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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No 1545-1150 2014

Open to Public Inspection

		he Treasury se Service	► Information about Form 990-EZ and its instructions is at www.irs.go	v/form990.		Inspection	
			year, or tax year beginning , 2014, and ending			, 20	
_	neck if ap	•	C Name of organization	D Employ	er ident	fication number	
☐ Ad	ddress ch	ange	SKYEWARD BOUND RANCH		75-2557363		
	ame chan		Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telepho			
	itial return	-]			
E FI	nal retum	/terminated	2837 EDEN DR	}			
\equiv	mended r	F	City or town, state or province, country, and ZIP or foreign postal code	F Group E	Exemption		
\equiv	optication	l l	CEDAR HILL, TX 75104	Number	•	•	
		ng Method				organization is not	
	/ebsite	-		required to		=	
			heck only one) -	(Form 990,			
			☐ Corporation ☐ Trust ☐ Association ☐ Other	<u></u>			
		-	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets	_		
) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	12,150	
	rt I		e, Expenses, and Changes in Net Assets or Fund Balances(see the				
[1 4			he organization used Schedule O to respond to any question in this Part I			•	
	1		, gifts, grants, and similar amounts received		1	8,250	
	2		rice revenue including government fees and contracts	1	2	0,230	
1	3		dues and assessments		3		
- 1	4	Investment in			4		
			nt from sale of assets other than inventory		-		
-			other basis and sales expenses				
<u></u>				5c			
	6	, ,) from sale of assets other than inventory (Subtract line 5b from line 5a) fundraising events		30		
3		•	e from gaming (attach Schedule G if greater than				
	а		1 - 1	3,900			
SCANNETURANAR	h		e from fundraising events (not including \$ of contribution)				
≩	b		ing events reported on line 1) (attach Schedule G if the	715			
*			gross income and contributions exceeds \$15,000) 6b				
₽_4	_		· · · · · · · · · · · · · · · · · · ·				
69							
r_s	a		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		64	2 000	
2015	7.	line 6c) .	of inventory, less returns and allowances		6d	3,900	
الر							
		Less cost of			.]		
ا کے	_		or (loss) from sales of inventory (Subtract line 7b from line 7a)	• • • • • •	7c		
	8		re (describe in Schedule O)		8	10 150	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	12,150	
-	10				10	11,976	
	11	•	to or for members		11		
\$ 3€	12	=	compensation, and employee bortons		12		
Expense	13		fees and other payments to independent contractors OGDEN; UT		13		
d JŽ	14		rent, utilities, and maintenance	• • • • •	14	1,564	
	15	• .	ications, postage, and shipping		15		
SCANNEE-MANTY ssets Expenses	16	•	ses (describe in Schedule O)		16		
2	17		ses. Add lines 10 through 16	<u> ▶ </u>	17	13,540	
2 S	18	-	eficit) for the year (Subtract line 17 from line 9)		18	(1,390	
Assets	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with				
~ <		•	igure reported on prior year's return)		19	2,096	
Net	20		es in net assets or fund balances (explain in Schedule O)		20		
	21		r fund balances at end of year Combine lines 18 through 20	<u> </u>	21	706	
For EEA	Paperv	vork Reduction	on Act Notice, see the separate instructions.			Form 990-EZ (2014)	

