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Internal Revenue Service

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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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

Α	For the	2011 calendar year, or tax year beginning and	d ending		
В	Check if	C Name of organization		D Employer identifi	cation number
	applicable	SAVING AMERICA'S MUSTANGS		' '	
	Addres	5			
Ē	Name Change	Doing Business As		94-3	460086
F	initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
늗	Termin		noonvalle	· ·	, 759-5500
F	—lated ∏Amend	HC 60 BOX 300			
⊣	ireturn ∏Applica	City or town, state or country, and ZiP + 4		G Gross receipts \$	551,454.
_	tion pendin	METTS, MA 93022		H(a) Is this a group re	
		F Name and address of principal officer MADELETNE PICKENS		for affiliates?	Yes X No
		HC 60 BOX 300, WELLS, NV 89835		H(b) Are all affiliates inc	cluded?YesNo
1	Tax-exe	mpt status X 501(c)(3) 501(c) ()) or 527	If "No," attach a	list (see instructions)
J	Websit	e: ► WWW.SAVINGAMERICANSMUSTANGS.ORG		H(c) Group exemption	n number 🕨
ĸ	Form of	organization: X Corporation Trust Association Other	L Year		A State of legal domicile: NV
		Summary			
_	1 4 1	Briefly describe the organization's mission or most significant activities TO I	DEVELOI	A SANCTIIAR	V FOR WILD
Governance	' ;	HORSES HELD BY THE BUREAU OF LAND MANAGI			
ā					
ē	2	Check this box if the organization discontinued its operations or disp	osea oi mor	ŀ] _
é	3 !	Number of voting members of the governing body (Part VI, line 1a)		3_	3
		Number of independent voting members of the governing body (Part VI, line 1b))	4	2
<u>e</u> .	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	1
Activities &	6	Total number of volunteers (estimate if necessary)		6	0
Ş	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
40	8	Contributions and grants (Part VIII, line 1h)		3,837,069.	551,454.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Ş	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
æ	10	• • • • • • • • • • • • • • • • • • • •	- -	0.	
	i i	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	 		0.
_	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>3,837,069.</u>	551,454.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12,219.	111,713.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
တ္တ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10))	3,200.	102,512.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	ь.	Fotal fundraising expenses (Part IX, column (D), line 25)	<u> 180.</u>		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,402,399.	1,399,294.
	1	Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,417,818.	
		Revenue less expenses Subtract line 18 from line RECEIVED		2,419,251.	
<u></u>	3				II
Net Assets or		S	B	eginning of Current Year	End of Year
SSE	20	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)	-	2,419,251.	3,978,817.
et -	21	1 0		0.	2,621,631.
_	_	vet assets of furid balances Subtract line 21 monthine 20		<u>2,419,251.</u>	1,357,186.
	art II	Signature Block OGDEN UT			
		ties of perjury, I declare that I have examined this return, including accompanying sched			ny knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	which prepare		
2 0		1 Desella ckee		Date Date	2012
ာ် ၂	jn	Signature of officer		Date	-
⊸He		MADELEINE PICKENS, CHAIRPERSON, PRES	IDENT		
⇒ ,		Type or print name and title			
`		Print/Type preparer's name Preparer's signature /<		Date , , Check	PTIN
Pai	id l	ROBERT H. LIPSEY	. CH4	11/8/12 f avy ample	yed P00234515
8	parer			T.T.D Europio	
3)	•		<u>NDBERG</u>	LLP Firm's EIN	33-0883243
၂ ပ 8(Only	Firm's address 525 B STREET, SUITE 1400			10 004 0055
3 —		SAN DIEGO, CA 92101-4423		Phone no. 6	19-234-0877
5		S discuss this return with the preparer shown above? (see instructions)			X Yes No
) 132	001 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instruc	tions.		Form 990 (2011)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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C/O WARM CREEK RANCH

	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
	THE PRIMARY PURPOSE OF THE ORGANIZATION IS TO DEVELOP A PERMANENT
	SANCTUARY FOR THE WILD HORSES HELD BY THE U.S. BUREAU OF LAND
	MANAGEMENT IN SHORT TERM HOLDING FACILITIES. THE FOUNDER IS COMMITTED
	TO SUPPORTING HUMANE, ECONOMICALLY VIABLE, TREATMENT OF THE ANIMALS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 791,050 · including grants of \$) (Revenue \$)
74	THE ORGANIZATION ACHIEVED NATIONAL PUBLICITY FOR THE ORGANIZATION'S
	SANCTUARY TO CARE FOR AND SAVE THE WILD HORSES THROUGH PUBLIC EDUCATION
	EVENTS SUCH AS THE ROSE BOWL PARADE FLOAT, FORT WORTH STOCK PARADE,
	ELKO/WELLS COMMUNITY DAY, AND EQUINE WELFARE CONFERENCE, AND OTHER
	SIMILAR EVENTS.
	IN ADDITION, THE ORGANIZATION DISTRIBUTED EDUCATIONAL VIDEOS,
	MATERIALS, AND WEBSITE INFORMATION TO ELICIT PUBLIC SUPPORT.
4b	(Code) (Expenses \$ 475,753. including grants of \$ 111,713.) (Revenue \$)
	THE ORGANIZATION ESTABLISHED THE HORSE SANCTUARY AND DONATED FUNDS FOR
	VARIOUS HORSE, ENDANGERED SPECIES, AND ANIMAL PROTECTION CHARITIES.
	THE ORGANIZATION IS CURRENTLY DEVELOPING THE HORSE SANCTUARY AND PUBLIC
	VISITOR FACILITIES THAT WILL INCLUDE A PERMANENT HOME TO PROTECT AND
	CARE FOR WILD HORSES. THE PRESERVE AND LIVING MUSEUM WILL BE A
	LOCATION FOR THE PUBLIC TO VISIT, LEARN ABOUT, AND APPRECIATE THE
	HORSES AND AMERICAN CULTURE.
4c	(Code) (Expenses \$19,322. including grants of \$) (Revenue \$)
	THE ORGANIZATION HAS BEEN WORKING WITH THE BUREAU OF LAND MANAGEMENT
	(BLM) IN AN ATTEMPT TO PLACE MUSTANGS GATHERED FROM WESTERN PUBLIC
	RANGELANDS INTO A PRIVATE SANCTUARY. IT HAS APPLIED FOR AND RECEIVED
	CONDITIONAL APPROVAL OF A PUBLIC-PRIVATE PARTNERSHIP WITH THE BLM FOR
	ITS WILD HORSE SANCTUARY. THE BLM IS CONDUCTING AN ENVIRONMENTAL
	ANALYSIS OF THE PROPOSAL UNDER THE PROVISIONS OF THE NATIONAL
	ENVIRONMENTAL POLICY ACT OF 1969 TO ASSESS THE ENVIRONMENTAL, ECONOMIC,
	SOCIAL, AND OTHER EFFETS OF THE PROPOSED SANCTUARY.
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 1,286,125.
	Form QQ () (2011)

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SAVING AMERICA'S MUSTANGS
Form 990 (2011) C/O WARM CREEK RANCH
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ 5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	_8_		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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," complete Schedule D,		3.7	
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	v
_	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	4 48		_v
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
124	Schedule D, Parts XI, XII, and XIII	120		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
-	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 assistance to any organization	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2011)

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Part IV | Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 27 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		_X_
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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	}		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	ļ. <u></u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)		7.7	-
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	v
b		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-	х	
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	^	Х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		^
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 30_		1-23
31	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	<u> </u>		
-	Schedule N, Part II	32		х
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	х	
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			ľ
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38_	X	<u> </u>
		Form	990	(2011)

