or place of business in the United States, check this	oox · · · ·	<del></del>	▶ [7	
-	a Group Return, enter the organization's four digit Group Exemption Number (GEN)		If this is	1, )	
	group, check this box • • If it is for part of the group, check this box • • I	and attach a	•		
	mes and EINs of all members the extension is for	,			
		5,2010			
•	<del></del>	d ending		. 20	
	x year is for less than 12 months, check reason Initial return Final retu		e in accountir		
	detail why you need the extension	; Onding	J 111 4000411111	ig period	
	ITY MOVED RECORDS TO A NEW OFC. & NEW RECOR	D KEEDED	TN		
	THEY ARE SEARCHING FOR THE DOCS TO COMPLE				
2009	.THET ARE SEARCHING FOR THE DOCS TO COMPTE	16 99062			
8a If this ar	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		<del>-        </del>		
•	nonrefundable credits. See instructions		8a	\$	
	plication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		<u>₹</u> ₹		
•	d tax payments made. Include any prior year overpayment allowed as a credit and all	21/			
		ıy	8b	\$	
	paid previously with Form 8868	d donosit	-   80	<del></del>	
	Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required	•		•	
With Fil	O coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	see instructions	8c	\$	
	Signature and Verification  penury, I declare that I have examined this form, including accompanying schedules and statements, and to indicomplete, and that I am authorized to prepare this form	the best of my knowle	edge and belief,		
Signature ►	T₁tle ▶		Date ►		
EEA			For	n 8868 (Rev 4-2009)	

\_\_\_\_