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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 private foundations)

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Inter		ue Service	► Information about Form 990 and its instructions is at www.ii	rs.gov/form99	<u>0.</u>	Inspection		
<u>A</u>	For the	2014 cale	ndar year, or tax year beginning , 2014, and end	ing		, 20		
В	Check if	applicable	C Name of organization Watersprings Ranch, Inc		D Employ	er identification number		
	Address	change	Doing business as		71 - 0671027			
	Name ch	nange	Number and street (or P O box if mail is not delivered to street address) Room/s	surte	E Telepho	ne number		
	Initial ret	um	7707 Sanderson Lane		870	- 772-7187		
	Final retui	m/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amende		Texarkana, AR 71854		<b>G</b> Gross re	eceipts \$ 930,430		
	Applicati	on pending	F Name and address of principal officer David Whatley	H(a) is this a	group return for	subordinates? Ves No		
			7715 Sanderson Lane, Texarkana, AR 71854			s included? Yes No		
1	Tax-exer	mpt status	✓ 501(c)(3)	If "N	No," attach a	list (see instructions)		
<u>J</u>	Website		erspringsranch.com	H(c) Group	exemption	number ▶		
_			✓ Corporation Trust Association Other ► L Year of form	ation 1988	M State	of legal domicile AR		
Р	art I	Summ						
	1	Briefly de	escribe the organization's mission or most significant activities: Provi	ide housing	for abus	ed,neglected children		
Activities & Governance								
Ĕ	2	Check th	ıs box ▶ ☐ ıf the organization discontinued its operations or disposed	of more than	25% of	ite net accete		
Š	3		of voting members of the governing body (Part VI, line 1a)	or more than	3			
<u>ح</u>	4		of independent voting members of the governing body (Part VI, line 1a).		4	13		
Se	5		nber of individuals employed in calendar year 2014 (Part V, line 2a)	<i>,</i> ,	5	13		
ξ	6		nber of volunteers (estimate if necessary)	• • • •	6	25		
Ç	7a		elated business revenue from Part VIII, column (C), line 12		7a	15 0		
•			ated business taxable income from Form 990-T, line 34		7b	0		
_	<del>                                     </del>	110t dilio	ated business taxable moone nonit offit ood 1, line o4	Prior Y		Current Year		
	8	Contribut	tions and grants (Part VIII, line 1h)	210,849	921,900			
Ę	9	Program	service revenue (Part VIII, Iline 29) RECEIVED	210,049	321,300			
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 70)	3,856				
æ	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 196)	4,005 8,53				
	12	Total reve	enue—add lines 8 through 115(must equal Part Vili I column(A), line 12)	,218,709 930,43				
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)	· · · · · ·	0	0		
	14		paid to or for members (Part IX, column (A), line 4)		0	0		
ø	15	Salaries,	other compensation, employee benefits (Part-IX) column (A), lines 5-10)		443,911	495,721		
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		0	0		
ē	Ь		draising expenses (Part IX, column (D), line 25) ▶ 0					
ũ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		509,160	421,629		
	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		953,071	917,350		
	19	Revenue	less expenses. Subtract line 18 from line 12		265,638	13,080		
5 8				Beginning of C	urrent Year	End of Year		
Bsets or	20	Total ass	ets (Part X, line 16)	3,	504,835	3,514,040		
Net As Fund B	21	Total liab	ilities (Part X, line 26)	_	92,896	89,023		
ž	22	Net asse	ts or fund balances. Subtract line 21 from line 20	3,	411,938	3,425,017		
P	art II	Signat	ture Block					
			ry, I declare that I have examined this return, including accompanying schedules and sta			my knowledge and belief, it is		
	ie, correct	t, and compl	ete Declaration of preparer (other than officer) is based on all information of which preparer	er nas any know	rieuge			
C:-			Def Whether		<u> </u>	<del>-11-13</del>		
Sig	_	Sign	ature of officer		ate			
He	ere		David Whatley	TRE	SIDI	EN		
		<del></del>	or print name and title	Deta /		Innu		
Pa	ıid	1	pe preparer's name Preparer's signature	0/2/16	Check	✓ if PTIN		
	epare	' <del></del>	W, Williamson My Williamers	<i>د) برد</i> ره	self-em			
Us	se Onl	y Firm's n			m's EIN ▶			
Ma	v tho IC	Firm's a	address ► 537 Beaver Lake Drive, Texarkana, TX 75501 s this return with the preparer shown above? (see instructions)	Ph	one no. 90			
						L/Yes No		
F01	raperv	vork Hedu	ction Act Notice, see the separate instructions. Cat	No 11282Y		Form <b>990</b> (2014)		