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Form 990 (2011) C/O WARM CREEK RANCH
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V				
	Contest in contesting a suspense to any question in the Cart V			Yes	No
4.	Enter the number reported in Pay 2 of Form 1006. Enter 0 of not applicable	1a 22		res	NO
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a 22 1b 0		İ	
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	L-15			
Ç	(gambling) winnings to prize winners?	eportable gaming	1c		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1	- 10		
Za	filed for the calendar year ending with or within the year covered by this return	2a 1			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin		2b	x	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		20		
22	Did the organization have unrelated business gross income of \$1,000 or more during the year?	>)	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over a	30		
44	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		x
h	If "Yes," enter the name of the foreign country	accounty.	44		
υ	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Accounts	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.	ection?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	iction.	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit	30		
0a	any contributions that were not tax deductible?	ic organization solicit	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions and the organization include with every solicitation and express statement that such contributions are statement than the statement that such contributions are statement than the statement that such contributions are statement than the statement that such contributions are statement to the statement that statement the statement that such contributions are statement to the statement that statement the statement	tions or aifts			
b	were not tax deductible?	aons or gints	6b		
7	Organizations that may receive deductible contributions under section 170(c).		- 00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. vidos provided to tilo payor	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
Ū	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a	ļ		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	າ 1041?	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	ļ	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b	1		
	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a	 	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	14b	222	<u> </u>
			Form	990	(2011)

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

	Check if Schedule O contains a response to any guestion in this Part VI			\mathbf{x}
Sec	tion 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 3			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			1
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			ŀ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	icial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	iou. 🕨		
	SUE BROWN - 858-759-5500			
13200	2683 VIA DE LA VALLE, #G-313, DEL MAR, CA 92014		000	
01-23	-12	Form	990	(2011)

Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

	Employees,	and	Independen	t Contractors
--	------------	-----	------------	---------------

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (D), (E), and (F) if no compensation was paid

 List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees, and former such persons

(A)	(B)	d organization compensat						(D)	(E)	(F)
Name and Title	Average hours per week	юoх	Posit (do not check m box, unless pers officer and a dire			than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MADELEINE A. PICKENS										
CHAIRPERSON, PRESIDENT	30.00	X	ļ	X				0.	0.	0.
(2) MONTY HUMBLE	0.40	,,		7,					_	0
TREASURER DIRECTOR	0.40	X	-	X	_		-	0.	0.	0.
(3) LEE OTTENI	3 50			.					_	^
SECRETARY, DIRECTOR	3.50			X				_0.	0.	0.
				-						
		L								

Form **990** (2011)

C/O WARM CREEK RANCH

Part	VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	` (A)	(B)			((2)			(D)	(E)			(F)	
	Name and title	Average	٠		Pos	ition			Reportable	Reportable			ımated	ı
		hours per	box	, unle	ss pe	rson	than o	n an	compensation	compensation	ı		ount o	
		week	Η-	er an	dad	recto	or/trus	tee)	from	from related		c	ther	
		(describe	Individual trustee or director						the	organizations			ensat	
		hours for related	or dii	, s			ated		organization	(W-2/1099-MIS	C)		m the	
		organizations	ustee	trust		, e	Suedi		(W-2/1099-MISC)			-	nızatıd relate	
		in Schedule	ual tr	tional		ploy	t con	_			1		reiate nizatio	
		0)	DAMP	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	nzatio	113
		<u> </u>	=	=	0	¥	Τ 6	ш.			-			
											i			
				-										
				1		Ì								
				-	-	-	├							
				ļ							1			
					_	-	-							
														
			ŀ											
			<u> </u>	_		_								
					L.		L							
			_		_		-							
		1												
1b	Sub-total						▶		0.		0.			0.
С	Total from continuation sheets to Part V	II. Section A					•		0.		0.			0.
	Total (add lines 1b and 1c)	,					•		0.		0.			0.
	Total number of individuals (including but r	not limited to th	ose	liste	ed al	hovi	e) wh	no re	eceived more than \$100	000 of reportable	<u> </u>			
_	compensation from the organization	.01	.000				٠,			,,ooo oi ropoitabi	•			0
													Yes	No
3	Did the organization list any former officer,	director or tri	iste	e ke	W er	nnic	WAA	or	highest compensated e	mnlovee on	- 1		111	
Ū	line 1a? If "Yes," complete Schedule J for s		1310	5, RC	y Ci	пріс	усс,	OI I	riigirest compensated e	inployee on		3		Х
4	For any individual listed on line 1a, is the si		ام مر	mn	onor	ation	n.	1 0+1	har componentian from	the ergonization		-3-		
7	and related organizations greater than \$15	•		-					· ·	the organization				X
E				-							ł	4		
5	Did any person listed on line 1a receive or							eiat	ed organization or indiv	dual for services		_		v
Soci	rendered to the organization? If "Yes," con no n	i <u>piete Scheaul</u>	e J i	or s	ucn	per	son					5		X
	<u> </u>		d						de et un en	M400.000 1				
1	Complete this table for your five highest co										pens	ation fr	om	
	the organization Report compensation for	tne calendar y	ear	endi	ng v	vith	or w	ithir I		year T				
	(A) Name and business	address	274	~~~	-3				(B) Description of s	envices	^	C ompen) Isation	1
	realite and business		Ŋ(INC	<u> </u>			\dashv	Description of S	ICI VICES		ompel	oauUl	
								J						
		-						\dashv						
								- [
			•					_						
								T						
2	Total number of independent contractors (including but n	ot li	mıte	d to	tho	se li	sted	d above) who received n	nore than				
-	\$100,000 of compensation from the organ	-					0		- · · · · · · · · · · · · · · · · · · ·					
							-			<u></u>		Form 9	300 /2	011)

Pai	t VIII	Statement of Reven	ue					
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1 a	Federated campaigns	1a					
iz a		Membership dues	1b					
Đ,		Fundraising events	1c	203,550.				
# ja	d	Related organizations	1d	:: 1				
S, E	e	Government grants (contributi						
P.S.		All other contributions, gifts, grant	. —					
ĒĒ		similar amounts not included above	·	347,904.				
Ęģ.	а	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f			551,454.			
				Business Code				
9	2 a							
ه ڲ	b							
လွ ဥ	С							
e ve	d			1				
Program Service Revenue	е							
ᇫ	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		<u> </u>				
	3	Investment income (including	dıvıdends, ır	iterest, and				
		other sımılar amounts)		>				
	4	Income from investment of tax	k-exempt boi	nd proceeds				
ł	5	Royalties		> _				
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
İ	С	Rental income or (loss)						
	d	Net rental income or (loss)	<u></u>	> _				
	7 a	Gross amount from sales of	(i) Securiti	es (II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
9	8 a	Gross income from fundraising	g events (no	t				
Other Revenue		including \$ 203,5	50. of					
ě		contributions reported on line	1c). See					
<u>ا</u>		Part IV, line 18		a 0.				
Ě	b	Less direct expenses		ь 0.				
٦	С	Net income or (loss) from fund	draising even	its	0.			
	9 a	Gross income from gaming ac	tivities See					1
		Part IV, line 19		a	_			
	b	Less direct expenses		b	_			
	С	Net income or (loss) from gam	ning activities	·				
	10 a	Gross sales of inventory, less	returns				!	
		and allowances		a]			
	þ	Less cost of goods sold		b				
	С	Net income or (loss) from sale	s of inventor	y >				
		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	С	•						
	d	All other revenue						
	е	Total. Add lines 11a-11d		•				
	12	Total revenue. See instructions.		•	551,454	0.	0.	
13200 01-23)9 - 12							Form 990 (2011)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a responsion include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		expenses	general expenses	expenses
	organizations in the United States. See Part IV, line 21	111,713.	111,713.		
2	Grants and other assistance to individuals in	•		_	
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	87,866.	13,031.	74,835.	
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	2,347.		2,347.	
10	Payroll taxes	12,299.	5,186.	7,113.	
11	Fees for services (non-employees)				
a	Management	61 050	10 630	40 601	
b	Legal	61,259.	18,638.	42,621.	
С.	Accounting	46,537.	400.	46,137.	
d	- 111, S	41,481.	41,481.		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees Other	92,841.	67,341.		25,500
g 12	Advertising and promotion	39,585.	18,776.	6,621.	14,188
12 13	Office expenses	21,624.	4,071.	17,083.	470
14	Information technology	14,344.	12,107.	2,237.	470
15	Royalties	53,371.	12,107	53,371.	
16	Occupancy	33,371.		33,371.	
17	Travel	52,725.	38,159.	1,166.	13,400
18	Payments of travel or entertainment expenses	32,,230	307,233.	2/1001	20,100
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	45,017.	45,017.		
23	Insurance	20,305.		19,683.	622
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	HODGE GLUMMINDH THEFT	720,607.	720,607.		
b	PUBLIC EDUCATION EVENTS	119,155.	119,155.		
С	VIDEOS AND OTHER SOCIAL	70,443.	70,443.		
d					
е	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,613,519.	1,286,125.	273,214.	54,180
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)		<u> </u>		
40004	0 01-23-12				Form 990 (201

