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Form **990**

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)

OMB No 1545-0047

2012

on may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

intem	ai Kevenu	Fine diganization may have to use a copy of this return to sausiy state reporting	g requirements										
Α	For the	2012 calendar year, or tax year beginning , 2012, and endi	ing	, 20									
В	Check if a	plicable C Name of organization SKYEWARD BOUND RANCH		D Employer identification no.									
	Address cl	ange Doing Business As		75-2557363									
	Name cha	nge Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number									
	Initial retur	2837 EDEN DR	725,401										
	Terminate	minated City, town or post office, state, and ZIP code CEDAR HILL, TX 75104											
	Amended	G Gross receipts \$											
	Application	pending F Name and address of principal officer DALACE DUVALL	H(a) Is this a group	return for									
			affiliates?										
<u></u>	Tax-exem	of status X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or 527	H(b) Are all affiliate	s included? Yes No a list (see instructions)									
J	Website:	▶ N/A	H(c) Group exempt	on number									
		ganization	M State of I	egal domicile TX									
Pa	rt I	Summary											
	1	Briefly describe the organization's mission or most significant activities: HELP DISABLED AND											
e		FAMILIES. BUILD SCHOOLS FOR LOW INCOME AREAS. SEND DISABLED KID											
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			LY VACATION	S TO THESE KIDS									
B		SO EVERYONE CAN ENJOY THEMSELVES AND BE TAKEN CARE OF.	la nat assats										
(S)	2	Check this box \blacksquare if the organization discontinued its operations or disposed of more than 25% of it		3 4									
A	3	Number of voting members of the governing body (Part VI, line 1a)	· —	4 4									
鸿	4	Number of independent voting members of the governing body (Part VI, line 1b)		5 1									
(<u>§</u>)	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		6 30									
Š	6	Total number of volunteers (estimate if necessary)		7a 0									
=		Total unrelated business revenue from Part VIII, column (C), line 12		7b 0									
<u>fard</u>	D	Net unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year									
\sim		Contributions and grants (Part VIII PASSO FIVED	1,896,1										
7 9	8	Contributions and grants (Part VIII, Ine 1h),	1,050,1	723,101									
	9	Investment income (Part VIII, inite 2g)		0									
Revenue 7	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,2	50 0									
-		Total revenue - add lines 8 through 11 (must-equal Part VIII, column (A), line 12)	1,898,3										
	12	Grants and similar amounts paid (Part IX, column (A), lines.1-3)	906,3										
	14	Benefits paid to or for members (Part IX, column (A), line 4)	300,0	0									
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0									
es	1	Professional fundraising fees (Part IX, column (A), line 11e)		0									
Expenses		Total fundraising expenses (Part IX, column (D), line 25)											
ᄶ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	991,5	105,841									
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,897,9										
	19	Revenue less expenses. Subtract line 18 from line 12		46,688									
S.			ginning of Current Ye										
anc	20	Total assets (Part X, line 16)	1,1	47,808									
Fund Blances	ĝ 21	Total liabilities (Part X, line 26)	-	0									
Ę,	22	Net assets or fund balances. Subtract line 21 from line 20	1,1	47,808									
	rt II	Signature Block											
Unde	r penaltie:	of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	owledge and belief, it is	i									
ilue,	conect, at	o Committee Decidation of prepare (office visit office) is based on an information of which proportion only information											
)	The state of the s		455-3013									
Sig	jn	Signature of officer		Date									
He	re	DALACE DUVALL, PRES											
		Type or print name and title											
		Print/Type preparer's name Preparer's signature.		of PTIN									
Pa		JUDY ROBERTS 04-19-2013	self-employed	P01517895									
	eparer		Firm's EIN										
Us	e Only	1	Phone no										
		MESQUITE TX 75150		2-907-8201									
May	the IR	6 discuss this return with the preparer shown above? (see instructions)		🗌 Yes 🏻 🛣 No									

For Paperwork Reduction Act Notice, see the separate instructions.

