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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)

OMB No 1545-1150 2016

Open to Public Inspection

Department of the Treasury

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

		► Information about Form 990-EZ and its instruc					.
B Chec	r the 2016 caler		, 2016, and	ending	1		, 20
_	ck if applicable	C Name of organization			•	-	tification number
Addr	ress change	SKYEWARD BOUND RANCH	ı			25573	
=	ne change	Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Teleph	one numi	ber
Initia	al return						
Final	I return/terminated	2837 EDEN DR					
Ame	ended return	City or town, state or province, country, and ZIP or foreign postal code			F Group	Exemption	on
Appli	lication pending	CEDAR HILL, TX 75104			Numbe		
3 Acc	counting Method	X Cash		Н	Check ►	🛚 If the	organization is no t
	bsite: ▶				required to	attach Se	chedule B
J Tax	c-exempt status	(check only one) - 🗵 501(c)(3) 🔲 501(c)() ◀ (insert no)	4947(a)(1) or	527	(Form 990,	990-EZ,	or 990-PF)
K For	m of organization	: X Corporation Trust Association	Other _				<u> </u>
L Add	d lines 5b, 6c, ar	d 7b to line 9 to determine gross receipts. If gross receipts are \$200	0,000 or m	ore, or if total	assets		
(Part II	l, column (B) be	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ				. ▶\$	14,5
Part	1 Rever	ue, Expenses, and Changes in Net Assets or Fur	nd Balaı	nces(see th	e instructio	ns for F	Part I)
		f the organization used Schedule O to respond to any que					
	1 Contribute	ns, gifts, grants, and similar amounts received				1	2,5
		ervice revenue including government fees and contracts				2	
		p dues and assessments				3	
	4 Investmen	•				4	
		unt from sale of assets other than inventory	5a	1			
		or other basis and sales expenses				1	
		ss) from sale of assets other than inventory (Subtract line 5b from li				5c	
		d fundraising events					
		me from gaming (attach Schedule G if greater than					
<u>u</u>	\$15,000)		6a	1	12,000		
Kevenue			<u>Va</u>	of contributio			
Š				OI COITHIBUHO	113		
•		hising events reported on line 1) (attach Schedule G if the	l sh	1			
		h gross income and contributions exceeds \$15,000)					
		t expenses from gaming and fundraising events					
		e or (loss) from gaming and fundraising events (add lines 6a and 6b	b and subtr	act		11	
	•		· · · · · · ·	· · · · · ·		6d	12,0
		s of inventory, less returns and allowances					
		of goods sold	<u>7</u> b				
	•	t or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
		nue (describe in Schedule O)				8	
	9 Total rev	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<u> </u>	<u> ►</u>	9	14,5
	10 Grants an	similar amounts paid (list in Schedule O)	. [] [Pa	1 / / / The		10	13,2
	11 Benefits p	id to or for members	1 1 mm 1/2 1/2		·	11	
	12 Salaries,	ther compensation, and employee benefits			701	12	
, l		al fees and other payments to independent contractors . \ 💆 .		0 4 2000	1001	13	
ses	13 Profession			v. «	101		
penses		rent, utilities, and maintenance	· · · · · · · · · · · · · · · · · · ·	o. %. 2017		14	1,4
xbeuses	14 Occupand	γ , rent, utilities, and maintenance \ldots \ldots \ldots \ldots \ldots \ldots \ldots	-000	0. 2. 201/	1985		Ι,.
Expenses	14 Occupand15 Printing, p	r, rent, utilities, and maintenance	000	-N. UT) sel	14 15	1,4
Expenses	14 Occupant15 Printing, p16 Other exp	r, rent, utilities, and maintenance	Oab	301, UT] (S)	14 15 16	
Expenses	14 Occupand15 Printing, p16 Other exp17 Total exp	r, rent, utilities, and maintenance	000	34, UT		14 15 16 17	
Expenses	14 Occupand 15 Printing, p 16 Other exp 17 Total exp 18 Excess of	r, rent, utilities, and maintenance				14 15 16	
Expenses	14 Occupand 15 Printing, p 16 Other exp 17 Total exp 18 Excess of 19 Net asset	r, rent, utilities, and maintenance sublications, postage, and shipping sinses (describe in Schedule O) sinses. Add lines 10 through 16 (deficit) for the year (Subtract line 17 from line 9) or fund balances at beginning of year (from line 27, column (A)) (m]	14 15 16 17 18	14,!
Expenses	14 Occupand 15 Printing, p 16 Other exp 17 Total exp 18 Excess of 19 Net asset end-of-ye	r, rent, utilities, and maintenance diblications, postage, and shipping enses (describe in Schedule O) enses. Add lines 10 through 16 (deficit) for the year (Subtract line 17 from line 9) or fund balances at beginning of year (from line 27, column (A)) (more figure reported on prior year's return)]	14 15 16 17 18	1,2
Expenses	14 Occupand 15 Printing, p 16 Other exp 17 Total exp 18 Excess or 19 Net asset end-of-ye 20 Other cha	r, rent, utilities, and maintenance riblications, postage, and shipping rinses (describe in Schedule O) rinses. Add lines 10 through 16 (deficit) for the year (Subtract line 17 from line 9) or fund balances at beginning of year (from line 27, column (A)) (rinses reported on prior year's return) rigges in net assets or fund balances (explain in Schedule O)	must agree	with	0	14 15 16 17 18 19 20	14,5