Form 990-EZ (2014), SKYEWARD BOUND RANCH	7		_	75-2	5573	3 63 Page 2
Part II Balance Sheets (see the instructions for Part II)						
Check if the organization used Schedule O to respond to a	any question in this Pa	ırt II		· · · · · · · ·		
			(A) Be	ginning of year		(B) End of year
22 Cash, savings, and investments		-		2,096	22	706
23 Land and buildings		L		0	23	0
24 Other assets (describe in Schedule O)				0	24	0
25 Total liabilities (decembe in Sabadula O)				2,096	25	706
26 Total liabilities (describe in Schedule O)				2,096	26	0
27 Net assets or fund balances (line 27 of column (B) must agree will Part III Statement of Program Service Accomplis			Dart III)		21	706
Check if the organization used Schedule O to respond to	,			_		Expenses
What is the organization's primary exempt purpose? HANDICAPPED		artin		· · · · · · <u> </u>	(Req	uired for section
					501(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each as measured by expenses. In a clear and concise manner, describe the			S,		orgar	nizations, optional for
persons benefited, and other relevant information for each program title	s services provided, un	e number or			for ot	hers)
28 TRAVEL FOR DISABLED CHILDREN AND FAMILIES V	WITH GIFT BAGS	FOR				
THE ENTIRE FAMILY						
(Grants \$ 11,409) If this amount incl	ludes foreign grants, c	heck here		▶ 🔲	28a	0
29 DISABLED VETERANS	<u> </u>					
					İ	
(Grants \$ 40) If this amount incl	ludes foreign grants, c	heck here		▶ 🔲	29a	0
30 MDA						
					1	
· · · · · · · · · · · · · · · · · · ·	ludes foreign grants, c				30a	0
,				_		
<u> </u>	ludes foreign grants, c				31a	
32 Total program service expenses (add lines 28a through 31a)					32	0
Part IV List of Officers, Directors, Trustees, and Key Employ	-					
Check if the organization used Schedule O to respond to	any question in this P	T				<u> </u>
44.0	(b) Average	(c) Reportal compensat		(d) Health benefits contributions to emp		(e) Estimated amount of
(a) Name and title	hours per week devoted to position	(Forms W-2/10		benefit plans, an	ď	other compensation
DALACE DIWALL	do rotod to pootsian	(If not paid, e	nter -0-)	deferred compensa	ation	
DALACE DUVALL PRES	40.00	SIMAGE	0		o	0
JIMMY POCKRAS	40.00	STMA02				
VP	0.00	SIMAUL	0		o	0
RAYE OVOLIO		STMA03				
DIRECTOR	0.00	5112105	0		o	0
RALPH OVOLIO	0.00	STMA04				<u></u>
DIRECTOR	0.00		0		o	0
					1	
				E .		
	-					
	- · · · · · · · · · · · · · · · · · · ·					
					1	
			_			

EEA

Par				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			<u>. </u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			.,
	change on Schedule O (see Instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	05-		v
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u>X</u>
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C. Part III	35c		х
26	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		
36	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	30		
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	0.5		<u> </u>
50 u	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			1
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
•	40c reimbursed by the organization			
e	transaction? If "Yes," complete Form 8886-T	40e	İ	X
41	List the states with which a copy of this return is filed	100		
	The organization's books are in care of ▶ JUDY ROBERTS Telephone no ▶ 972-9	07-8	201	
,	Located at ▶ 3819 TOWNE CROSSING BLVD STE 109, Mesquite, TX ZIP+4 ▶ 75150			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		1	
	Financial Accounts (FBAR)		1	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X_
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		•	·
	and enter the amount of tax-exempt interest received or accrued during the tax year		T	T
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	44-	Ť	- V
	completed instead of Form 990-EZ	44a	1	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	ŧ	x
_	completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44c	 	X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1770	 	†
C		44d	Ţ	
45 0	explanation in Schedule O	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	1	1	
~	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		‡	
	Form 990-EZ (see instructions)	45b		<u> </u>
		orm 9	90-EZ	(2014)