Checklist of Required Schedules Part IV

		J.	∕Yes [No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a prite street, and the complete Schedule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see irons)?		X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of Q^{pQ^c} sition to	,2	Χ	
3	candidates for public office? If "Yes," complete Schedule C, Part I			37
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a s tion 501(h)	3_		<u>X</u>
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II			v
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership du&	4		X
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			}
	Part III	_		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
•	have-the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.	<u> </u>		
•	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,"	<u> </u>		<u> </u>
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	_ -	_	
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>		
-	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, Part VI	11a		Х
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f_		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	!		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	_14a		X
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
4 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13_		Λ_
	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	-,0		
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
. 5	Part VIII, lines 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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
			000 (

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		163	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	Х
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 2? If "Yes," complete Schedule I, Parts I and III	22	х	
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 compe.			
	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 24,			
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		Х
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?		1	
	If "Yes," complete Schedule L, Part I	25b	1	Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	<u></u> _		
	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)		[
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	·		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		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, Part II, III,	-		
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	,		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	L	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		Х

Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response to any question in this Part V	<u></u>		
4.	Estado austria carated in Day 2 of Form 4000 Estado 0 17 of a city of		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ĺ		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	I	1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	- 1		
_	reportable gaming (gambling) winnings to prize winners?	1c	<u>X</u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ı	- 1	
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1		.,	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	. 1		7.7
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> X</u>
_	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial			7.
	account)?	4a		X
b	If "Yes," enter the name of the foreign country.			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_ :		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	0-	İ	v
_	organization solicit any contributions that were not tax deductible as chantable contributions? ;	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C۲		
	gifts were not tax deductible?	6b		-
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	Ī	Х
L	and services provided to the payor?	7b		1.2
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0	 	
С	required to file Form 8282?	7c		Х
A	If "Yes," indicate the number of Forms 8282 filed during the year			
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Ì	X
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
.'' R	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	Ī	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter.		1	1
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:		•	
а	Gross income from members or shareholders		•	
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
	against amounts due or received from them.)		•	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		!	ļ
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.		I	
b	Enter the amount of reserves the organization is required to maintain by the states in which		l	
	the organization is licensed to issue qualified health plans		ŧ	
С	Enter the amount of reserves on hand		<u> </u>	ļ
14a	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 Schedule O	14b		<u> </u>
ĒΑ		Form	1990 (2012)

ARD BOUND RANCH	
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75-2557363 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

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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			•
	If there are material differences in voting rights among members of the governing body, or			
	If the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		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		_X_
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		<u>X</u>
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_	
ь	Each committee with authority to act on behalf of the governing body?	8b	Χ	
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		<u>X</u>
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	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40-		Х
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
þ	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
	describe in Schedule O how this was done	12c 13		X
13	Did the organization have a written whistleblower policy?	14		X
14	Did the organization have a written document retention and destruction policy?	!-7		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a		Х
a b	Other officers or key employees of the organization	15b		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
, va	with a taxable entity during the year?	16a		Х
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		1
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
•	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,			
	and financial 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			

2837 EDEN DR CEDAR HILL, TX 75104

organization ➤ DALACE DUVALL

Form	990	(2012)	

Section A.

SKYEWARD BOUND RANCH

75-2557363

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Part VII	Compensation of Officers, Directors	, Trustees, Key Employees, Highes	t Compensated En	nployees, and
	Independent Contractors			

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related	organization	n com	pens	ated	any	curre/	nt o	fficer, director, or tr	ustee	
(A)	(B)			(C	;)			(D)	(E)	(F)
Name and Title	Average	ļ		Posi	tron			Reportable	Reportable	Estimated
	hours per week (list any	(do no	ot che	ck mo	re th	an one		compensation from	compensation from related	amount of other
	hours for	box, u	ınless	perso	on is	both an		the	organizations	compensation
	related	office	r and a	a dire	ctor/ti	rustee)		organization	(W-2/1099-MISC)	from the
	organizations below dotted	I t d	1 t	0	к	Нсе	F	(W-2/1099-MISC)		organization and related
	line)	nrı dur ıse vtc	n r s u t s t e	f - c e	y e m	om gmp hpl eeo sny	orEer			organizations
		dur se vic let de o u r a o	ut - o c a -	r	D-0266	t see l e d				
(1) RALPH OVOLIO										-
DIRECTOR		X								
(2) RAYE OVOLIO										
DIRECTOR		Х							-	
(3) DALACE DUVALL										
PRES	40.00			Х	X			37,100		
(4) JIMMY POCKRAS										
VP				X						
(5)										
(6)	,				_					
(7)										
(8)	-									
(9)										
(10)			-							
(11)						-			_	
(12)					-		-			
(13)										
(14)		 	$\dagger -$		 	 	\vdash			