Part		f <b>Program Service /</b> edule O contains a re	Accomplishments esponse or note to any line in this	Part III	$\square$
1	Briefly describe the	organization's missio	n:		
2			ficant program services during the		☐Yes ☐ No
3	Did the organization		, or make significant changes in	_	
	services?				☐ Yes ☐ No
4	Describe the organ expenses. Section	zation's program ser 501(c)(3) and 501(c)(4	vice accomplishments for each of l) organizations are required to rep or each program service reported.		
4a	(Code:)	(Expenses \$	including grants of \$	) (Revenue \$	)
					<del>-</del>
					•••••
4b	(Code: )	(Expenses \$	including grants of \$	) (Revenue \$	)
				•••••	
4c	(Code: )	(Expenses \$	including grants of \$	) (Revenue \$	<u>,                                     </u>
	,	(25,000000			/ 
				•••••	
				••••••	
			·	••••••	
4d	Other program serv (Expenses \$	vices (Describe in Sch 0 including gr		ue \$ 0)	
4e	Total program servi		0 (Nevero	<b>0</b> )	

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Form **990** (2014)

Form 990 (2014)

Part	Checklist of Required Schedules		V 1	
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	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	<b>√</b>	
4	candidates for public office? If "Yes," complete Schedule C, Part I	4		<u>√</u> ✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>·</u>
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			
7	"Yes," complete Schedule D, Part I	7		<u>√</u> √
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>✓</b>
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		<b>√</b>
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		<u>√</u>
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	✓	
	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	✓	
	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		✓_
	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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 .	11e		<b>✓</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		<b>√</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14 a b		14a 14b		<u>√</u> 
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<b>✓</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
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 (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
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		1
20 a		20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		For	n 990	(2014)

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Part	Checklist of Required Schedules (continued)		1.5	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>✓</b>
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		<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>✓</b>
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		,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>√</b>
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		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
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		1
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 contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		<b>√</b>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<b>√</b>
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		1
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? <i>If "Yes," complete Schedule R,</i>			
38	Part VI	37	1	<b>√</b>
			000	

Form **990** (2014)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. $\square$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			Ì
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 25			!
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
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, securities account, or other financial			
	account)?	4a		<b> </b> ✓
b	If "Yes," enter the name of the foreign country: ▶			Ė
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			l
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b> </b> ✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<del>- '</del>
	gifts were not tax deductible?	6ь		
7	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			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	- <del></del>		
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			<del></del>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		7
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		İ
9	Sponsoring organizations maintaining donor advised funds.			<b>-</b>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
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.)	] ]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	_	
	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 organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		T