Form 9	90-EZ (2014	SKYEWARD BOUND I	RANCH			75-25573	63	F	age 4
	,	,						Yes	No
46		organization engage, directly or indirectly, in		es on behalf of or in oppo	osition				
		dates for public office? If "Yes," complete S					46		<u>X</u>
Par		Section 501(c)(3) organizations		47 405 - 4 50			.		
		All section 501(c)(3) organizations	must answer questi	ons 47-49b and 52,	and comple	te the tables	for II	nes	
		60 and 51		4	hio Don VI				
		Check if the organization used Sch	iedule O to respond	to any question in t	nis Part VI	· · · · · · ·			· 🗀
47	D. d. Albania		. have a contract EO(/h) als	ation in offect divine the	tau			Yes	No
47		organization engage in lobbying activities or "Yes," complete Schedule C, Part II	• •	•			47		х
48	-	ganization a school as described in section	170(b)(1)(A)(u)2 If "Voc "				48		$\frac{\lambda}{X}$
40 49a		organization a school as described in section or organization make any transfers to an exem			· · · · · · · · ·		49a		X
b		was the related organization a section 527	·				49b		
50		e this table for the organization's five higher	•				430		
50	-	es) who each received more than \$100,000							
	<u> </u>	es) who easiliteesived there alian a ree, esc			(d) Health bene				
		(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to el benefit plans, and		Estimate other cor		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	devoted to position	(Forms W-2/1099-MISC)	compensate		ouiei coi	препзат	ion
NON	2								
							_		
						1			
]				
- f		mber of other employees paid over \$100,00				41			
51	·-	te this table for the organization's five higher			n received more	than			
	\$100,00	0 of compensation from the organization If	rthere is none, enter "Nor	e "					
	(a)	Name and business address of each independent contr	actor	(b) Type of servic	e	(c) Com	pensatio	n	
									
					İ				
						·			
	·								
d	Total nu	mber of other independent contractors each	h receiving over \$100,000	>					
52	Did the	organization complete Schedule A? Note. A	All section 501(c)(3) organ	izations must attach a		_			
	complet	ed Schedule A	<u></u>	<u> </u>	<u></u>	▶ 🏻	Yes		No
Under	penalties of	pegury, I declare that I have examined this return, inclu-	ding accompanying schedules a	nd statements, and to the best o	f my knowledge and	belief, it is			
true, c	orrect and c	on piele Declaration of preparer (other than officer) is	based on all information of which	preparer has any knowledge					
		De De pro		<u>. </u>	9/3/12	-			
Sig	l l	Signature di-officer			Date \				
Her	e	DALACE DUVALL, PRES							
		Type or prnt name and title							
_			Preparer's signature	Date	Chec				
Paid		JUDY ROBERTS	Aum =	→ 01-28-20			1517	395	
Prep		Firm's name > JUDY ROBERTS TA			Firm's EIN	<u> </u>			
Use	Only	Firm's address ► 3819 TOWNE CROS		09					
		Mesquite TX 751			Phone no	972-907			
Мау	tne IRS d	iscuss this return with the preparer shown	above' See instructions	<u> </u>	<u> </u>	<u>. , , , ▶ </u> _	Yes		No (2014)

SCHEDULE A (Form 990, or 990-ÈZ)

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

Employer identification number Name of the organization 75-2557363 SKYEWARD BOUND RANCH Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(ıv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 🔯 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization (v) Amount of monetary (vI) Amount of (i) Name of supported organization (II) EIN (III) Type of organization (described on lines 1-9 listed in your governing support (see other support (see instructions) instructions) above or IRC section document? (see instructions)) Yes No (A) (B) (C) (D) (E) Total

75-2557363 Page 2 SKYEWARD BOUND RANCH Schedule A (Form 990 or 990-EZ) 2014 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) 2012 (d) 2013 (e) 2014 (f) Total (a) 2010 (b) 2011 Calendar year (or fiscal year beginning in) 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 (c) 2012 (d) 2013 (e) 2014 (f) Total (a) 2010 (b) 2011 Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 Gross income from interest, dividends. 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 VI) 11 Total support. Add lines 7 through 10 . 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) 13 Section C. Computation of Public Support Percentage % 14 Public support percentage from 2013 Schedule A, Part II, line 14 % 15 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, П check this box and stop here. The organization qualifies as a publicly supported organization 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 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

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

18

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.)