	*** 1	, 10, Lp.o.	,000,0		9		00,	<i>-</i>	ated Employees	continued)			
	(A) Name and title .	(B) (C) Average hours per (do not check more than one box, unless person is both an officer and director/trustee)							(D) Reportable compensation from	(E) Reportable compensation from related			
		hours for related organizations below dotted line)	l t d n r i d u r i s e v t c	I t n r s u t s t t e u	Office	K e	H c e e e e e e e e e e e e e e e e e e	F o r m e r	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org an	npensation from the ganization ad related anization	on d
(15)													
(16)													•
(17)				<u>.</u>								-	
(18)													
(19)					-				=.				
(20)										-			
(21)													
(22)					-								
(23)													
(24)													
(25)													
1b c d	Sub-total	ion A .		• •				> >	37,100	0			0
2	Total number of individuals (including but not limite reportable compensation from the organization							nore	than \$100,000 of	0	•		
3	Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule								pensated		3	Yes	No X
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than individual	\$150,000?	"Yes,	" cor	mple	te S	chedu	le J f	for such		4	,	Х
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes,"	-		-			-		on or individual		5		Х
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Report compeyear												
	(A) Name and business address								(B) Description of	services		(C) pensation	
	rrame and distincts address				_				Безсирион Ог	50.71003	Cont		··
2	Total number of independent contractors (including received more than \$100,000 of compensation from				liste	d ab	ove) v	vho					

Part '	VIII	Statement of Revenu	ue			 			- 1 ago o
		Check if Schedule O contain	ns a respons	e to a	ny question in this F	Part VIII			[
	•	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns		1a	725,401				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b				•	
Am Am	C	Fundraising events		1c				Ī	
iar iar	d	Related organizations		1d				•	
Sim.	е	Government grants (contributi	-	1e	·				
er (S	f	All other contributions, gifts, gi	•					‡	
		and similar amounts not include		_1f	<u> </u>			Ī	
nd (g	Noncash contributions include							
<u>Q a</u>	<u> </u>	Total. Add lines 1a-1f		• • •		725,401		<u> </u>	
•					Business Code	1		‡	
Program Service Revenue	2a	· · · · · · · · · · · · · · · · · · ·							
e Re	b	-							
Š	C								
n Se	ď							·	
grar	e .	All other program service rever				-			
Pro								<u> </u>	
		Total. Add lines 2a-2f							
	3	Investment income (including d and other similar amounts) .			_				
	4	Income from investment of tax-							<u> </u>
	5	Royalties							
	-	,	(ı) Real		(ii) Personal			 	
	6a	Gross rents			(ii) i cisonai			1	
	1	Less: rental expenses						•	
		Rental income or (loss)						‡	
		Net rental income or (loss) .	<u> </u>						
	1	Gross amount from sales of	(i) Secuntie		(II) Other		-		
		assets other than inventory						<u> </u> 	
		Less cost or other basis and sales expenses							
		Gain or (loss)						 	
•		Net gain or (loss)							
Other Revenue	8a	Gross income from fundraising						<u>.</u>	
eve		events (not including \$		_				-	
∝		of contributions reported on line	· ·					<u> </u>	
Ě		See Part IV, line 18			-			1	
J		Less: direct expenses Net income or (loss) from fundr							
		Gross income from gaming act	_	•					
	""	See Part IV, line 19		а					
	h	Less direct expenses						‡	
		Net income or (loss) from gami				ĺ		Ť	
		Gross sales of inventory, less	ing douvidoo	• •					
	iva	returns and allowances		. а				<u> </u>	
	Ь	Less. cost of goods sold							
		Net income or (loss) from sales				Ì		†	İ
	Ť	Miscellaneous Revenue	,,		Business Code				
	11a					ĺ		†	
	b		-						
	c								
	d	All other revenue							
	1 .	Total. Add lines 11a-11d .			•				
	l	Total revenue. See instruction				725,401	C	0	

Part IX Statement of Functional Expenses

sect	Check if Schedule O contains a response to any questions	and the Dead IV			
	Check if Schedule O contains a response to any questi	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b, bb, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	· · · · · · · · · · · · · · · ·	expenses	general expenses	expenses
•	organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	572,872	572,872		
3	Grants and other assistance to governments,	3,2,0,2	3,2,0,2		
•	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members		-		1441-1-1441-1-1-144-1
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				
8	Pension plan accruals and contributions (include				•
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				-
10	Payroll taxes				-
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17 .	_			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology			. <u>-</u> <u>-</u>	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	TRAVEL	4,808	4,808		
b	POSTAGE	3,519	3,519		
С	ADVERTISING	3,018	3,018		
d	TRUCK EXPENSES	28,727	28,727		
е	All other expenses	65,769	65,769	<u> </u>	
25	Total functional expenses. Add lines 1 through 24e .	678,713	678,713		0
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)	l			