Net Assets Expenses	 14 Occupand 15 Printing, p 16 Other exp 17 Total exp 18 Excess on 19 Net asset end-of-ye 20 Other cha 21 Net asset 	r, rent, utilities, and maintenance r, rent, utilities, and maintenance rholications, postage, and shipping rinses (describe in Schedule O) rinses. Add lines 10 through 16 (deficit) for the year (Subtract line 17 from line 9) or fund balances at beginning of year (from line 27, column (A)) (ring figure reported on prior year's return) reges in net assets or fund balances (explain in Schedule O) or fund balances at end of year. Combine lines 18 through 20	must agree		0.80	14 15 16 17 18	14,!
Net Assets Expenses	 14 Occupand 15 Printing, p 16 Other exp 17 Total exp 18 Excess on 19 Net asset end-of-ye 20 Other cha 21 Net asset 	r, rent, utilities, and maintenance riblications, postage, and shipping rinses (describe in Schedule O) rinses. Add lines 10 through 16 (deficit) for the year (Subtract line 17 from line 9) or fund balances at beginning of year (from line 27, column (A)) (rinses reported on prior year's return) rigges in net assets or fund balances (explain in Schedule O)	must agree	with	0	14 15 16 17 18 19 20	14,!
Net Assets Expenses	 14 Occupand 15 Printing, p 16 Other exp 17 Total exp 18 Excess on 19 Net asset end-of-ye 20 Other cha 21 Net asset 	r, rent, utilities, and maintenance r, rent, utilities, and maintenance rholications, postage, and shipping rinses (describe in Schedule O) rinses. Add lines 10 through 16 (deficit) for the year (Subtract line 17 from line 9) or fund balances at beginning of year (from line 27, column (A)) (ring figure reported on prior year's return) reges in net assets or fund balances (explain in Schedule O) or fund balances at end of year. Combine lines 18 through 20	must agree	with	0	14 15 16 17 18 19 20	14,
Net Assets Expenses	 14 Occupand 15 Printing, p 16 Other exp 17 Total exp 18 Excess on 19 Net asset end-of-ye 20 Other cha 21 Net asset 	r, rent, utilities, and maintenance r, rent, utilities, and maintenance rholications, postage, and shipping rinses (describe in Schedule O) rinses. Add lines 10 through 16 (deficit) for the year (Subtract line 17 from line 9) or fund balances at beginning of year (from line 27, column (A)) (ring figure reported on prior year's return) reges in net assets or fund balances (explain in Schedule O) or fund balances at end of year. Combine lines 18 through 20	must agree	with	0	14 15 16 17 18 19 20	14,!
Net Assets Expenses	 14 Occupand 15 Printing, p 16 Other exp 17 Total exp 18 Excess on 19 Net asset end-of-ye 20 Other cha 21 Net asset 	r, rent, utilities, and maintenance r, rent, utilities, and maintenance rholications, postage, and shipping rinses (describe in Schedule O) rinses. Add lines 10 through 16 (deficit) for the year (Subtract line 17 from line 9) or fund balances at beginning of year (from line 27, column (A)) (ring figure reported on prior year's return) reges in net assets or fund balances (explain in Schedule O) or fund balances at end of year. Combine lines 18 through 20	must agree	with] Ø	14 15 16 17 18 19 20	14,!
Net Assets Expenses	 14 Occupand 15 Printing, p 16 Other exp 17 Total exp 18 Excess on 19 Net asset end-of-ye 20 Other cha 21 Net asset 	r, rent, utilities, and maintenance r, rent, utilities, and maintenance rholications, postage, and shipping rinses (describe in Schedule O) rinses. Add lines 10 through 16 (deficit) for the year (Subtract line 17 from line 9) or fund balances at beginning of year (from line 27, column (A)) (ring figure reported on prior year's return) reges in net assets or fund balances (explain in Schedule O) or fund balances at end of year. Combine lines 18 through 20	must agree	with	O	14 15 16 17 18 19 20	14,!
Net Assets Expenses	 14 Occupand 15 Printing, p 16 Other exp 17 Total exp 18 Excess on 19 Net asset end-of-ye 20 Other cha 21 Net asset 	r, rent, utilities, and maintenance r, rent, utilities, and maintenance rholications, postage, and shipping rinses (describe in Schedule O) rinses. Add lines 10 through 16 (deficit) for the year (Subtract line 17 from line 9) or fund balances at beginning of year (from line 27, column (A)) (ring figure reported on prior year's return) reges in net assets or fund balances (explain in Schedule O) or fund balances at end of year. Combine lines 18 through 20	must agree	with	0	14 15 16 17 18 19 20	14,!
Net Assets Expenses	 14 Occupand 15 Printing, p 16 Other exp 17 Total exp 18 Excess on 19 Net asset end-of-ye 20 Other cha 21 Net asset 	r, rent, utilities, and maintenance r, rent, utilities, and maintenance rholications, postage, and shipping rinses (describe in Schedule O) rinses. Add lines 10 through 16 (deficit) for the year (Subtract line 17 from line 9) or fund balances at beginning of year (from line 27, column (A)) (ring figure reported on prior year's return) reges in net assets or fund balances (explain in Schedule O) or fund balances at end of year. Combine lines 18 through 20	must agree	with	0	14 15 16 17 18 19 20	14,!



Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		- "	
	, and a second for a city of second in the regarded about control of the respond to any question in this tart v	· <u>·</u>	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		1.55	
	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			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X	
	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	Х	<u> </u>
C	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		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			- J
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	276		v
	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37b	-	X
38 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
6	If "Yes," complete Schedule L, Part II and enter the total amount involved	302		
39	Section 501(c)(7) organizations. Enter:	-		
	Initiation fees and capital contributions included on line 9			İ
a	Gross receipts, included on line 9, for public use of club facilities	1		
ت د 40	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
70 u	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	Ì		
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			İ
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		<u>X</u>
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ▶ JUDY ROBERTS Telephone no. ▶ 972-9		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:	[- 1	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
_	Financial Accounts (FBAR).	40.	1	v
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u>X</u>
42	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		_	_
43	and enter the amount of tax-exempt interest received or accrued during the tax year	i · ·	–	<u></u>
	and enter the amount of tax-exempt interest received of accided during the tax year		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	[163	140
	completed instead of Form 990-EZ	44a] '	Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	- 10		
_	completed instead of Form 990-EZ	44b		x
С	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		†	
	explanation in Schedule O	44d	Ī	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	-		ļ
	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		Х

Form 9	990-EZ (20	16) SKYEWARD BOUND I	RANCH ,	_		75-	25573	63	F	Page 4
				_		<u> </u>	_		Yes	No
46		organization engage, directly or indirectly, in		tes on behalf of or	in opposition	1				
p		idates for public office? If "Yes," complete S		<u> </u>	<u></u>	<u> </u>	• •	46	<u> </u>	<u>X</u> _
Par		Section 501(c)(3) organizations		47.405	1.501					
		All section 501(c)(3) organizations	must answer quest	ions 47-49b an	a 52, and	complete the	tables	TOF I	nes	
		50 and 51.	odulo O to roopend	to ony guantia	n in thic E	ort VI				
		Check if the organization used Sch	ledule O to respond	to any question	IIII UIIS F	ait vi	<u></u>		· ·	<u>. _</u>
47	Dud the	accoming the angular is labburg activities of	have a coeffice E01(h) al	action in offect duri	na tha tay				Yes	No
47		organization engage in lobbying activities or	• •		-			47		Х
40		f "Yes," complete Schedule C, Part II rganization a school as described in section	470/h)/4\/A\/\\\2 !f "\/oo"					47		X
48		organization make any transfers to an exem		•			• •	49a	_	X
49a		was the related organization a section 527					• •	49b		-21
50		ete this table for the organization's five highes	· ·					730		
50		ees) who each received more than \$100,000								
	employ	ees) who each received more than \$100,000		1		Health benefits.	Τ_			
		(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	conti	butions to employee			d amou	
		(a) Name and the or each employee	devoted to position	(Forms W-2/1099-M	Delle	it plans, and deferred compensation	, ,	uner co	mpensat	ion
				_						
NON	E									
						-			_	
f		umber of other employees paid over \$100,00								
51	Comple	te this table for the organization's five highes	st compensated independ	lent contractors wh	o each rece	ved more than				
	\$100,00	00 of compensation from the organization. If	there is none, enter "Nor	ne "		· · · · · · · · · · · · · · · · · · ·				
	(2)	Name and business address of each independent contra	actor	(b) Type o	of service		(c) Comp	ensatio	n	