Sec	tion A. Public Support	daily diluer the	tesis listeu be	iow, piease co	inpiete Fast II.,	<u>'</u>	_
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Jaie	a your (or neon) your bogning iii)	(4, 2010	(2, 2011	(0, 2012	(=, ==	(4, 2011	.,
1	Gifts, grants, contributions, and membership fees						
t	received (Do not include any "unusual grants ")	187,698	1,506,208	725,401	8,541	12,150	2,439,998
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
J	unrelated trade or bus under sec 513	2,250	2,250			_	4,500
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					į	
6	Total Add lines 1 through 5	189,948	1,508,458	725,401	8,541	12,150	2,444,498
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	<u> </u>					<u> </u>
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						2,444,498
Sec	ction B. Total Support		····	<u>.</u>			
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	189,948	1,508,458	725,401	8,541	12,150	2,444,498
10a	Gross income from interest, dividends, payments received on securities loans, rents, royallies and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						_
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			i			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)	189,948	1,508,458	725,401	8,541	12,150	2,444,498
14	First five years. If the Form 990 is for the or organization, check this box and stop here	ganızatıon's first, se	econd, third, fourth,			()	▶ □
Sec	ction C. Computation of Public S						
15	Public support percentage for 2014 (line 8, c))		15	100.00 %
16	Public support percentage from 2013 Schedi			′. <u></u>		16	100.00 %
	ction D. Computation of Investme				<u> </u>		
17	Investment income percentage for 2014 (line			lumn (f))		17	0.00 %
18	Investment income percentage from 2013 So					18	%
19a	33 1/3% support tests - 2014. If the organiz 17 is not more than 33 1/3%, check this box	cation did not check	the box on line 14,	and line 15 is more	e than 33 1/3%, and	d line	▶ ☒
b	33 1/3% support tests - 2013. If the organiz line 18 is not more than 33 1/3%, check this	ation did not check	a box on line 14 or	r line 19a, and line 1	16 is more than 33	1/3%, and	_
20	Private foundation. If the organization did n						

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

▶ Information about Sch. C (Form 990 or 990-EZ) and its inst. is at www.irs.gov/form990.

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

,	Section 501(c)(4), (5), or (6) organizations	Complete Part III			
	e of organization	Complete r art iii		Employer	identification number
	YEWARD BOUND RANCH			75-255	
		zation is exempt under section	on 501(c) or is		
1	Provide a description of the organization's			o a cochon cz orga	
2	Political expenditures			▶ \$	
3	Volunteer hours				
3	Volunteer flours				
Pa	rt I-B Complete if the organ	ization is exempt under section	on 501(c)(3).		
1	Enter the amount of any excise tax incurre	ed by the organization under section 495	5	▶ \$	
2	Enter the amount of any excise tax incurre	ed by organization managers under sect	on 4955	▶ \$	
3	If the organization incurred a section 4955	tax, did it file Form 4720 for this year?			. 🗌 Yes 📗 No
4a	Was a correction made?				. 🗌 Yes 🗌 No
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the organ	ization is exempt under secti	on 501(c), exc	ept section 501(c)(3).
1	Enter the amount directly expended by the	e filing organization for section 527 exem	pt function		
	activities			> \$	
2	Enter the amount of the filing organization				
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add I	ines 1 and 2. Enter here and on Form 11	20-POL,		
	line 17b				
4	Did the filing organization file Form 1120-				
5	Enter the names, addresses and employe				
	organization made payments. For each or				
	the amount of political contributions receive				
	as a separate segregated fund or a politic	al action committee (PAC) If additional	space is needed, p	provide information in Part I	<u>V</u>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