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1,120 1 47,808 2 2 3 3 4 4 Loans and other receivables from current and former officers, directors 5 trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 7 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 10c b 11 11 12 12 13 13 14 14 15 15 1,120 16 47,808 16 17 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Organizations that follow SFAS 117 (ASC 958), check here

and Vet Assets of Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕒 🗓 and complete lines 30 through 34. 30 1,120 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 47,808 47,808 1,120 33 33

1,120

34

Form	990 (2012) SKYEWARD BOUND RANCH	5-255	7363	Pi	age 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				<u>. 🛛 _</u>
1	Total revenue (must equal Part VIII, column (A), line 12)			725,	401
2	Total expenses (must equal Part IX, column (A), line 25)	2		678,	713
3	Revenue less expenses. Subtract line 2 from line 1	3		46,	688_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,	120_
5	Net unrealized gains (losses) on investments	5	·		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior penod adjustments	8	==.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0_
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1			
	33, column (B))	10		47,	808
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		· · · ·		<u>. 🖳</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			ŧ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1	
	Schedule O.			Ī	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			†	
	reviewed on separate basis, consolidated basis, or both			1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			Į	
b	Were the organization's financial statements audited by an independent accountant?		2t	·	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1	
	separate basis, consolidated basis, or both:			1	
	Separate basis Consolidated basis Both consolidated and separate basis			I	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	:	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in			ŧ	
	Schedule O			Ī	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		38	1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	· · · · ·	3t	<u> </u>	<u> </u>
EEA			Fo	m 990 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

2012

Department of the Treasury . Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions. Open to Public Inspection

Employer Identification number

_		RD BOUND RANCH	i						75-2	557363			
Pa	rt I	Reason for P	Public Charity	Status (All organiz	ations m	ust com	plete this	s part.) S	See instr	uctions.			
The	orgai	nization is not a privati	e foundation becau	use it is (For lines 1 throi	ugh 11, che	ck only on	e box.)						
1		A church, convention	n of churches, or a	ssociation of churches de	escribed ın	section 17	70(b)(1)(A))(i).					
2		A school described ii	n section 170(b)(1)(A)(ii). (Attach Schedul	e E.)								
3		A hospital or a coope	erative hospital ser	vice organization describ	oed in secti	on 170(b)((1)(A)(iii).						
4		A medical research of	organization operat	ted in conjunction with a	hospital de	scribed in s	section 17	0(b)(1)(A)	(iii). Enter	the			
		hospital's name, city,	, and state										
5		An organization oper	ated for the benefi	t of a college or universit	y owned or	operated I	by a govern	nmental ur	nit describe	ed in			
		section 170(b)(1)(A)		-	•	•							
6	\Box			governmental unit descr	nbed in sec	tion 170/b)(1)(A)(v).						
7	Ħ	•	-	a substantial part of its s		•			e general d	oublic			
•	_	described in section	•	•	оррон пол	. u go		0 0 2.	o gonora, p	745.10			
8				170(b)(1)(A)(vi). (Comp	olete Part II	1							
9	X			(1) more than 33 1/3% of			tributions	memhersh	iin fees ar	nd arnss			
•	14.24	-	•	empt functions - subject t					•	•			
		•		and unrelated business t									
				30, 1975 See section 5				way nom	Dusinesse	3			
10				d exclusively to test for p				\/4\					
11	H	-	•	d exclusively for the bend	-				n/ out the				
''	ш	-	•	•	-				-				
				orted organizations descr						schon			
				s the type of supporting o	_	-			1	Non-funtu	بالمسالية		
_		a Type I	b ∐ Typ		III-Function	•		_d ∟		-Non-funtio	onally into	egrated	1
е	Ц	-	•	organization is not contro	-								
			n managers and ou	her than one or more put	oliciy suppo	rted organ	izauons de	iscribed in	section 50	9(a)(1)			
		or section 509(a)(2).			N 49 4 - 4	T 1 T	U T	10	4				
f				termination from the IRS					orung				_
		organization, check t										• • • •	· · ⊔
g		-	06, has the organiz	zation accepted any gift of	or contributi	on from an	ly of the						
		following persons?											
		••	•	controls, either alone or	_	ith persons	s described	in (II) and	l			Yes	No
				he supported organization		• • • • •			• • • • •		11g(i)	\vdash	
				cribed in (i) above?							11g(ii)		
		· ·	•	n described in (ı) or (ıı) a							11g(iii)	l	
_ <u>h</u>		Provide the following	information about	the supported organizati	_ ``						1		
	(i) Na	ame of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9	(iv) is the or	-	(v) Did yo the organi	-	(vi) li organizati		(vii) Amo	unt of mo support	netary
		o.gomiono.		above or IRC section	governing	-	col (I) c		(i) organiz	ed in the		зорроп	
			[(see Instructions))				port?	 	S?	4		
				<u></u>	Yes	No	Yes	No	Yes	No			
(A)						ļ]]	l	ļ			
					<u> </u>	ļ				<u> </u>	<u> </u>		
(B)						į							
											<u> </u>		
(C)													
					<u> </u>		ļ			ļ			
(D)				1		[[1	1				
<u></u>					 	<u> </u>	 	ļ	 	<u> </u>	 		
(E)			l	1		1	1		1				
					†				<u> </u>				
Tata				1	1		I	}	‡	1	1		