		TABLES CONTROL		(2, 1,)			(-,,			
	Total n	umber of other independent contractors each	reconsing over \$100,000	<u> </u>	· · · · · · · · · · · · · · · · · · ·					
d 52		organization complete Schedule A? Note: A	_		h a					
JZ		Cod Online de la d					▼ X3	Yes		No
l Inde		ted Schedule A								
	•	nd complete Declaration of preparer (other than o				•	icage an	a belle	i, it is	
<u>u uo, t</u>	Correct, ar	id compage Decial actor to purchase (Order than o	ilicer) is based on all lilloring	adon of which prepare	1.2					
Sig	n	Signature of officer								
Her		DALACE DUVALL, PRES								
		Type or print name and title	-							
	l	<u> </u>	reparer's signature ,	Date		Check I if	PTII	<u> </u>		
Paid		Judy Roberts	MILATE		9-2017	self-employed	- 1	.5178	195	
Prep		Firm's name Judy Roberts Tax	Services Inc	μ2-0	,	Firm's EIN	FUI	.517		-
Use		Firm's address > 329 Oaks Trail	Ste 223			, and elly			_	
	~,	Garland TX 75043				Phone no 972	-907-	8201	L	
Mav	the IRS	discuss this return with the preparer shown a				3,2	<u>▶</u> 「	Yes		No
FEA			200				F			(2016)

SCHEDULE A

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

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

Open to Public Inspection

2016

OMB No 1545-0047

Employer Identification number

SKY	EWA	RD BOUND RANCH			_		75-25573	63
Pa	rt I	Reason for Public Charit	y Status (All o	rganizations must c	omplete	this par	t.) See instructio	ns.
The	orga	nization is not a private foundation bec	ause it is: (For line:	s 1 through 12, check onl	y one box.)		
1		A church, convention of churches, or	association of chu	rches described in sectio	on 170(b)(1)(A)(i).		
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	Schedule E (Form 990 or	990-EZ).)			
3		A hospital or a cooperative hospital se	ervice organization	described in section 17	0(b)(1)(A)(iii).		
4	$\overline{\Box}$	A medical research organization oper)(A)(iii). Enter the	
	_	hospital's name, city, and state:	•	•				
5	П	An organization operated for the bene	efit of a college or u	niversity owned or opera	ted by a go	vernment	al unit described in	
	_	section 170(b)(1)(A)(iv). (Complete I		-	-			
6	П	A federal, state, or local government of		nt described in section 1	70(b)(1)(A)(v).		
7	Ħ	An organization that normally receive					n the general public	
•	_	described in section 170(b)(1)(A)(vi)					- ,	
8	П	A community trust described in section						
9	Ħ	An agricultural research organization	,	•	ited in conj	unction wit	th a land-grant colleg	e
		or university or a non-land-grant colle						
		university:	g (-	,		,, .		
10	X	An organization that normally receive	s: (1) more than 33	1/3% of its support from	contributio	ns, memb	ership fees, and gros	S
		receipts from activities related to its e						
		support from gross investment incom-						
		acquired by the organization after Jur			_			
11		An organization organized and operat		• • • • • • •				
12	Ħ	An organization organized and operat					carry out the purpos	es
		of one or more publicly supported org						
		Check the box in lines 12a through 12						
	а	Type I. A supporting organization						
	_	the supported organization(s) the						
		supporting organization. You mu			•			
	b	Type II. A supporting organization	-		ıts suppor	ted organı	zation(s), by having	
		control or management of the sup	•					d
		organization(s). You must comp					,	
	С	Type III functionally integrated.			ection with	, and func	tionally integrated wit	h,
		its supported organization(s) (see						•
	d	Type III non-functionally integra						n(s)
		that is not functionally integrated.						
		requirement (see instructions). Yo	•	•		•		
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III	
		functionally integrated, or Type III				• • • •	•••	
	f	Enter the number of supported organi	•					
	g	Provide the following information about		ganızation(s).				<u> </u>
	(1	Name of supported organization	(II) EIN	(III) Type of organization	(Iv) Is the o	ganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10	listed in you		support (see	other support (see
				above (see instructions))	docum	entr	instructions)	instructions)
					Yes	No	1	
/A\						<u></u>		
(A) ——								
(B)			})			
					<u> </u>			
(C)								
								