Part											
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes										
	Check if Schedule O contains a response or note to any line in this Part VI	· · · · · ·	<u></u>								
Secti	on A. Governing Body and Management										
4.	Fisher the annual configuration and the annual configuration and of the Assurance	1a 13		Yes	No						
та	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	1a 13									
	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 .	1b 13									
2	Did any officer, director, trustee, or key employee have a family relationship or a business r		1								
	any other officer, director, trustee, or key employee?		2	1							
3	Did the organization delegate control over management duties customanly performed by or	under the direct									
	supervision of officers, directors, or trustees, or key employees to a management company or other	er person? .	3		✓						
4	Did the organization make any significant changes to its governing documents since the prior Form 99	00 was filed?	4		✓						
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		✓						
6	Did the organization have members or stockholders?		6	✓							
7a	Did the organization have members, stockholders, or other persons who had the power to	• •									
	one or more members of the governing body?		7a		<b>✓</b>						
b	Are any governance decisions of the organization reserved to (or subject to approval		l		,						
•	stockholders, or persons other than the governing body?		7b		<b>✓</b>						
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken dunng									
_			8a	1	l						
a b	The governing body?		8b	<u> </u>							
9											
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		1						
Secti	on B. Policies (This Section B requests information about policies not required by the		ue C	ode.)							
				Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?		10a		<b>√</b>						
b	If "Yes," did the organization have written policies and procedures governing the activities of										
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	-	11a	✓							
Ь	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	<b>✓</b>							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	<b>✓</b>							
С	Did the organization regularly and consistently monitor and enforce compliance with the pascribe in Schedule O how this was done.	oolicy? If "Yes,"	120		1						
13	Did the organization have a written whistleblower policy?		12c		1						
14	Did the organization have a written document retention and destruction policy?		14		1						
15	Did the process for determining compensation of the following persons include a review a	and approval by	17	l	· •						
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation										
а	The organization's CEO, Executive Director, or top management official		15a	1							
b	Other officers or key employees of the organization		15b		<b>✓</b>						
	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	_	1								
	with a taxable entity during the year?		16a		✓						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization										
	participation in joint venture arrangements under applicable federal tax law, and take steps to arrangements a symmetric participation of a property of the pr										
<u> </u>	organization's exempt status with respect to such arrangements?		16b	L	L						
<u>Secti</u>	on C. Disclosure  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, a	nd 990-T (Section	501/	C)(3)e	only						
	available for public inspection. Indicate how you made these available. Check all that apply.	000 1 (0601101	. 551(	حردی	, Oiliy						
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Sc.	hedule (O)									
19											
	financial statements available to the public during the tax year.	,	- •								
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	:▶							
	David Whatley, 7707 Sanderson Lane, Texarkana, AR 71854 870-772-7187										

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Page	•

Form	aan	1201	I A'

Part VII	Compensation of Officers, Directors	, Trustees, Key Employees, Highest Compensat	ed Employees, and
	Independent Contractors		
			_

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 employees."
- 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 ne	or any relate	d org	aniz			ompe	ensa	ated any currer	t officer, directo	r, or trustee.
					C)					
(A)	(B)	(40 -	.a. c		ition	e than o		(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per	office				or/trus		compensation	compensation from	
	week (list any hours for	9 5	5	Q	۲	3 ፲	יק	from the	related organizations	other compensation
	related	흑	1 2	Officer	🐇	불	Former	organization	(W-2/1099-MISC)	from the
	organizations	중합	ğ	1	Key employee	st c	ª	(W-2/1099-MISC)		organization
	below dotted	1 7 7	횰		l og	3		į		and related organizations
	iiile)	Individual trustee or director	Institutional trustee		هٔ ا	) j	1			Organizations
		"	69			Highest compensated employee				
(1) Carla Whatley	40.0							20,000	o	ا ا
Vice-President	.0		<u> </u>	<b>√</b>		<u> </u>		20,000		
(2) David Whatley	40.0		ļ	ļ				30,000	o	0
President	.0	<u> </u>		✓				30,000	•	
(3)	.0	1			l			1		
	.0									
(4)	.0									
	.0	1								]
(5)	.0									
	0.									
(6)	.0						1			
	.0			}						
(7)	.0									
	.0									
(8)	.0									
	.0	1					1			
(9)	.0	Γ					П			
	.0	]								
(10)	.0	İ					Π			
	.0	1						1		İ
(11)	.0		П				T		<u> </u>	
	.0	1	1	1	1			1		
(12)	.0									
	.0	1								•
(13)	.0		1	1		1				
	.0	1	1	[	1					•
(14)	.0				Ī		T			
<i></i>	.0	1	1	}	1			}		