75-2557363

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (c) 2010 Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 . . Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 4 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 . 11 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 15 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this П 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 17a 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

18

75-2557363

Schedule A (Form 990 or 990-EZ) 2012 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 Part II.)

Se	ction A. Public Support	,		,			
Cal	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
		·					
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	35,130		187,698	1,506,208	725,401	2,454,437
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	763,805					763,805
3	Gross receipts from activities that are not an	703,003					
	unrelated trade or bus under sec 513		3,000	2,250	2,250		7,500
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	798,935	3,000	189,948	1,508,458	725,401	3,225,742
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8 —	Public support (Subtract line 7c from line 6)						3,225,742
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	798,935	3,000	189,948	1,508,458	725,401	3,225,742
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b			·			
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 assets (Explain in Part IV.)				:		
13	Total support. (Add lines 9, 10c, 11, and 12)	798,935	3,000	189,948	1,508,458	725,401	3,225,742
14	First five years. If the Form 990 is for the organization, check this box and stop here)) 	▶□
Se	ction C. Computation of Public Su						
15	Public support percentage for 2012 (line 8, co	olumn (f) divided by	line 13, column (f))		15	100.00 %
16	Public support percentage from 2011 Schedu			<u> </u>	<u> </u>	16	100.00 %
Se	ction D. Computation of Investme					r	
17	Investment income percentage for 2012 (line			umn (f))		17	0.00 %
18	Investment income percentage from 2011 Sc					18	%
19a	33 1/3% support tests - 2012. If the organization of the more than 33 1/3%, check this box						▶ 🏻
b	33 1/3% support tests - 2011. If the organization 18 is not more than 33 1/3%, check this to						▶ □
20	Private foundation. If the organization did no	ot check a box on la	ine 14, 19a, or 19b	, check this box an	d see instructions		▶ 🔲

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizations	: Complete Part III				
Nam	ne of organization				• •	identification number
SF	KYEWARD BOUND RANCH				75-2557	
Pa		ization is exempt under secti		s a section	527 orga	inization.
1	Provide a description of the organization's					
2	Political expenditures					
3	Volunteer hours					
Pa	rt I-B Complete if the organ	ization is exempt under secti	on 501(c)(3).			
1	Enter the amount of any excise tax incurr					
2	Enter the amount of any excise tax incurr					
3	If the organization incurred a section 495					
4a	Was a correction made?					. 🗌 Yes 📙 No
<u>b</u>					504/ \//	<u> </u>
Pa		ization is exempt under secti		ept section	501(c)(3	3).
1	Enter the amount directly expended by th	e filing organization for section 527 exer	npt function			
	activities				S	
2	Enter the amount of the filing organization					
_	527 exempt function activities				• •	
3	Total exempt function expenditures Add					
	line 17b					
4	Did the filing organization file Form 1120					
5	Enter the names, addresses and employe					
	organization made payments. For each of the amount of political contributions received					
	as a separate segregated fund or a politic					
	as a separate segregated fund or a politic	cal action committee (PAC) Il additional	space is fleeded, p	l londe informat	OITIIIFAILI	<u> </u>
	(a) Name	(b) Address	(c) EIN	(d) Amount (filing organi		(e) Amount of political contributions received and
				funds If none,		promptly and directly
						delivered to a separate political organization. If
						none, enter -0-
(1)		<u> </u>				
		-				
(2)		<u> </u>				
(3)						
				-		
(4)		<u> </u>				
					 .	
(5)						
(6)				1		