	ule C (Form 990 or 990-EZ) 2014 SKYEWARD BOUNT		•		75-2557:	
Pai	t II-A Complete if the organization	is exempt ur	ider section 501	i(c)(3) and filed	d Form 5768 (elec	ction under
	section 501(h)).	· · · · · · · · · · · · · · · · · · ·		1 (C) - 1 - d		
A (Check ► ☐ If the filing organization belongs to a				embers	
	name, address, EIN, expenses, and					
B (Check ► if the filing organization checked box			у	(a) Eilian	(b) Affiliated
	Limits on Lobby (The term "expenditures" me				(a) Filing organization's totals	group totals
	Total lobbying expenditures to influence public opin				J. Salara and A.	
1a b	Total lobbying expenditures to influence public opin Total lobbying expenditures to influence a legislativ					
c	Total lobbying expenditures (add lines 1a and 1b)	- '				
d						
e	Total exempt purpose expenditures (add lines 1c a					
f	Lobbying nontaxable amount Enter the amount fro					<u>.</u>
	columns	a.e .e.eg				
Γ	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		
ŀ	Not over \$500,000		ount on line 1e			
ł	Over \$500,000 but not over \$1,000,000		15% of the excess o	ver \$500,000		
Ì	Over \$1,000,000 but not over \$1,500,000	· ·	10% of the excess o			
1	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	er \$1,500,000		
Ì	Over \$17,000,000	\$1,000,000			1	
	Grassroots nontaxable amount (enter 25% of line	lf)				
h	Subtract line 1g from line 1a If zero or less, enter-					
i	Subtract line 1f from line 1c If zero or less, enter -	0				
j	If there is an amount other than zero on either line	1h or line 1i, did th	ne organization file Fo	rm 4720		
	reporting section 4911 tax for this year?					Yes No
		4-Year Averagi	ng Period Under	section 501(h)		
	(Some organizations that made a se				II of the five colum	ns below.
	•		structions for lin			
	Lohbvi	ng Expenditures	During 4-Year Aver	aging Period		
	Loody					<u> </u>
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					
EEA					Schedule C (Fe	orm 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ)	2014 SKYEWARD	BOUND RANCH	•	75-2557363
Part II-B Compl	ete if the organi	zation is exemp	ot under section	n 501(c)(3) and has NOT filed Form 5768
(election	on under section	ո_501(h)).		