(D)			J		1			
					 			
(E)								,
						·····		
Tota	al			•	1			

Schedule A (Form 990 or 990-EZ) 2016 SKYEWARD BOUND RANCH 75-2557363 Page 2 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 Calendar year (or fiscal year beginning in) ▶ (a) 2012 (c) 2014 (d) 2015 (b) 2013 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 . . Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 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.) Total support. Add lines 7 through 10 . 11 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 2016 (line 6, column (f) divided by line 11, column (f) % 15 Public support percentage from 2015 Schedule A, Part II, line 14 % 15 33 1/3% support test - 2016. 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 \Box b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2016. 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 - 2015. 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

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

(Complete only if you checked the box on line 10 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						
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	725,401	8,541	12,150	22,659	_14,550	783,301
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 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						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	725,401	8,541	12,150	22,659	14,550	783,301
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						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)						783,301
_	tion B. Total Support		# > 0040	(1) 0044	(4) 0045	(-) 2016	(f) Total
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015 22,659	(e) 2016 14,550	(f) Total 783,301
9	Amounts from line 6	725,401	8,541	12,150	22,659	14,550	763,301
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	725,401	8,541	12,150	22,659	14,550	783,301
14	First five years. If the Form 990 is for the organization, check this box and stop here				a section 501(c)(3		▶ 🗆
Sec	ction C. Computation of Public Su	upport Percen	tage				
15	Public support percentage for 2016 (line 8, co	* * * * * * * * * * * * * * * * * * * *				15	100.00 %
16	Public support percentage from 2015 Schedu			<u></u>		16	100.00 %
_	ction D. Computation of Investme		-	(6)		47	0.00
17	Investment income percentage for 2016 (line		-			17	0.00 %
18 19a	Investment income percentage from 2015 Sc 33 1/3% support tests - 2016. If the organiz	ation did not check	the box on line 14,		e than 33 1/3%, an		-
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2015. If the organiz	ation did not check	a box on line 14 or	line 19a, and line	16 is more than 33	1/3%, and	▶ 🏻
20	line 18 is not more than 33 1/3%, check this l						▶ 🗍
20	Private foundation. If the organization did n	ot check a box on l	ne 14, 19a, or 19b	, cneck this box an	a see instructions		<u> ▶ </u>

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Section .	A. All	Supporting	g Organ	izations
--	-----------	--------	------------	---------	----------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (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.
- 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 **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 **Part VI** 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.
- 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 **Part VI**, 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 **Part VI**.
 - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
 - c Did a disqualified person (as defined in line 9a) 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 **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** 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.)

		Vaa	
	ļ	Yes	No
	1		
1	2		
r			
	3a		
)	3b		
ν	3с		
	12		
	4a	-	
	4b		
	45		
	4c	:	
	-		
1	5a		
	5b 5c		
	6		
ı			
	7		
	8		
	9a		
			· · · · · · · · ·
	9b		
	9с		
	10a		
	10b		
A (F		or 990	FZ\ 201

Pa	t IV Supporting Organizations (continued)			
		,	Yes	No
	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)		Ŧ	ĺ
	below, the governing body of a supported organization?	11a	-	
	A family member of a person described in (a) above?	11b	<u> </u>	ļ
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c	<u> </u>	
360	don B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	-	163	110
•	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 Part VI how the supported organization(s) effectively operated, supervised, or			i
	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		
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 Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	<u>No</u>
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 Part VI how control	,		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		V	N _a
	Did the appropriate approved to each of its appropriate descriptions, but the look day of the fifth month of the	ļ 	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	0.4		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior type, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	37		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	-	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		-	
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 Part VI 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			1
	significant voice in the organization's investment policies and in directing the use of the organization's			i
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			i
	supported organizations played in this regard.	3	j j	
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e instru	ıctior	 is):
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government en	tity (see	instru	ction
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1 ,		
	those supported organizations and explain 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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			į
	reasons for the organization's position that its supported organization(s) would have engaged in these	-	}	I
_	activities but for the organization's involvement.	2b	ļ	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			; !
L	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	ļ	
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported examinations? If "Yes," describe in Part VI the role played by the examination in this regard.			ĺ
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3ь		