	dule C (Form 990 or 990-EZ) 2012 SKYEWARD BOU				75-2557	<u> </u>
Pa	rt II-A Complete if the organization	n is exempt ur	nder section 50	1(c)(3) and file	d Form 5768 (ele	ction under
	section 501(h)).					
4	Check if the filing organization belongs to			= :	ember's	
	name, address, EIN, expenses, a	nd share of excess l	obbying expenditure	s)		
3	Check If the filing organization checked b	ox A and "limited co	ntrol" provisions app	ly.		
	Limits on Lob	bying Expenditures	5		(a) Filing	(b) Affiliated
	(The term "expenditures" r	neans amounts pai	d or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public of	pinion (grass roots lo	obbying)			
b	Total lobbying expenditures to influence a legisla	tive body (direct lobl	byıng)			
C	Total lobbying expenditures (add lines 1a and 1b)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 10	and 1d)				
f	Lobbying nontaxable amount. Enter the amount	from the following tal	ble in both			
	columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is :		
	Not over \$500,000	20% of the am	ount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.	1	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	er \$1,500,000		
	Over \$17,000,000	\$1,000,000.	···		ļ I	
9	Grassroots nontaxable amount (enter 25% of line	e 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	r-0				
i	Subtract line 1f from line 1c. If zero or less, enter	· -0				
j	If there is an amount other than zero on either lin	e 1h or line 1i, did th	e organization file Fo	orm 4720		
	reporting section 4911 tax for this year?			<u></u>		☐ Yes ☐ No
	(Some organizations that columns belo	w. See the instruct	1(h) election do not ions for lines 2a th	have to complete a rough 2f on page 4.		
	LODD	ying Expenditures	During 4-Year Avei	raging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))		<u> </u>			
f	Grassroots lobbying expenditures					

EEA

Schedule C (Form 990 or 990-EZ) 2012

escription of	"response to lines 1e through 1i below provide in Port IV a detailed	(;	a)	(b)
During the	s" response to lines 1a through 1i below, provide in Part IV a detailed the lobbying activity.	Yes	No	Amount
	e year, did the filing organization attempt to influence foreign, national, state or local			
legislation	ı, ıncludıng any attempt to ınfluence public opinıon on a legislatıve matter or			
referendu	m, through the use of:			
ı Volunteer	s?		Х	
Paid staff	or management (include compensation in expenses reported on lines 1c through 1i)?		X	
: Media ad	vertusements?		Х	
Mailings t	o members, legislators, or the public? [X	
Publication	ns, or published or broadcast statements?		Χ	-
Grants to	other organizations for lobbying purposes?		X	
Direct cor	ntact with legislators, their staffs, government officials, or a legislative body?		Х	
Railies, d	emonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
Other act	vities?		Χ	
Total. Add	f lines 1c through 1i			
Did the ad	ctivities in line 1 cause the organization to be not described in section 501(c)(3)?		Χ	
If "Yes," e	enter the amount of any tax incurred under section 4912			
If "Yes," e	enter the amount of any tax incurred by organization managers under section 4912			
If the filing	g organization incurred a section 4912 tax, did it file Form 4720 for this year?			
rt III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5),	or se	ection
				Yes
Were sub	stantially all (90% or more) dues received nondeductible by members?			1
Did the oi	ganization make only in-house lobbying expenditures of \$2,000 or less?			2
Did the oi	ganization agree to carry over lobbying and political expenditures from the prior year?			3
•	sessments and similar amounts from members		1	
	expenses for which the section 527(f) tax was paid).			
-	ear		2a	
	r from last year		2b	
· ·			2c	
	e amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
Aggicgat	were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	• •		
If notices	pes the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
	see are enganization agree to early even to the reasonable estimate of nondeadeable loopying			
excess d	eal expenditure peyt year?		4	
excess de	cal expenditure next year?		4	
excess d	al expenditure next year?		4	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenué 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

2012

Open to Public Inspection

Name of the organization
SKYEWARD BOUND RANCH
Part I Organizations Maintaining Donor Advise