SAVING AMERICA'S MUSTANGS C/O WARM CREEK RANCH

Par	t X	Balance Sheet					
	•				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			71,571.	1	20,448.
	2	Savings and temporary cash investments			100.	2	0.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, di	ectors	, trustees, key			
		employees, and highest compensated employee	s Cor	nplete Part II			
		of Schedule L				5_	
	6	Receivables from other disqualified persons (as	define	d under section	-		
		4958(f)(1)), persons described in section 4958(c)	(3)(B),	and contributing			
		employers and sponsoring organizations of sect			•		
		employees' beneficiary organizations (see instru	ctions))		6	
Assets	7	Notes and loans receivable, net			7		
Ass	8	Inventories for sale or use			8		
-	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment cost or other					
		basis. Complete Part VI of Schedule D	10a	3,062,321. 47,456.	•		
	b	Less accumulated depreciation	2,115,000.	10c	3,014,865.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities See Part IV, line 1		12			
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets		14	10,931.		
	15	Other assets See Part IV, line 11	232,580.	15	932,573.		
	16	Total assets. Add lines 1 through 15 (must equi	al line :	34)	2,419,251.	16	3,978,817.
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	s, trus	tees, key employees,			
jab		highest compensated employees, and disqualifi	ed per	sons Complete Part II			
_		of Schedule L				22	2,621,631.
	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	•				
		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	2,621,631.
		Organizations that follow SFAS 117, check he	ere 🕨	and complete		}	
ès		lines 27 through 29, and lines 33 and 34.					
anc	27	Unrestricted net assets				27	
Bal	28	Temporarily restricted net assets				28	
2	29	Permanently restricted net assets				29	
교		Organizations that do not follow SFAS 117, c	heck h	nere 🕨 🗶 and			
ģ	1	complete lines 30 through 34.			_	1	
ets	30	Capital stock or trust principal, or current funds			0.		0.
Ass	31	Paid-in or capital surplus, or land, building, or ed		2,419,251.		1,357,186.	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	or other funds	0.		0.	
2	33	Total net assets or fund balances			2,419,251.	1	1,357,186.
	34	Total liabilities and net assets/fund balances		<u></u>	2,419,251.	_34	3,978,817.

Form **990** (2011)

	1990 (2011) C/O WARM CREEK RANCH	<u>94-34</u>	<u> 160086</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,61	3, <u>5</u>	<u> 19.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,063	2,0	65.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,419	9,2	51.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,35	7,1	86.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		_ 2c	j	i
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both			ļ	
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?	=	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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.

lam	e of t	he organizatio	on SAVING	AMERICA'S MU	STANG	S			En	nployer	identification number
	_		C/O WAR	M CREEK RANC	H					94	<u>4-3460086</u>
Pa	rt I	Reason f	or Public Char	ity Status (All organiz	ations mus	st complet	e this part) See insti	ructions		
he :	organ	ization is not a	private foundation l	because it is (For lines 1	through 1	1, check o	only one b	ox)			
1		A church, con	vention of churches	s, or association of churc	ches descr	ibed in se	ction 170(b)(1)(A)(i).			
2		A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sch	hedule E)						
3				tal service organization of	-	n section	170(b)(1)(A)(iii).			
4		•	•	operated in conjunction					b)(1)(A)(iii). Enter t	he hospital's name,
•		city, and state	_	,	•	'		•	~ ~ ~	•	•
5		•		benefit of a college or un	niversity ov	vned or on	erated by	a governn	nental unit	describe	ed in
_		-	b)(1)(A)(iv). (Comple	_	,	•	,	Ū			
6				ent or governmental unit	described	in sectio	n 170(b)(1)(A)(v).			
-	$\overline{\mathbf{x}}$		•	eives a substantial part o					r from the	general i	oublic described in
		•	o)(1)(A)(vi). (Comple	· ·			3				
8	\Box			ection 170(b)(1)(A)(vi). (Complete	Part II)					
9	同			eives (1) more than 33 1			om contril	outions, m	embershir	o fees, ar	nd aross receipts from
•		•	•	nctions - subject to certa					-		- ·
			•	axable income (less sect	•		•				<u> </u>
			509(a)(2). (Complete			,			,		
10				perated exclusively to te	st for publi	c safety S	ee sectio	n 509(a)(4) <u>.</u>		
11	一	•	•	perated exclusively for th	•	•			•	out the	purposes of one or
•		-		ations described in section							
				organization and comple				,		-/(-/-	
		a Type I			Type			earated		а	Type III - Other
е				it the organization is not	- ''		•	•	more disc	nualified	• •
Ŭ		, ,		han one or more publicly		•	•	•		-	•
f			•	ten determination from t		_				(-/(-/	
•		_	ganization, check th				,,,,,,,	.,,			
g			-	organization accepted ar	ny aift or co	ontribution	from any	of the follo	owina pers	sons?	
9		_		irectly controls, either al			-				Yes No
				upported organization?					() (,	11g(i)
		-	• •	n described in (i) above?							11g(ii)
			•	person described in (i) o		e?					11g(iii)
h		• •	•	about the supported or							
		T TOVIGO LITO IX	Showing intermedien	about the supported of	garnzanorn	(0)					
/:>	Nama	of our parted	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did voi	i notify the	(vi) Is	the	(viii) Amount of
(1)		of supported anization	(ii) EIN	organization	in col. (i) lis	sted in your	organizat	on in col.	(vi) Is organizatio (i) organiz	on in col.	(vii) Amount of support
	orgo	amzanon		(described on lines 1-9	governing	document?	(i) of your	support?	U.S.	.? " " "	συρροιτ
				(see instructions)	Yes	No	Yes	No	Yes	No	
			· · · · ·								
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						1					
					1						
						ļ					·
				-	 					ļ	
Tota	al										