	(A) Name and title		(B) Average hours per week (list any hours for related						(D) Reportable compensation from the organization	(E) Reportable compensation fro related organizations (W-2/1099-MISO		from amount of other s compensation		
		organizations below dotted line)		nstitutional trustee	r	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	nizatior related nization	ı
(15)		.0							·				-	
(16)		.0												
(17)		.0												
(18)		.0				-								
(19)		.0												
(20)		.0 .0												
(21)		.0									-			
(22)		.0												
(23)		.0								<u> </u>				
(24)		.0							_			-		
(25)		.0											•	
1b	Sub-total		• •				•	<b>&gt;</b>	50,000		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		•	•		٠	<b>▶</b> '	50,000		0			0
2	Total number of individuals (including but reportable compensation from the organi	t not limited					above	e) w	<del></del>	ore than \$1		of		
3	Did the organization list any former of			r tru	uste	e.	kev e	emp	lovee. or high	est compe	nsated	. [	Yes	No
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch i	indi	vidu	ıal					3		1
4	For any individual listed on line 1a, is the organization and related organizations													
5	Individual	or accrue co	 mper	nsati	ion	fror	n any	uni	related organiz	ation or inc	 Iividua	1		<b>✓</b>
Section	on B. Independent Contractors	: 11 163, 0	ompi		307		116 0 1	0/ 3	uch person	• • • •	• •	5		<b>✓</b>
1	Complete this table for your five highest compensation from the organization. Repyear.	compensate port compe	ed inc	lepe on fo	endo or th	ent ie c	contra	acto ar y	ors that receive rear ending wit	ed more that h or within	n \$100 the org	),000 of janizatio	on's ta	ax
	(A) Name and business add	ress				_			(B) Description of s	ervices		(C) Compens	ation	
		···												
2	Total number of independent contractor	rs (includir	na bu	t no	ot I	imit	ed to	th	ose listed abo	ove) who			-	
	received more than \$100,000 of compens									2.0, 1110				

Form **990** (2014)

Part VIII		Statement of Reve								
		Check if Schedule C	contains	a resp	oonse or note to			· · · · · · ·	<u> </u>	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
ts is	1a	Federated campaigns	s	1a						
ara oun	b	Membership dues .		1b	36,584					
S, C	С	Fundraising events .		1c		1		ĺ		
Giff	d	Related organizations		1d		İ				
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (cor		1e						
utio er S	f	All other contributions, g and similar amounts not inc				1				
Ĕ				1f	885,316					
i d	g	Noncash contributions include				024 000				
	<u>n</u>	h Total. Add lines 1a-1f		• •	Business Code	921,900				
è	2a				24311030 4040			İ		
ě	b									
9	C									
ē	ď									
E	e									
Program Service Revenue	f	All other program ser	vice revenu	Jе.						
	g	Total. Add lines 2a-2	f	<u> </u>	▶	0				
	3	Investment income	(including	divide	ends, interest,					
		and other similar amo			▶					
	4	Income from investmen		•	· ·					
	5	Royalties	(i) Real		(ii) Personal					
		Cross rente	<u> </u>		(II) Fersona					
	6a b	Gross rents Less rental expenses		3,530						
	C	Rental income or (loss)		3,530		İ				
	ď	Net rental income or			▶	8,530	8,530			
	7a	Gross amount from sales of	(i) Secunt		(ii) Other	0,000	0,000			
		assets other than inventory								
	b	Less. cost or other basis								
		and sales expenses .								
	С	Gain or (loss) .								
	d	Net gain or (loss) .			▶					
venue	8a	Gross income from fu	undraising							
•		events (not including \$ of contributions report	ed on line 1	c).		ļ				
Other R		See Part IV, line 18		· a						
5		Less: direct expenses								
		Net income or (loss) f			events . >					
	98	Gross income from ga See Part IV, line 19								
	١.	Less: direct expenses								
		Net income or (loss) t					t			
		Gross sales of in			1155					
		returns and allowance								
	ь	Less. cost of goods s		-						
		Net income or (loss) t			entory ►		ĺ	•		
		Miscellaneous F			Business Code					
	11a									
	b									
	С									
	d	All other revenue .		-						
		Total. Add lines 11a-				0		<del></del>	_ <del> </del>	
	12	Total revenue. See i	nstructions	i	▶	930,430	8.530	0	n	