Employer Identification number 75 – 2557363

Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 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 (dunng 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 a	idvised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds ca	n be used
	only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other	purpose
	conferring impermissible private benefit?	
Pa	conservation Easements. Complete if the organization answered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	an historically important land area
	Protection of natural habitat Preservation of	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for	orm 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
С	Number of conservation easements on a certified historic structure included in (a)	<u>2c</u>
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	y the organization during the
	tax year •	
4	Number of states where property subject to conservation easement is located	_
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easemer	ts during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements do	iring the year
_	5	470() \((1/0) \)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
^	(i) and section 170(h)(4)(B)(ii)?	Yes L No
9		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial sta organization's accounting for conservation easements.	terrierra triat describes trie
Do	rt III Organizations Maintaining Collections of Art, Historical Treasur	es or Other Similar Assets
E	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue s	tatement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or re	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describe	
b		
-	works of art, historical treasures, or other similar assets held for public exhibition, education, or re	
	public 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 treasures, or other similar assets for fin	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990. Part X	

****	ule D (Form 990) 2012 SKYEWARD BOUND		•			75-25		Page 2
Pa	t III Organizations Maintaining C	ollections of A	Art, Histori	cal Treasu	ures, or Ot	her Similar A	ssets (con	tinued)
3	Using the organization's acquisition, accession, a	nd other records, c	heck any of th	ne following th	at are a signif	ficant use of its		
	collection items (check all that apply).							
а	Public exhibition	d 🗌 Loa	n or exchange	e programs				
b	Scholarly research	e 🗌 Oth	er					
С	Preservation for future generations							
4	Provide a description of the organization's collection	ions and explain ho	w they further	the organiza	tion's exempt	purpose in Part		
	XIII.							
5	During the year, did the organization solicit or rec	eive donations of a	rt, historical tre	easures, or ot	her simılar			
	assets to be sold to raise funds rather than to be	maintained as part	of the organiza	ation's collect	ion?	<u> </u>	🗌 Ye	s 🗌 No
Pa	assets to be sold to raise funds rather than to be tily Escrow and Custodial Arrang	gements. Com	plete if the	organizatı	on answer	ed "Yes" to Fo	rm 990, Pa	art IV,
	line 9, or reported an amount of	n Form 990, Pa	art X, line 2	1.				
1a	Is the organization an agent, trustee, custodian or	other intermediary	for contribution	ons or other a	ssets not			
	included on Form 990, Part X?						🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ing table.					
						Α	mount	
C	Beginning balance				🛅	Ic	<u>-</u>	
d	Additions during the year				1	ld	-	
е	Distributions during the year				1	le		
f	Ending balance				1	lf		
2a	Did the organization include an amount on Form 9	990, Part X, line 21	?				🗌 Ye	s No
b	If "Yes," explain the arrangement in Part XIII. Che	ck here if the expla	nation has be	en provided ir	n Part XIII			🗇
Pa	t V Endowment Funds. Complete							
		(a) Current year	(b) Pnor ye	ear (c) T	wo years back	(d) Three years bac	k (e) Four ye	ears back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
e	Other expenditures for facilities and					<u> </u>		
	programs		ļ					
f	Administrative expenses							
g	End of year balance	•						
2	Provide the estimated percentage of the current y	rear end balance (lu	ne 1a. column	(a)) held as:		·		
а	Board designated or quasi-endowment	%		(-),				
b	Permanent endowment ▶ %							
c	Temporarily restricted endowment ▶	%						
_	The percentages in lines 2a, 2b, and 2c should ed							
3a	Are there endowment funds not in the possession	•	that are held	and administ	ered for the			
-	organization by						r	Yes No
	(i) unrelated organizations						3a(i)	
	400 1 1 1						3a(ii)	-
ь	If "Yes" to 3a(ii), are the related organizations liste						3b	
	Describe in Part XIII the intended uses of the organizations in the control of the organizations in the control of the organizations in the control of the organizations in the control of the organizations in the control of the organizations in the control of the organizations in the control of the organization of the organiz	•					. 30	
Dal	t VI Land, Buildings, and Equipm			Y line 10				
. α		(a) Cost or oth		b) Cost or other b	2000 1-) Accumulated	(d) Doole	
	Description of property	(a) Cost or oth	1 -	o) Cost or other to (other))) eicor) Accumulated depreciation	(d) Book	value
10	Land	(,	(557)				
1a h	Land							
b	Buildings	• •				-		<u> </u>
С	Leasehold improvements	• • [