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

94-3460086 Page 2

Schedule A (Form 990 or 990 EZ) 2011 C/O WARM CREEK RANCH 94-34600 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual grants ")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	,		İ						
5	The portion of total contributions		<u> </u>							
•	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the					1				
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4				 		0.			
	ction B. Total Support				1					
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
7	Amounts from line 4						-			
8	Gross income from interest,		1							
	dividends, payments received on			1						
	securities loans, rents, royalties									
	and income from similar sources			1	1					
9	Net income from unrelated business		1							
	activities, whether or not the				1					
	business is regularly carried on									
10	Other income. Do not include gain		1 1							
	or loss from the sale of capital									
	assets (Explain in Part IV)					}				
11	Total support. Add lines 7 through 10						0.			
	Gross receipts from related activities,	etc (see instruct	tions)		.4.··- · · · · · · · · · · · · · · · · · ·	12				
	First five years. If the Form 990 is for		•	ırd, fourth, or fifth t	ax vear as a section	·				
	organization, check this box and stop	=	SEE SCHE		•		▶ X			
Se	ction C. Computation of Publi	ic Support Pe	ercentage							
14	Public support percentage for 2011 (I	ine 6, column (f)	divided by line 11,	column (f))		14	%			
15	Public support percentage from 2010	Schedule A, Par	t II, line 14			15	%			
16a	33 1/3% support test - 2011. If the o	rganization did n	ot check the box of	on line 13, and line	14 is 33 1/3% or	more, check this bi	ox and			
	stop here. The organization qualifies	as a publicly sup	ported organizatio	n			▶□			
t	33 1/3% support test - 2010. If the o	irganization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box			
	and stop here. The organization quali	fies as a publicly	supported organiz	zation			▶□			
17a	10% -facts-and-circumstances test	- 2011. If the or	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,			
	and if the organization meets the "fac	ts-and-circumsta	- nces" test, check t	this box and stop I	here. Explain in Pa	art IV how the organ	nization			
	meets the "facts-and-circumstances"			•	·	J	▶□			
Ŀ	10% -facts-and-circumstances test	•	•	• •	_	17a, and line 15 is	10% or			
_	more, and if the organization meets th		~							
	organization meets the "facts-and-circ				•		▶□			
18	Private foundation. If the organizatio		_	•			ns 🕨 🗔			
						edule A (Form 990				

Schedule A (Form 990 or 990-EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I	or if the organization failed to qualify under Part II If the organization fails to
qualify under the tests listed below please complete Pa	4 II \

Section A. Public Support	ciow, picase com	picte i art ii.j								
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	Τ ((e) 2011	(f) Total			
1 Gifts, grants, contributions, and										
membership fees received (Do not				1						
include any "unusual grants ")	<u> </u>		ļ							
2 Gross receipts from admissions,										
merchandise sold or services per										
formed, or facilities furnished in any activity that is related to the					1					
organization's tax-exempt purpose										
3 Gross receipts from activities that										
are not an unrelated trade or bus-										
iness under section 513										
4 Tax revenues levied for the organ-										
ization's benefit and either paid to										
or expended on its behalf							1			
5 The value of services or facilities										
furnished by a governmental unit to							1			
the organization without charge		<u> </u>		<u> </u>			·			
6 Total. Add lines 1 through 5										
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					1					
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year										
c Add lines 7a and 7b										
8 Public support (Subtract line 7c from line 6)										
Section B. Total Support		·		•	•					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010		(e) 2011	(f) Total			
9 Amounts from line 6										
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		1								
acquired after June 30, 1975										
c Add lines 10a and 10b			1		1	,				
11 Net income from unrelated business					†		-			
activities not included in 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	1		1							
assets (Explain in Part IV)			1	+	+					
13 Total support (Add lines 9, 10c, 11, and 12)14 First five years. If the Form 990 is fo	r the organization	's first second th	ırd fourth or fifth:	tay year as a secti	OD SO	1(c)(3) organia	ration			
check this box and stop here	Tile Organization	s mst, second, m	iia, ioaitii, oi iiitii	iax year as a secti	011 30	r(c)(o) organiz	.ation,			
Section C. Computation of Pub	ic Support Pa	ercentage								
15 Public support percentage for 2011 (column (fl)		15	T	%			
16 Public support percentage from 2010			COMMITTE (1))		16	† · · · · ·	%			
Section D. Computation of Inve			<u> </u>		1.0					
17 Investment income percentage for 20					17		%			
18 Investment income percentage for 2			10, 00141111 (1))		18	<u> </u>	%			
19a 33 1/3% support tests - 2011. If the			on line 14 and his	ne 15 is more than	_	3% and line 1				
more than 33 1/3%, check this box a							IS HOL			
b 33 1/3% support tests - 2010. If the	-	-					and			
	-						. —			
line 18 is not more than 33 1/3%, ch		-								
20 Private foundation. If the organization	AT GIG HOL CHECK &	a DOX OII IIIIE 14, 1	Ja, Or 130, CHECK				0 or 990-EZ) 201			
132023 01-24-12				30	,, i c uul	~ ~ (FUIII) 33	J UI JJU-LE) 20 1			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SAVING AMERICA'S MUSTANGS

Employer identification number

_	C/O WARM CREEK RAN		94-3460086
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	used funds
•	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor	•	
•	for charitable purposes and not for the benefit of the donor	• •	•
	impermissible private benefit?	or donor advisor, or for any other purpose	
Par		rganization answered "Ves" to Form 000	
1			raitiv, iiie i
•	Purpose(s) of conservation easements held by the organization		estamas III. van automt land avan
	Preservation of land for public use (e.g., recreation or	· —	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
	-		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		_2b
C	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	l after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	ıt holds?	└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and	d enforcing conservation easements durin	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 17	O(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conserva-		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	s the organization's accounting for
_	conservation easements		
Pai	t III Organizations Maintaining Collections of	· · · · · · · · · · · · · · · · · · ·	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	xhibition, education, or research in further	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that described	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statemen	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tro	easures, or other similar assets for financi	ial gain, provide
	the following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1	. •	> \$
b	Assets included in Form 990, Part X		► \$ ► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

		<u>M CREEK RA</u>								Page 2
Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, c	or Othe	<u>r Simila</u>	ar Asse	ets (contir	nued)
3	Using the organization's acquisition, accessi	on, and other recor	ds, check	any of the	following tha	t are a sig	ınıfıcant ı	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	•	d 🔲	Loan or exc	hange progra	ams				
b	Scholarly research			Other	0 . 0					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	un how th	nev further t	he organizatio	on's exen	arua tan	ose in Pa	rt XIV	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma					o. oa.	400010		Yes	☐ No
Par	t IV Escrow and Custodial Arran					"Yes" to F	orm 990	Part IV		
	reported an amount on Form 990, Pai			o gameano	αποποίοα	.00 .01	01117 000	, , a, , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1a	Is the organization an agent, trustee, custodi		diary for	contribution	s or other as	sets not i	ncluded			
	on Form 990, Part X?	and of other interme	dialy loi	CONTRIBUTION	is or other as	3613 1101 1	iiciuueu		Yes	□ No
h	If "Yes," explain the arrangement in Part XIV	and complete the f	ollowing :	table				_	162	140
b	1 703, explain the arrangement in ran Aiv	and complete the h	Ollowing	lable			[]		Amount	
_	Beginning balance						1-		Amount	
	Additions during the year						1c			
	Distributions during the year						1d			
e							1e			
t O-	Ending balance	000 D+ V I	- 040				1f		٦.,	
	Did the organization include an amount on Fi	orm 990, Part X, line	e 217					L.	_ Yes	∟ No
Par	If "Yes," explain the arrangement in Part XIV	£ 4b		NY	000 D. I	N. I				
ı aı	t V Endowment Funds. Complete i				1				1	
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three y	ears back	(e) Four	years back
	Beginning of year balance		1						-	
b	Contributions		 		-					
С	Net investment earnings, gains, and losses									
d	Grants or scholarships				ļ					
е	Other expenditures for facilities		-							
	and programs		ļ							
f	Administrative expenses		ļ							
g	End of year balance	<u> </u>								
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	zation tha	at are held a	ınd admınıste	red for th	e organiz	zation	_	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sched	dule R?					3b	
4	Describe in Part XIV the intended uses of the									<u> </u>
Par	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or			or other	(c) Ac	cumulate	ed	(d) Book	value
	, , ,	basis (invest			(other)		reciation	F	(=)	·
1a	Land	· ·			0,000.	•		\neg	2.100	,000.
	Buildings			-,-0	3,0001			-+		,,,,,,,,
	Leasehold improvements			5.6	4,249.	·	26,0	78	538	3,171.
	Equipment				8,072.		$\frac{20,0}{21,3}$			$\frac{5,171}{5,694}$
	Other		_		0,012.		<u> </u>	, , , ,		, <u>, , , , , , , , , , , , , , , , , , </u>
	Add lines 1a through 1e (Column (d) must e	aud Form 000. Dar	+ V . a.a.li.us	nn (D) (mn :	10(a))			$\overline{}$	3 01/	065