<u> </u>	0 (2014)				Page 10
	Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must com	plete all columns Ai	I other organization	e must complete col	umn (A)
360110	Check if Schedule O contains a respons	·	<del>_</del>	·	<u> </u>
	t include amounts reported on lines 6b, 7b, , 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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	50,000	50,000		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	Ì			
7	Other salaries and wages	391,603	391,603		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	17,339	17,339		
10	Payroll taxes	36,779	36,779		
11	Fees for services (non-employees):				
а	Management				
ь	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees				·
12	Advertising and promotion	3,100	3,100		
13	Office expenses	72,461	72,461		
14	Information technology	72,701	72,401		
15	Royalties				
16	Occupancy	210,662	210,662		
17	Travel	46,321	46,321		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				•
19	Conferences, conventions, and meetings .				
20	Interest	3,671	3,671		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	4,200	4,200		<del>.</del>
23	Insurance	30,569	30,569		
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	Facility Maintaince	40,524	40,524		
b	Guest Speakers	6,500	6,500		
c	Other Contract Labor	1,594	1,594		
d	Bad Debts	2,027	2,027		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	917,350	917,350	0	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)				

	art X	<u> </u>			
		Check if Schedule O contains a response or note to any line in this Par		<u></u>	<u> </u>
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	120,561	1	672,392
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,166	4	1,692
	5	Loans and other receivables from current and former officers, directors,			
		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			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		1	
ţ		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	· <u> </u>
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 2,839,956			
	ь	Less: accumulated depreciation 10b	2,381,188	10c	2,839,956
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	998,920	12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	_ · · · · · · · · · · · · · _ · · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,504,835	16	3,514,040
	17	Accounts payable and accrued expenses	6,884	17	15,539
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, directors,			
Ξ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	86,013	23	73,485
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		l	
		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	92,896	26	89,023
Ś		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ည		complete lines 27 through 29, and lines 33 and 34.			
<u>ā</u>	27	Unrestricted net assets		27	<del></del>
Ä	28	Temporarily restricted net assets		28	<del></del>
or Fund Balances	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and ☐			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	<del></del>
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et/	32	Retained earnings, endowment, accumulated income, or other funds .	3,411,938	32	3,425,017
ž	33 34	Total net assets or fund balances	3,411,938		3,425,017
	J-4	Total liabilities and net assets/fund balances	3,504,834	344	3.514.040

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			930,4	430_
2	Total expenses (must equal Part IX, column (A), line 25)	2			917,	350
3	Revenue less expenses. Subtract line 2 from line 1	3			13,080	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,	411,9	938
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Pnor period 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					
	33, column (B))	10		3,	425,	018
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<i>.</i>	٠,	<u> </u>	
			_	$\perp$	Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other		_		1	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın			
	Schedule O.					
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_	a	<b>✓</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:	oiled (	or			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. 2	ь		1
_	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a	_		<u> </u>
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ļ	- [		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versig	ht	- 1		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant	? 2	c	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın	ın 🗀			
	Schedule O.		ļ	-		
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?		. 3	a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo			T		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.		ь		
				orm	990	(2014)

### 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.

2014

OMB No 1545-0047

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	lame of the organization Employer identification number						
Watersprings Ranch 71 - 0671027							
Pa			<del></del>	•			ns.
The ( 1 2	organization is not a private founda  \( \subseteq \text{A church, convention of church} \)  \( \subseteq \text{A school described in section} \)	nes, or association	on of churches descri		•	•	
3	☐ A hospital or a cooperative hos ☐ A medical research organization	spital service org on operated in co	janization described i				(iii). Enter the
5	hospital's name, city, and state  An organization operated for the section 170(b)(1)(A)(iv). (Compared to the section 170(b)(1)(A)(iv).	he benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local govern  An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An organization that normally receipts from activities related support from gross investme	I to its exempt int income and	functions—subject to unrelated business	certain taxable ii	exception ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
	acquired by the organization a		-		•	•	
10	An organization organized and	•	•	-			
11	An organization organized and one or more publicly supported the box in lines 11a through 11a	organizations d	escribed in section 50	09(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check
а	☐ Type I. A supporting organize the supported organization(sorganization. You must company to the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support of the support	the power to re	egularly appoint or ele				
b	☐ Type II. A supporting organize  control or management of the  organization(s). You must co	e supporting org	anization vested in th			· ·	
C	Type III functionally integra its supported organization(s)						y integrated with,
d	Type III non-functionally integrated that is not functionally integrated requirement (see instructions	ated. The organi	zation generally must	satisfy a	distrıbutı	on requirement and	
e	Check this box if the organized functionally integrated, or Ty						I, Type III
f		-					
9	<del></del>		` ` ` ` ` `			г.:	<del></del>
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))		ır governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
			l	1	l	I	