SKYEWARD BOUND RANCH

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

d Equipment

Part VII	(a) Description of security or calegory	(b) Book value	(c) Method of valuation	20
	(a) Description of security or category (including name of security)	(b) boox value	Cost or end-of-year market	
(1) Financial d				···········
	Id equity interests			
(3) Other				
(A)				
(B)			<u>-</u>	
(C)				
(D)		-		
(E)				······································
(F) (G)				<u> </u>
(H)			112	
(1)				
	must equal Form 990, Part X, col (B) line 12)			······································
Part VIII	Investments - Program Related.	See Form 990, Part X, line	13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
_(3)				
(4)				
(5)				
(6)				
(7)				
(8)		 		
(9)		- 		
(10)		<u> </u>		
Part IX	onust equal Form 990, Part X, col (B) line 13) Other Assets. See Form 990, Part	X line 15		
7 6811 124		Description		(b) Book value
(1)	(-)	- Secondaria de la companya della companya della companya de la companya della co		(1)
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X		· · · · · · · · · · · · · · · · · · ·	
Part X	(a) Description of liability	(b) Book value		
	income taxes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)			_	
) must equal Form 990, Part X, col (B) line 25)			
	SC 740) Footnote. In Part XIII, provide the text of			organization's
liability for und	certain tax positions under FIN 48 (ASC 740) Ch	eck here if the text of the footnote	has been provided in Part XIII .	<u> </u>

		5-2557363	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	1 1	
c	Recoveries of prior year grants		
	Other (Describe in Part XIII.)	1	
d		1 2 1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	- · ·
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)]]	
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	_
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
- а	Donated services and use of facilities		
b	Prior year adjustments	1 1	
		1 1	
C		1 1	
d	Other (Describe in Part XIII.)	1 1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	·
Pa	rt XIII Supplemental Information	<u> </u>	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and	2b.	
	V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additi		
	mation	0.10.	
11011	mauori		
		•	

EEA

Schedule D (Form 990) 2012

2 □ Open to Public OMB No 1545-0047 2012 Inspection ⊠ Yes Employer Identification number 75-2557363 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, ▶ Attach to Form 990. General Information on Grants and Assistance the selection criteria used to award the grants or assistance? SKYEWARD BOUND RANCH Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE (Form 990) Part i

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part II can't line 21, for any recipient that received more than \$5,000. Plant II can't additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash assistance or government (ash assistance) (d) Amount of cash assistance (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	ce to Government that received (b) EIN	ents and Organiz ents and Organiz d more than \$5,00 (c) IRC section if applicable	ations in the Unations in the	tited States. Computuplicated if additions (e) Amount of non-cash assistance	and Organizations in the United States. Complete if the organizations and Organizations in the United States. Complete if the organizations and Organizations in the United States. Complete if the organizations than \$5,000. Part II can be duplicated if additional space is needed. (a) Amount of cash assistance (b) Method of valuation cash assistance (book, FMV, appraisal, other).	ion answered "Y(d. (g) Description of non-cash assistance	(h) Purpose of grant or assistance
(10) (11) (12) 2 Enter total number of section 501(c)(3) and government organizations list at total number of other organizations listed in the line 1 table	overnment organizat	ions listed in the line 1 table	able				
0	structions for Form	.066				Sci	Schedule I (Form 990) (2012)

EEA

Page 2

Schedule | (Form 990) (2012) SKYEWARD BOUND RANCH

Part | 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.

(a) Turns of great or assertance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
119 CRUISE VACATIONS FOR FAMILIES		572,872			•
2 CAMP SUMMIT	25		358,059		NON PERISHABLE FOODS, CAN
3 CATHEDRAL OF HOPE			4,250	COST	SCHOOL SUPPLIES AND CANDY
4					
5					
9					
7					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ete this part to pro	vide the information	n required in Part I,	line 2, Part III, column	(b), and any other additional
					•
EEA					Schedule I (Form 990) (2012)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

75-2557363

Department of the Treasury Internal Revenue Service Name of the organization

SKYEWARD BOUND RANCH

► Attach to Form 990 or 990-EZ.

01.	Govern	ing	documer	nts,	etc,	avail	lable	to p	ublic	(Part	VI,	line	19)	
			APPROVED								<u> </u>			
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	<u></u>													

990	Overflow Statement	2012 Page 1
Name(s) as shown on return		FEIN
SKYEWARD BOUND RANCH		75-2557363

OTHER EXPENSES

Description	Į	Amount
OFFICE EXPENSE	\$	2,345
BANK CHARGES		609
MERCHANT FEES		74
PROFESSIONAL FEES		2,400
INSURANCE		2,775
LICENSE AND TAXES		41
REPAIRS AND MAINTENTANCE		2,764
RENT		4,233
AUTO RENTAL		960
TELEPHONE		1,341
UTILITIES		2,487
INTEREST EXPENSE		15
SALARY AND WAGES		45,725
Total:	\$	65,769