Schedule D (Form 990) 2011

Schedule	D (Form	990)	2011

	C/0	WARM	CREEK	RANCH
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Part VII Investments - Other Securities.	See Form 990, Part X, line		
 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valua Cost or end-of-year mar	
1) Financial derivatives	-		
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			· <u>-</u>
(1)			
otal (Col (b) must equal Form 990, Part X, col (B) line 12.)	<u> </u>		
Part VIII Investments - Program Related	See Form 990, Part X, lir		
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			<u> </u>
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X,			
	(a) Description	<u> </u>	(b) Book value
	ER PURCHASED	NOT PLACED IN SERVICE	(b) Book value
(1) TENTS, FURNISHINGS, OTH	EK PUKCHASED	NOT PLACED IN SERVICE	932,573
(3)			752,515
(4)			-
(5)			
(6)			
(7)			
(8)			
(9)	· <u> </u>		
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15)	•	932,573
Part X Other Liabilities. See Form 990, Part			
1. (a) Description of liability		(b) Book value	•
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footn	line 25.)		
FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote. FIN 48 (ASC 740)	ore to the organization's financial s	statements that reports the organization's liability for uncertain	in tax positions under

132053 01-23-12

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 1 1 2 2 10 2 3 3 3 3 3 3 3 3 3		dule D (Form 990) 2011 C/O WARM CREEK RANCH	A I'A I P'		94-3460086	Page 4				
2 Clast expenses (Form 980, Part IX, column (A), line 25) 3 Excess (righting for the year, subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donarded services and use of facilities 6 (investiment expenses 7 Prore period adjustments (e1), Add lines 4 through 8 9 Total adjustments (e1), Add lines 4 through 8 9 Total adjustments (e1), Add lines 4 through 8 10 Total adjustments (e1), Add lines 4 through 8 10 Total adjustments (e1), Add lines 4 through 8 10 Total adjustments (e1), Add lines 4 through 8 10 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 and turneralized gains on investments b Donated services and use of facilities c Recoveres of prory pear grants d Other (Describe in Part XIV) e Add lines 2 attrough 2d 3 Subtract line 26 from line 1 4 Amounts included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4 and 4b 5 Total revenue Add lines 3 and 4c, (This must equal From 990, Part I, line 12) 2	Par		Audited Fina	ncial State	ements					
3 Excess or (deficitif) for the year. Subtract line 2 from line 1 4 Net unrealized gains (bossel) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Donated services and use of facilities 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Excess or (deficit) for the year per audited financial statements. Sufficiently the statements of the statements with Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) 2 Add lines 2 through 2 d 3 Subtract line 2 from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 5 Total exvenue, Add lines 3 and 4a. (This must equal Form 990, Part I, line 12) 5 Total expenses and losses per audited financial statements 4 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 5 Total expenses and losses per audited financial statements 2 a Donated services and use of facilities 5 Total expenses and losses per audited financial statements 2 a Donated services and use of facilities 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 Investment expenses not mecluded on Form 990, Part II, line 18) Fort XIII Respective to period the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part VI, line 4; Part X, line 2, Part X	1	Total revenue (Form 990, Part VIII, column (A), line 12)		1						
4 Not unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 T. To or period adjustments 8 T. To or period adjustments (loss) Aging the services and use of facilities 9 To that adjustments (loss) Aging the services and use of the services and use of the support per suided financial statements. Combine lines 3 and 9 10 Part XII Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per suided financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 1 Donated services and use of ratellities 2 Amounts included on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2 Amounts included on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2 Amounts included on Form 990, Part VIII, line 12 b Chericological part of the services and use of ratellities 2 Amounts included on Form 990, Part VIII, line 12 b Other (Describe in Part XIV) c Add lines 2 and 40 b Chericological part XIV add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12) 6 Cother losses 6 Cother losses 6 Cother losses 6 Cother losses 7 Cother losses 8 Defaults and 4c Services and use of facilities 9 Part XIV (Supplemental Information) 7 Complete the part to provide the descriptions required for Part II, line 7b 8 Cother losses 9 Cother losses 1 Cother losses 1 Cother losses 1 Cother losses 2 Cother losses 1 Cother losses 2 Cother losses 3 Cother losses 4 Cother losses 6 Cother losses 7 Cother losses 8 Cother losses 8 Cother losses 9 Cother losses 1 Cother losses 1 Cother losses 1 Cother losses 1 Cother losses 1 Cother losses 1 Cother losses 1 Cother losses 1 Cother losses 1 Cother losses 1 Cother losses 1 Cother losses 1 Cother losses 1 Cother lo	2	Total expenses (Form 990, Part IX, column (A), line 25)		2						
5 Donated services and use of facilities 6 6 6 7 Prior period adjustments 6 6 6 7 Prior period adjustments 6 6 7 Prior period adjustments 7 7 8 8 8 7 Prior period adjustments 7 7 8 8 8 9 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 9 10 Part XII Beconcililation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements. With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 2 Amounts included on line 1 but not on form 990, Part VIII, line 12 and 10 Part XIV 2d 2d 2d 2d 2d 2d 2d 2	3	Excess or (deficit) for the year. Subtract line 2 from line 1		3						
6 Investment expenses 7 Pror period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (epit, Add lines 4 through 8) 10 Total adjustments (epit, Add lines 4 through 8) 10 Total adjustments (epit, Add lines 4 through 8) 10 Total adjustments (epit, Add lines 4 through 8) 10 Total review, gains, and other support per audited financial Statements With Revenue per Return 1 Total review, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part Vill, line 12 a Not unrealized gains on investments b Consider services and use of facilities c Recoverse of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part Vill, line 12, but not on line 1 3 investment expenses on time Loted on Form 990, Part Vill, line 7b b Other (Describe in Part XIV) c Add lines 4 and 4b 5 Total revenue Add lines 3 and 4c, (This must equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c, (This must equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c (This must equal Form 990, Part II, line 25 a Conated services and uses of facilities b Prior year adjustments c Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 an extended on Form 990, Part II, line 25 b Chief (Describe in Part XIV) e Add lines 2 anthrough 2d 3 Subtract line 2e from line 1 3 and 4 Amounts included on Form 990, Part II, line 7b b Other (Describe in Part XIV) e Add lines 4 and 4b 5 Total expenses Add lines 3 and 4c, (This must equal Form 990, Part I, line 18) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, line 3, 5, and 9, Part III, lines 1a and 4, Part IV, line 4: Part X, line 2, Part XI, line 8, Part XII, line 82 and 4b, and Part XII, line 25 and 4b Also c	4	Net unrealized gains (losses) on investments		4						
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PROTECTION OF WILD MUSTANGS. THE ASSETS REPORTED ON PART IX ARE PROPERTY TO BE USED IN CONNECTION WITH PUBLIC VISITOR FACILITIES WHICH WILL BE	IX	, OTHER ASSETS ARE PROPERTY USED TO FURTHER	R THE ORG	ANIZAT	ION'S GOAL	OF				
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	PR	OTECTION OF WILD MUSTANGS. THE ASSETS REPO	ORTED ON	PART I	X ARE PROP	ERTY_				
OPERATED BY THE ORGANIZATION.	TO	BE USED IN CONNECTION WITH PUBLIC VISITOR	FACILITI	ES WHI	CH WILL BE					
	OP:	ERATED BY THE ORGANIZATION.	· · · · · · · · · · · · · · · · · · ·							
										

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2011

OMB No 1545-0047

Open To Public Inspection

Name of the organization SAVING AMERICA'S MUSTANGS

Employer identification number

C/O WAR	M CREEK RANCH				94-3460	086
	Complete if the organization answ	ered "Y	es" to	Form 990, Part IV, I	ine 17 Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicita f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) purs	ation of ation of I fundra al (includ profess	non-go goveri using of ding of ional f	overnment grants nment grants events fficers, directors, true undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total 3 List all states in which the organization or licensing	on is registered or licensed to solicit	contrib	>	s or has been notifie	d it is exempt from re	egistration
_				·	 -	
<u>-</u>			•			
	·					
					<u> </u>	
						

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

Schedule G (Form 990 or 990-EZ) 2011

SAVING AMERICA'S MUSTANGS 94-3460086 Page 2 Schedule G (Form 990 or 990-EZ) 2011 C/O WARM CREEK RANCH Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events STARS & NONE (add col (a) through STALLIONS col (c)) (event type) (event type) (total number) 203,550 203,550. Gross receipts 203,550. 203,550 2 Less Charitable contributions 0. 0 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
zxbens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	(
	8	Net gaming income summary Combine line 1	I, column d, and line 7	<u> </u>		
	ls t	iter the state(s) in which the organization opera the organization licensed to operate gaming ac 'No," explain	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re "Yes," explain	•	-	•	Yes No
	_		 .			