Total

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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions. membership fees received. (Do not include any "unusual grants.") . . . 586,653 741,275 1,128,261 1,207,592 921,900 4,585,681 revenues levied for organization's benefit and either paid to or expended on its behalf . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 0 1,207,592 921.900 4,585,681 586,653 741,275 1,128,261 Total. Add lines 1 through 3 The portion of total contributions by person (other each governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 0 Public support. Subtract line 5 from line 4. 4,585,681 Section B. Total Support (c) 2012 Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (d) 2013 (e) 2014 (f) Total Amounts from line 4 . . . . . . 586,653 7 741,275 1,128,261 1,207,592 921,900 4,585,681 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . . . 1,019,127 23,973 219,597 8,811 36,584 1,308,092 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . 0 Total support. Add lines 7 through 10 11 5,893,773 Gross receipts from related activities, etc. (see instructions) 12 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 2014 (line 6, column (f) divided by line 11, column (f) 14 77.81 % Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . . 15 15 16a 331/2% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/2% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . .  $\square$ 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  $\Box$ 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test -- 2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Pa	rt III	Support Schedule f	or Organization	ns 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 u	ınder Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)	

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	-					
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	<u> </u>				<u> </u>	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5			·			
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		ļ		ļ		
b	Amounts included on lines 2 and 3						
	received from other than disqualified		1	1			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b		-				
8	<b>Public support</b> (Subtract line 7c from line 6.)						
Secti	on B. Total Support		l	<u> </u>		<u> </u>	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	(4) 2010	(5) 2011	(0) 2012	(4) 2010	(6) 2577	(1) 1010.
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		<b> </b>				
_	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			1		1	
	(Explain in Part VI.)			1		1	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					<u> </u>	
14	First five years. If the Form 990 is for the	<del>-</del>			=		
<u> </u>	organization, check this box and stop he			<del></del>	<del></del>		🕨 📋
	on C. Computation of Public Suppor			12 column (f)		15	
15 16	Public support percentage for 2014 (line a Public support percentage from 2013 Sci		-				<u>%</u> %
	on D. Computation of Investment In			·· · · · ·	<u> </u>	1.10	
17	Investment income percentage for 2014 (		<del></del>	y line 13. colu	mn (f))	17	%
18	Investment income percentage from 2013		• • •	-			<del>%</del>
19a	331/3% support tests-2014. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2013. If the organiz						331/3%, and
	line 18 is not more than 331/2%, check this		_			_	
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ictions 🕨 🗌

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

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section /	A. All Suppo	orting O <u>rga</u> i	nizations

ecti	on A. All Supporting Organizations			
4	Are all of the expenization's supported expenizations listed by name in the expenization's governing		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		:
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			
-		6		ļ .
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	}	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer (b) below.	102		

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			3
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
h	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	,	•
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations		1	1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ction	e).
а	The organization satisfied the Activities Test. Complete line 2 below.	,,,,,,	01.0	3).
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	·	1.53	
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
L	•	2a	ļ	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			<b></b>
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non	<u>jani</u>	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			nstructions. All
Section A - Adjusted Net Income	IIIDie	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	<del></del>	(Optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		<u> </u>
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		1
5 Income tax imposed in prior year	5		1
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-in	tegrated Type III supporting	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions	Current Year		
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	•		
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ). See instructions.	th the organization is res	ponsive	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			1.000
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			<u> </u>
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
<u>    i                                </u>	Carryover from 2009 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2014 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		o	
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			0
7	Excess distributions carryover to 2015. Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013 <b>0</b>			
е	Excess from 2014 0			

rt II or Part III, Line 1 - Unusua	**		25	0.5		
scription	00	00	00	00	00	
rt II, Line 10 or Part III, Line 12a						
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			<b></b>			

### SCHEDULE D (Form 990)

## **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.
➤ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 20**14** 

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Watersprings Ranch, Inc 71 - 0671027 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . 3 4 Aggregate value at end of year . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . С 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 . . . . . . . . . . . . . . . . Assets included in Form 990, Part X .