pre ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed secretion of the lobbying activity. During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? A Volunteers? Dead staff or management (include compensation in expenses reported on lines 1c through 1i)? A X Mailings to members, legislators, or the public? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? A X B Rallies, demonstrations for lobbying purposes? A X Other activities? I Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Were substantially all (90% or more) dues received nondeductible by members? Did the organization may not oursel a section 4912 (ax, did file Form 4720 for this year? Did the organization agree to carry over lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Section 152(e) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, lines 3 answered "Yes." Dues, assessments and smilar amounts from members Section 152(e) nonedeuctible lobbying and political expenditures (do not include amounts of political expense for which the section 537(f) tax was paid). a Current year A Current year A Gurgelae amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues I I notices were sent and the amount on line 2 exceeds the amount nine 3, what portion of the excess does the organization agree to carry over to the reasonable estimate of nondeductible lobbying and political expenditure exceeds the organization of the excess does the organization agree to carryover to the reasonable estimate of nondeductible l		(election under section 501(n)).		a)	(b)
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers?		- · · · · ·			
referendum, through the use of Volunteers? Pad staff or management (include compensation in expenses reported on lines 1c through 1i)? X Manage of the members, legislators, or the public? Publications, or published or broadcast statements? Publications, or published or broadcast statements? Railes, demonstrations, serminars, conventions, speeches, lectures, or any similar means? Railes, demonstrations, serminars, conventions, speeches, lectures, or any similar means? Railes, demonstrations, serminars, conventions, speeches, lectures, or any similar means? Railes, demonstrations, serminars, conventions, speeches, lectures, or any similar means? Railes, demonstrations, serminars, conventions, speeches, lectures, or any similar means? Railes, demonstrations, serminars, conventions, speeches, lectures, or any similar means? Railes, demonstrations, serminars, conventions, speeches, lectures, or any similar means? Railes, demonstrations, serminars, conventions, speeches, lectures, or any similar means? Railes, demonstrations, serminars, conventions, speeches, lectures, or any similar means? Railes, demonstrations, serminars, conventions, speeches, lectures, or any similar means? Railes, demonstrations, serminars, conventions, speeches, lectures, or any similar means? Railes, demonstrations, serminars, conventions, speeches, lectures, or any similar means? Railes, demonstrations, serminars, conventions, speeches, lectures, or any similar means? Railes, demonstrations, serminars, conventions, speeches, lectures, or any similar means? Railes, demonstrations, serminars, conventions, speeches, lectures, or any similar means? Railes, demonstrations, serminars, conventions, speeches, lectures, or any similar means? Railes, demonstrations, serminars, conventions, speeches, lectures, or any similar means? Railes, demonstrations, serminars, conventions, speeches, lectures, or any similar means? Railes, demonstrations, serminars, conventions, speeches, lectures, or any similar means? Railes, demonstrat	1				-
a Volunteers? A					1
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Publications, or published or broadcast statements? f. Grants to other organizations for lobbying purposes? g. Direct contact with legislators, their staffs, government officials, or a legislative body? h. Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X. X X X X X X X X X	С				
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h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X	f	Grants to other organizations for lobbying purposes?			
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Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3 answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Total Supplemental Information Tovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and	Pa	······································	c)(5),	or se	ection
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3 answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year Carryover from last year Carryover from last year Carryover from last year Carryover from last year Carryover see and and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Taxable amount of lobbying and political expenditures (see instructions) Tovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and		501(6)(6).			Yes No
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Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year			OR (b) Par	t III-A, line 3,
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a Current year	2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			į
to Carryover from last year		political expenses for which the section 527(f) tax was paid).			
C Total	а			2a	
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	b			2b	
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	С			2c	
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	3			3	
and political expenditure next year?	4				
Taxable amount of lobbying and political expenditures (see instructions)		excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and					
rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and	5			5	<u> </u>
(see instructions), and Part II-B, line 1. Also, complete this part for any additional information			ines 1	and	
	2 (se	e instructions), and Part II-B, line 1. Also, complete this part for any additional information			
					

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.

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer Identification number

75-2557363 SKYEWARD BOUND RANCH 01. List of grants and similar amounts paid (Part I, line 10) **Activity** TRIPS FOR DISABLED CHILDREN AND FAMILIES AUTISM ON THE SEAS Grantee Amount 798 GIFTS FOR DISABLED CHILDREN AND FAMILIES Activity 8,194 Amount MDA Grantee 127 Amount DISABLED AMERICAN VETS Grantee 40 Amount FAMILIES OF DISABLED CHILDREN Grantee 2,817 Amount

Federal Supporting Statements Name(s) as shown on return SKYEWARD BOUND RANCH FEIN 75-2557363

Form 990EZ, Part IV Compensation Explanation

Statement #A01

Name

DALACE DUVALL

Explanation

NONE

Form 990EZ, Part IV Compensation Explanation PG01 Statement #A02

<u>Name</u>

JIMMY POCKRAS

Explanation

NONE

PG01 Statement #A03

Form 990EZ, Part IV Compensation Explanation

<u>Name</u>

RAYE OVOLIO

Explanation

NONE

	Federal Supporting Statements	2014 PG01
Name(s) as shown on return		FEIN
SKYEWARD BOUND RANCH		75-2557363

Form 990EZ, Part IV Compensation Explanation

Statement #A04

Name RALPH OVOLIO

Explanation NONE

990	Overflow Statement	2014 Page 1
Name(s) as shown on return		FEIN
SKYEWARD BOUND RANCH		75-2557363

OCCUPANCY EXPENSES

Description	1	Amount
AUTO EXPENSES	\$	55
TRAVEL EXPENSE		95
POSTAGE DELIVERY		962
BANK FEES		195
OFFICE		241
RENTAL		16
Tota	1: \$	1,564