132082 01-23-12

Schedule G (Form 990 or 990-EZ) 2011

Sch	edule G (Form 990 or 990-EZ) 2011 C/O WARM CREEK RANCH	04-3460086 Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity operated in	
	The organization's facility	13a %
	An outside facility	13b %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	3
•	Elitor the hame and address of the person this property the organization of gaming, openiar events are necessari	•
	Name	
	Address >	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
t	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	nt
	of gaming revenue retained by the third party > \$	
	: If "Yes," enter name and address of the third party	
	Name	
	Address >	
16	Gaming manager information	
	Name	
	Gaming manager compensation ▶ \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions.	
	·	
•	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
	retain the state gaming license?	
•	5 Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	, tile
D	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column	nns (w) and (v) and Part III
1 6	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info	
_	lines 9, 90, 100, 130, 130, 16, and 170, as applicable. Also complete this part to provide any additional lines	mation (see instructions).
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_		
		· · · · · · · · · · · · · · · · · · ·
		
_		
_		

% × Employer identification number 94-3460086 ROTECTION OF ENDANGERED SENERAL SUPPORT FOR THE Open to Public OMB No 1545-0047 2011 Inspection (h) Purpose of grant or assistance ____ ∀es ESTORATION AND Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any PECIES recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ame and address of organization

(b) EIN

(c) IRC section

(d) Amount of non-cash grant if applicable cash grant non-cash assistance assistance assistance other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. 109,313, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table SAVING AMERICA'S MUSTANGS 501(C)(3) C/O WARM CREEK RANCH 95-4631906 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization LANCASTER, CA 93535 LIFESAVERS, INC. Department of the Treasury 23809 E. AVE. J Internal Revenue Service **SCHEDULE 1** (Form 990) Parti Part

Schedule I (Form 990) (2011)

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

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

C/O WARM CREEK RANCH

Page 2

94-3460086

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2011)

Part III

(f) Description of non-cash assistance								
(e) Method of valuation (book, FMV, appraisal, other)			r additional information					
(d) Amount of non- cash assistance			line 2, and any othe	!				
(c) Amount of cash grant			n required in Part I,					
(b) Number of recipients			ide the informatio					
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information					

132102 01-27-12

Schedule I (Form 990) (2011)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

SAVING AMERICA'S MUSTANGS

Employer identification number

Schedule L (Form 990 or 990-EZ) 2011

Part I										<u> </u>	
				on 501(c)(3) and section							
	Complete if the organ	ization ansv	vered "Yes"	on Form 990, Part IV, I	ine 25a or 25b, or Fori	m 990-E	Z, Part \	V, line 40	<u> b</u>		
1	(a) Name of disq	ualified ners		(b) Description of transaction					(c) Corrected?		
	- (a) Number of disq				(b) Description e	, transa				Yes	No
					····						
2 Enter t	the amount of tax impos	sed on the o	rganization	managers or disqualific	ed persons during the	year un	der				
section	n 4958							▶ \$			
3 Enter t	the amount of tax, if any	y, on line 2,	above, reim	bursed by the organiza	ition			▶ \$			
											
Part II	Loans to and/or	From Int	erested I	Persons.							
	Complete if the organ	ization ansv	vered "Yes"	on Form 990, Part IV,	line 26, or Form 990-E	Z, Part V	/, line 38				
, ,	ame of interested		to or from	(c) Original principal	(d) Balance due		ln	(f) App	oroved ard or		ritten
perso	on and purpose	the orga	nization?	amount		default?		committee?		agreement'	
		То	From	. <u></u>		Yes	No	Yes	No	Yes	No
MADELE	EINE A. PICK	X		100,000.	100,000.		X	X		X	
MADELE	EINE A. PICK	X		25,000.	25,000.		Х	Х		Х	
MADELE	EINE A. PICK	X		100,000.	100,000.		X	Х		X	
MADELE	EINE A. PICK	X		65,000.	65,000.		X	Х		X	
MADELE	EINE A. PICK	X		100,000.	100,000.		Х	X		X	
MADELE	EINE A. PICK	X		90,000.	90,000.	l	Х	Х		X	
MADELE	EINE A. PICK	X		35,000.	35,000.		Х	X		Х	
MADELE	EINE A. PICK	X		116,000.	116,000.		Х	X		X	
MADELF	EINE A. PICK	X		20,000.	20,000.		Х	Х		Х	
MADELF	EINE A. PICK	X		70,000.	70,000.	ŀ	Х	Х		Х	
Total				▶ \$	2,621,631.		-				
Part III	Grants or Assist	ance Bei	nefiting li	nterested Person	s.						
	Complete if the organ	ization ansv	vered "Yes'	on Form 990, Part IV,	line 27						
	a) Name of interested p	erson		(b) Relationship between	en interested person	and		(c) Am	ount an	d type o	f
·				the or	ganization			• •	assistar	ice	

				- -							
								-			
			-			•				-	

SEE PART V FOR CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2011 C/O WARM CREEK RANCH

Part IV	Business	Transactions	s Involvina	Intereste	ed Persons.

· Complete if the organization answered				(a) Sho	aring of
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		ation's
MADELEINE PICKENS	99.9% LIMITED PARTN	13 400	PASTURE AGR	Yes	No X
THE DESIGNATION OF THE PROPERTY OF THE PROPERT	JJ. Je DIMITED PARIN	13,400.	PASTURE AGR		
					<u> </u>
				_	
					
Part V Supplemental Information Complete this part to provide additional	al information for responses to question	s on Schedule L (see	instructions)		L
SCHEDULE L, PART II, LOANS	TO AND FROM INTERE	STED PERSON	is:		
(A) NAME OF PERSON: MADELE	INE A. PICKENS				
(A) PURPOSE OF LOAN:					
PROVIDE FUNDS TO USE IN TH	E FURTHERANCE OF IT	S CHARITABL	E ACTIVITIE	s.	
(B) LOAN TO OR FROM ORGANI					
(C) ORIGINAL PRINCIPAL AMO	UNT \$ 100,000. (D)	BALANCE DU	E \$ 100,000	•	
(E) LOAN IN DEFAULT? = NO					
(F) APPROVED BY BOARD OR C	OMMITTEE? = YES				
(G) WRITTEN AGREEMENT? = Y	ES				
					
(A) NAME OF PERSON: MADELE	INE A. PICKENS				
(A) PURPOSE OF LOAN:					
PROVIDE FUNDS TO USE IN TH					
(B) LOAN TO OR FROM ORGANI					
(C) ORIGINAL PRINCIPAL AMO	OUNT \$ 25,000. (D)	BALANCE DUE	\$ 25,000.		
(E) LOAN IN DEFAULT? = NO					
(F) APPROVED BY BOARD OR C	COMMITTEE? = YES				
(G) WRITTEN AGREEMENT? = Y	ES				
(A) NAME OF PERSON: MADELE	INE A. PICKENS				