Part	III Organizations Maintaining	Collections of	Art, His	torical	Treasures, c	or Otl	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and o						
а	☐ Public exhibition		d	☐ Loan	or exchange	progr	ams	
b	Scholarly research							
С	Preservation for future generations	s			***************************************			
4	Provide a description of the organiza	tion's collections	and expla	ain how t	hey further th	ne orga	anızation's exem	npt purpose in Part
	XIII.							
5	During the year, did the organization							ır
	assets to be sold to raise funds rather		ained as	part of th	e organization	n's col	llection?	🗌 Yes 🗌 No
Part	IV Escrow and Custodial Arra					_		_
	Complete if the organization	answered "Yes	s" to Fori	m 990, F	art IV, line 9	, or re	eported an am	ount on Form
10	990, Part X, line 21.  Is the organization an agent, trustee	austadian ar atl	hor intom	andian, f			other coasts no	
1a	included on Form 990, Part X?							
b	If "Yes," explain the arrangement in P					• •		∐ Yes ∐ No
b	ii res, explain the arrangement in r	art Am and Comp	iete trie ic	mowing t	able.		Ar	mount
С	Beginning balance					1c	<del> </del> - ···	
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		.,
2a	Did the organization include an amount					todial	account liability	?    Yes    No
	If "Yes," explain the arrangement in P	art XIII. Check her	re if the e	xplanatio	n has been p	rovide	d in Part XIII .	🔲
Par	EV Endowment Funds.							
	Complete if the organization							
		(a) Current year	(b) Pn	or year	(c) Two years	back	(d) Three years back	(e) Four years back
1a	Beginning of year balance		ļ <u>.</u>		-			
b	Contributions		<del>                                     </del>		1			
С	Net investment earnings, gains, and losses							
d	Grants or scholarships		<del> </del>				<del></del>	<del>                                     </del>
e	Other expenditures for facilities and		ļ			-		
Ü	programs							
f	Administrative expenses		<u> </u>			•		
g	End of year balance		<del>                                     </del>					
2	Provide the estimated percentage of t	the current year e	nd balanc	e (line 1	, column (a))	held a	 IS:	
а	Board designated or quasi-endowmen	nt ▶	%					
b	Permanent endowment ▶							
C	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2	2c should equal 10						
3a	Are there endowment funds not in the	e possession of t	he organi	zation th	at are held ar	nd adr	ninistered for the	
	organization by:							Yes No
	(i) unrelated organizations					•		3a(i)
_	(ii) related organizations							3a(ii)
ь 4	If "Yes" to 3a(ii), are the related organ Describe in Part XIII the intended uses							_3b
	VI Land, Buildings, and Equip		on a enac	>++111GHL I	u. 100.			
	Complete if the organization		s" to For	n 990. F	Part IV. line 1	la S	iee Form 990 I	Part X line 10
	Description of property	(a) Cost or o			or other basis		accumulated	(d) Book value
		(investr			other)		preciation	(-,
1a	Land		85,360					85,360
b	Buildings	1	,743,543					1,743,543
С	Leasehold improvements							
d	Equipment		733,033					733,033
e	Other		278,020					278,020
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90. Part 2	X. columi	n (B), line 10c.	.)		2.839.956

Part VII	Investments—Other Securities. Complete if the organization answ	ered "Yes" to Fon	m 990	. Part IV. line	11b. See For	m 990. Part X. line 12.
	(a) Description of security or category (including name of security)		I	Book value	(c) M	lethod of valuation nd-of-year market value
(1) Financial	denvatives					
(2) Closely-h	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						·
(D)						
(E)			ļ			
(F)	••••					
(G)						
(H)						
	b) must equal Form 990, Part X, col (B) line 12) ▶					
Part VIII	Investments—Program Related. Complete if the organization answ		m 990	, Part IV, line	11c. See Forr	n 990, Part X, line 13.
	(a) Description of investment		(b)	Book value		fethod of valuation nd-of-year market value
(1)						
(2)						
(3)			ļ			
_(4)			<u> </u>			
(5)						
(6)						
<u>(7)</u>			<u> </u>	-		i
(8)		<del> </del>	<u> </u>			<del> </del>
(9)	b) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets.		L			
T dit ix	Complete if the organization answ	ered "Yes" to For	m 990	. Part IV. line	11d. See For	m 990. Part X. line 15.
		Description	000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(b) Book value
(1)						
(2)						
(3)						
(4)				•		
(5)						
(6)						
(7)		. =				
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col	. (B) line 15.)		<u> </u>	<u></u>	<u> </u>
Part X	Other Liabilities. Complete if the organization answ line 25.	ered "Yes" to For	m 990	), Part IV, line	11e or 11f. Se	ee Form 990, Part X,
1.	(a) Description of liability	(b) Book value				<del> </del>
(1) Federal in	ncome taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	15 - 600 5 - 14 - 15 - 15 - 15 - 15 - 15 - 15 -					
	b) must equal Form 990, Part X, col (B) line 25.) ▶	-46-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4		u	1. 6	
	r uncertain tax positions. In Part XIII, provid s liability for uncertain tax positions under F					
organization	o national for uncertaintian positions under t	114 40 (A30 140). CITE	JUN HE	on the text of the	io iootiiote nas b	een provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statement With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statements With Revenue	Retu	rn.
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:	!_	
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of pnor year grants		
d	Other (Describe in Part XIII.)		
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 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Re	turn.
مسعبد	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
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:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		Į.
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	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	
Part	XIII Supplemental Information.		,
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf		
		•••••	
			<b></b>
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Schedule D (For	rm 990) 2014	Page 5
Part XIII	Supplemental Information (continued)	<del></del>
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### SCHEDULE O (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

Employer identification number

Open to Public Inspection

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

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Watersprings ranch, Inc 71 - 0671027 Part VI Line 19: Organization has copies of financial statements, policy manuals, and tax returns available for contributors or prospective contributors at the office.. Part VI Line 2: The President and Vice-President are husband and wife. Part VI Line 6: The President and Vice-President are husband and wife and are members.

Schedule O (Form 990 or 990-EZ) (2014)	Pa	age 2
Name of the organization	Employer identification number	
Watersprings ranch, Inc	71 - 0671027	
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Schedule O (Form 990 or 990-E2) (2014)	Page 3
Name of the organization Watersprings ranch, Inc	Employer identification number 71 - 0671027
	••••••••••••
	***************************************

Schedule O (Form 990 or 990-EZ) (2014)			age 🕶
Name of the organization  Watersprings ranch, Inc	Employer 71 -	identification number 0671027	-
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Income	by Customer	S
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	10,000.00	
	10,540.54	
	19,925.00	
	21,669.58	
	25,000.00	
	25,500 00	
	28,255.28	
	50,000 00	
	60,000.00	
	71,500.00	
	218,565.22	
TOTAL	550,955.62	

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•				
Funston, Randy & Deanna	2023 Berkley Dr.	Wichita Falls	TX	76308
Carter Cox Seeds	3162 Highway 90	Knobel	AR	72435
City Church	P O Box 3234	Texarkana	TX	75504
Youngblood, Terry and Kim	3508 Wuthering Heights Place	Texarkana	AR	71854
Excalibur Paint and Coatings, Inc.	1116 E Scott Ave	Wichita Falls	TX	76301
McCollom, Robert and Jennifer	10906 County Road 493	Princeton	TX	75407-2292
Eichler, Edward and Gail	3710 Skyline Boulevard	Texarkana	TX	75503-1437
Hılltop Bible Fellowship	PO Box 646	Ashdown	AR	71822
Andrew Wommack Ministries, Inc.	850 Elkton Drive	Colorado Springs	СО	80907
TSD Logistics	7970 Hampton Road	Texarkana	TX	75503
No Boarders MRI, LLC	3300 Waco St.	Texarkana	TX	75501
Ledwell & Son	P.O. Box 1106	Texarkana	TX	75504-1106