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Schedule L (Form 990 or 990-EZ) 2011

Schedule L (Form 990 or 990-EZ) 2011 C/O WARM CREEK RANCH	94-3460086 Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see	instructions)
	not deticated
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABL	E ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 100,000. (D) BALANCE DU	E \$ 100,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABL	E ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
	. A CE 000
(C) ORIGINAL PRINCIPAL AMOUNT \$ 65,000. (D) BALANCE DUE	\$ 65,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABL	E ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 100,000. (D) BALANCE DU	JE \$ 100,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN: 132461 05-01-11 S	chedule L (Form 990 or 990-EZ) 2011

Schedule L (Form 990 or 990-EZ) 2011 C/O WARM CREEK RANCH	94-3460086 Page 2
Part V Supplemental Information	muntions)
Complete this part to provide additional information for responses to questions on Schedule L (see institution).	ructions)
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE	ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 90,000. (D) BALANCE DUE \$	90,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
	A CONTEST DE CO
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE	ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 35,000. (D) BALANCE DUE \$	35,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE	
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 116,000. (D) BALANCE DUE	\$ 116,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE	

Schedule L (Form 990 or 990-EZ) 2011

Schedule L (Form 990 or 990-EZ) 2011 C/O WARM CREEK RANCH	94-3460086 Page 2
Part V Supplemental Information	muntuona)
Complete this part to provide additional information for responses to questions on Schedule L (see inst	ructions)
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 20,000. (D) BALANCE DUE \$	20,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE	ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 70,000. (D) BALANCE DUE \$	70,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE	ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 60,000. (D) BALANCE DUE \$	60,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	·-····································
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE	ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
199481	dule L (Form 990 or 990-EZ) 2011

Schedule L (Form 990 or 990-EZ) 2011 C/O WARM CREEK RANCH	94-3460086 Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instru	ictions)
	95,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE A	ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 25,000. (D) BALANCE DUE \$	25,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE A	^~
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 75,000. (D) BALANCE DUE \$	75,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE	ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 60,000. (D) BALANCE DUE \$	
13248T 05-01-11 Sched	lule L (Form 990 or 990-EZ) 201

Schedule L (Form 990 or 990-EZ) 2011 C/O WARM CREEK RANCH	94-3460086 Page 2
Part V Supplemental Information	
· Complete this part to provide additional information for responses to questions on Schedule L (see	instructions)
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
19/ ************************************	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) DUDDOGE OF LOAM.	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABL	E ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 25,000. (D) BALANCE DUE	\$ 25,000.
(E) LOAN IN DEFAULT? = NO	
(1) DOM IN DEFROET NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	-
(G) WRITTEN AGREEMENT? = YES	
107	· ···· ·=
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABL	LE ACTIVITIES.
(D) LOAN TO OD EDOM ODGANIZATIONS TO	
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 115,000. (D) BALANCE DU	JE \$ 115,000.
(E) LOAN IN DEFAULT? = NO	
(E) DOAN IN DEFRUIT: = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(6) WILLIAM RONDHMENT IBD	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABL	LE ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 125,000. (D) BALANCE DU	JE \$ 125,000.
(E) LOAN IN DEFAULT? = NO 132481 05-01-11 S	 Schedule L (Form 990 or 990-EZ) 201
· · · · · · · · · · · · · · · · · ·	

Schedule L (Form 990 or 990-EZ) 2011 C/O WARM CREEK RANCH	94-3460086 Page 2
Part V Supplemental Information	
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).	uctions)
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE	ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 238,631. (D) BALANCE DUE	č 228 621
	\$ 230,031.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
TO WILL THE THOUGHT !	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE	ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 62,000. (D) BALANCE DUE \$	62,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE	ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 50,000. (D) BALANCE DUE \$	50,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	11.1.1

Schedule L (Form 990 or 990-EZ) 2011 C/O WARM CREEK RANCH	94-3460086 Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see insection).	structions)
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE	ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 50,000. (D) BALANCE DUE	\$ 50,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE	ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 50,000. (D) BALANCE DUE	\$ 50,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE	ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 60,000. (D) BALANCE DUE	\$ 60,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
05-01-11 Sch	hedule L (Form 990 or 990-EZ) 2011

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Schedule L (Form 990 or 990-EZ) 2011 C/O WARM CREEK RANCH	94-3460086 Page 2
Part V Supplemental Information	
· Complete this part to provide additional information for responses to questions on Schedule L (see instru	ictions).
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE A	ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 65,000. (D) BALANCE DUE \$	65,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE A	ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 60,000. (D) BALANCE DUE \$	60,000.
(E) LOAN IN DEFAULT? = NO	

- (F) APPROVED BY BOARD OR COMMITTEE? = YES
- (G) WRITTEN AGREEMENT? = YES
- (A) NAME OF PERSON: MADELEINE A. PICKENS
- (A) PURPOSE OF LOAN:

PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE ACTIVITIES.

- (B) LOAN TO OR FROM ORGANIZATION? = TO
- (C) ORIGINAL PRINCIPAL AMOUNT \$ 50,000. (D) BALANCE DUE \$ 50,000.
- (E) LOAN IN DEFAULT? = NO
- (F) APPROVED BY BOARD OR COMMITTEE? = YES
- (G) WRITTEN AGREEMENT? = YES

132461 05-01-11

Part V Supplemental Information 94-3460086 Page 2
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)
(A) NAME OF PERSON: MADELEINE A. PICKENS
(A) PURPOSE OF LOAN:
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO
(C) ORIGINAL PRINCIPAL AMOUNT \$ 50,000. (D) BALANCE DUE \$ 50,000.
(E) LOAN IN DEFAULT? = NO
(F) APPROVED BY BOARD OR COMMITTEE? = YES
(G) WRITTEN AGREEMENT? = YES
(A) NAME OF PERSON: MADELEINE A. PICKENS
(A) PURPOSE OF LOAN:
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO
(C) ORIGINAL PRINCIPAL AMOUNT \$ 25,000. (D) BALANCE DUE \$ 25,000.
(E) LOAN IN DEFAULT? = NO
(F) APPROVED BY BOARD OR COMMITTEE? = YES
(G) WRITTEN AGREEMENT? = YES
(A) NAME OF PERSON: MADELEINE A. PICKENS
(A) PURPOSE OF LOAN:
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO
(C) ORIGINAL PRINCIPAL AMOUNT \$ 35,000. (D) BALANCE DUE \$ 35,000.
(E) LOAN IN DEFAULT? = NO
(F) APPROVED BY BOARD OR COMMITTEE? = YES
(G) WRITTEN AGREEMENT? = YES

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Schedule L (Form 990 or 990-EZ) 2011 C/O WARM CREEK RANCH	94-3460086 Page 2
Part V Supplemental Information	
· Complete this part to provide additional information for responses to questions on Schedule L (see	instructions)
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABL	E ACTIVITIES.
THOUSE TOUBLE TO OBE IN THE TONIMBRENCE OF THE CHARTITES	<u>D MCIIVIIIDO.</u>
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 40,000. (D) BALANCE DUE	\$ 40,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABL	E ACTIVITIES.
	110111111111111111111111111111111111111
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 125,000. (D) BALANCE DU	E \$ 125,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) MANUE OF PERSON MARKET FINE A PROPERTY	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABL	E ACTIVITIES.
(P) IONI DO OP EPON OPCANIZACIONO - DO	
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 50,000. (D) BALANCE DUE	\$ 50,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF DEDCOM. MADELETING A DIGUENIC	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	abadula I. (Farra 200 - 200 F7) co
05-01-11 S	chedule L (Form 990 or 990-EZ) 2011

Schedule L (Form 990 or 990-EZ) 2011 C/O WARM CREEK RANCH	94-3460086 Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule 1 (see instri	
· Complete this part to provide additional information for responses to questions on Schedule L (see instru	actions)
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE 2	ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 85,000. (D) BALANCE DUE \$	85,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE .	ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 30,000. (D) BALANCE DUE \$	30,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF DEDGON, MADELETNE A DIGNERO	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 35,000. (D) BALANCE DUE \$	35,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
PROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE	ACTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
132461	dule L (Form 990 or 990-EZ) 2011

Schedule L (Form 990 or 990-EZ) 2011 C/O WARM CREEK RANCH	94-3460086 Page 2
Part V Supplemental Information	untione)
Complete this part to provide additional information for responses to questions on Schedule L (see instru	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 30,000. (D) BALANCE DUE \$	30,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
ROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE AC	CTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 30,000. (D) BALANCE DUE \$	30,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
ROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE AC	CTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 25,000. (D) BALANCE DUE \$	25,000.
(E) LOAN IN DEFAULT? = NO	
(F) APPROVED BY BOARD OR COMMITTEE? = YES	
(G) WRITTEN AGREEMENT? = YES	
(A) NAME OF PERSON: MADELEINE A. PICKENS	
(A) PURPOSE OF LOAN:	
ROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE AC	CTIVITIES.
(B) LOAN TO OR FROM ORGANIZATION? = TO	
(C) ORIGINAL PRINCIPAL AMOUNT \$ 40,000. (D) BALANCE DUE \$	
05-01-11 Sched	lule L (Form 990 or 990-EZ) 2011

Schedule L (Form 990 or 990-EZ) 2011 C/O WARM CREEK RANCH	94-3460086 I	Page 2
Part V Supplemental Information		
· Complete this part to provide additional information for responses to questions on Schedule L (see instr	uctions)	
(E) LOAN IN DEFAULT? = NO		
(F) APPROVED BY BOARD OR COMMITTEE? = YES		
(G) WRITTEN AGREEMENT? = YES		
(A) NAME OF PERSON: MADELEINE A. PICKENS		
(A) PURPOSE OF LOAN:		
ROVIDE FUNDS TO USE IN THE FURTHERANCE OF ITS CHARITABLE A	CTIVITIES.	
(B) LOAN TO OR FROM ORGANIZATION? = TO		
(C) ORIGINAL PRINCIPAL AMOUNT \$ 35,000. (D) BALANCE DUE \$	35,000.	
(E) LOAN IN DEFAULT? = NO		
(F) APPROVED BY BOARD OR COMMITTEE? = YES		
(G) WRITTEN AGREEMENT? = YES		
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED (A) NAME OF PERSON: MADELEINE PICKENS	PERSONS:	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION	N:	
99.9% LIMITED PARTNERSHIP INTEREST IN TOMMY, LLC.		
(D) DESCRIPTION OF TRANSACTION: PASTURE AGREEMENT BETWEEN	TOMMY, LLC AN	D
SAVING AMERICA'S MUSTANGS FOR PASTURE SERVICES AND FACILIT	'IES PROVIDED	вч
TOMMY, LLC TO SAVING AMERICA'S MUSTANGS.		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Internal Revenue Service

Name of the organization

SAVING AMERICA'S MUSTANGS

Employer identification number 94-3460086

C/O WARM CREEK RANCH 94-3460086 FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PREPARED AND REVIEWED BY THE OFFICERS OF THE ORGANIZATION, IN HOUSE ACCOUNTANT, AND OUTSIDE ACCOUNTANTS AND ATTORNEYS. FORM 990, PART VI, SECTION B, LINE 12C: IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS CONSIDERING THE PROPOSED TRANSACTION. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION AT C/O WARM CREEK RANCH, HC 60 BOX 300, WELLS, NV 89835. FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: MADELEINE A. PICKENS - C/O WARM CREEK RANCH, HC 60 BOX 300, WELLS, NV 89835 MONTY HUMBLE - 903 FOREST VIEW DRIVE, WESTLAKE, TX 78746 LEE OTTENI - 5900 COUNT DRIVE, NE, RIO RANCHO, NM 87144 SCHEDULE A, PART II, SECTION B, LINE 13: THE ORGANIZATION HAS BEEN WORKING WITH THE BUREAU OF LAND MANAGEMENT (BLM) IN AN ATTEMPT TO PLACE MUSTANGS GATHERED FROM WESTERN PUBLIC RANGELANDS INTO A PRIVATE SANCTUARY. IT HAS APPLIED FOR AND RECEIVED CONDITIONAL APPROVAL OF A PUBLIC-PRIVATE PARTNERSHIP WITH THE BLM FOR ITS WILD HORSE SANCTUARY. THE BLM IS CONDUCTING AN ENVIRONMENTAL ANALYSIS OF THE PROPOSAL UNDER THE PROVISIONS OF THE NATIONAL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

132211 01-23-12

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Employer identification numbér 94-3460086

Direct controlling

End-of-year assets ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income € ► See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) VEVADA ► Attach to Form 990. LIVESTOCK RANCH USED FOR CONG TERM HOLDING AND Primary activity SAVING AMERICA'S MUSTANGS C/O WARM CREEK RANCH ECO-SANCTUARY 27-2668662, 530 IDAHO STREET, ELKO, NV LLC (DISSOLVED OCTOBER 1, 2011) Name, address, and EIN of disregarded entity Name of the organization Part 89801 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Part

(g) Section 512(bX13) controlled entity?	Š						_
Section	Yes						
(f) Direct controlling entity							
(e) Public charity status (if section	501(c)(3))						
(d) Exempt Code section							
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(a) Name, address, and EIN of related organization							

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

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 C/O WARM CREEK RANCH

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

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Percentage ownership General or Percentage managing ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) 3 Ξ Yes Share of end-of-year assets Code V-UBI amount in box m 20 of Schedule E K-1 (Form 1065) \equiv Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets <u>6</u> Direct controlling Share of total income চ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) **e** 50 Primary activity Direct controlling entity € (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 132 162 01-23-12 Part IV

SAVING AMERICA'S MUSTANGS C/O WARM CREEK RANCH

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Schedule R (Form 990) 2011

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

					\vdash	ير ا
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	1	Loto: Conception Control	2/1 = 1 1 = 1		res	2
T During the tax year, did the organization engage in any of the following traits action	is with one of more re	Halisactions with one of more related organizations listed in Farts II-17.	וו רמונט וויוע	,	$\frac{1}{1}$	1
 a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity 				e -		
b Gift, grant, or capital contribution to related organization(s)				P		
c Gift, grant, or capital contribution from related organization(s)				5		
				P		
Loans or loan quarantees by related organization(s)				-		
				!		1
f Sale of assets to related organization(s)				#		
g Purchase of assets from related organization(s)				1 g	_	
				£		
i Lease of facilities, equipment, or other assets to related organization(s)				;=		
				;		
				= ;		
K Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			¥ ;		
Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			= ;		
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			E		
 Sharing of paid employees with related organization(s) 				Ę	+	-
o Beimbursement haid to related organization(s) for exhanses				6		
				4		
q Other transfer of cash or property to related organization(s)				5 4		
2 If the answer to any of the above is "Yes" see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds			
	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1)						[]
						ĺ
(4)				:		
(9)						1
(9)						
132163 01-23-12	51		Schedule	Schedule R (Form 990) 2011	90) 201	Ξ

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SAVING AMERICA'S MUSTANGS

Schedule R (Form 990) 2011 C/O WARM CREEK RANCH

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

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

bispropor- amount in box 20 managing ownership of Schedule K-1 parner ownership ves No (Form 1065) ves No Ξ end-of-year Share of assets (f) Share of income total (e) Are all partners sec 501(c)(3) orgs? Predominant income parties sec (related, unrelated, outs) excluded from tax under section 512-514) | Yes | No ਉ Legal domicile (state or foreign country) છ Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2011