Page 6

Part v Type III Non-Functionally integrated 509(a)(3) Supporting Oil	rganız	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	-		•
instructions. All other Type III non-functionally integrated supporting organ	ization	s must complete Sect	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		, , , , , ,
2 Recoveries of prior-year distributions	2	· -	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	1	· · · · · · · · · · · · · · · · · · ·	
instructions for short tax year or assets held for part of year):			-
a Average monthly value of securities	1a		
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		
e Discount claimed for blockage or other	;		
factors (explain in detail in Part VI):	•		1
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
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		
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		
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	······································	" " " " " " " " " " " " " " " " " " "
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		1

Pa	★ ▼	Supporting Organ	izations (continued)		
Sec	tion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported	1		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	ations		
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.				
-	Distributions to attentive supported organizations to which th	e organization is respon	nsive	- -	
Ü	(provide details in Part VI). See instructions.	o organization to recpei	10170		
9	Distributable amount for 2016 from Section C, line 6				
	Line 8 amount divided by Line 9 amount				
-10	Line o amount divided by Line 9 amount]	(ii)	(iii)	
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016	
1_	Distributable amount for 2016 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2016				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2016:				
а					
b				11.11.	
С	From 2013				
d	From 2014			,	
е	From 2015				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
	Applied to 2016 distributable amount				
i	Carryover from 2011 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2016 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years		`	, ,,,,, , , , , , , , , , , , , , , , 	
	Applied to 2016 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.		,		
	Remaining underdistributions for years prior to 2016, if		······		
•	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2016. Subtract lines 3h	 		• .•	
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2017. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
			**************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
<u>а</u>	Excess from 2013				
	Evenes from 2014		!- !:! ! !:!!!!!!	allhadia da combania da combana d	
	Excess from 2015		······		
_ <u>u</u>	Excess from 2016				

Page 8 or 17b; Part V, Section es 1c, 2a, 2b, V, Section E,	
	
<u>.</u>	
	

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
·	
	· ···

Schedule A (Form 990 or 990-EZ) 2016

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

•	Section 501(c)(4), (5), or (6) organization	s: Complete Part III.			
	ne of organization			Employer	identification number
SK	YEWARD BOUND RANCH			75-255	7363
Pa	rt I-A Complete if the orga	nization is exempt under sect	ion 501(c) or i	s a section 527 orga	anization.
1	Provide a description of the organization definition of "political campaign activities	The state of the s			
2	Political campaign activity expenditures			▶ \$	
3	Volunteer hours for political campaign a	ctivities (see instructions)			
Pa	rt I-B Complete if the orga	nization is exempt under sect	on 501(c)(3).		
1	Enter the amount of any excise tax incu	rred by the organization under section 49	55	▶ \$	
2	Enter the amount of any excise tax incu	rred by organization managers under sec	tion 4955	▶ \$	
3		55 tax, did it file Form 4720 for this year?			
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the orga	nization is exempt under secti	on 501(c), exc	cept section 501(c)(3).
1	Enter the amount directly expended by	the filing organization for section 527 exer	npt function		
	activities			▶ \$	
2	Enter the amount of the filing organization	on's funds contributed to other organization	ns for section		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures. Add	d lines 1 and 2 Enter here and on Form 1	120-POL,	_	
	line 17b			▶ \$	
4		0-POL for this year?			
5		yer identification number (EIN) of all section			
		organization listed, enter the amount paid			
		erved that were promptly and directly delive			
		ical action committee (PAC). If additional	·	-	
	(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)					

Sche	dule C (Form 990 or 990-EZ) 2016 SKYEWARD BOUN	D RANCH			75-2557	363 Page 2
Pa	rt II-A Complete if the organization	is exempt u	nder section 50	1(c)(3) and file	d Form 5768 (elec	ction under
	section 501(h)).					
A	Check • I if the filing organization belongs to a	ın affiliated group	(and list in Part IV ea	ch affiliated group me	ember's	
	name, address, EIN, expenses, and	share of excess	lobbying expenditure	s).		
<u>B</u>	Check 🕨 🗌 if the filing organization checked bo	x A and "limited c	ontrol" provisions app	ly		
	Limits on Lobby	ing Expenditure	es		(a) Filing	(b) Affiliated
	(The term "expenditures" m				organization's totals	group totals
1a	Total lobbying expenditures to influence public opi					
b	Total lobbying expenditures to influence a legislati	ve body (direct lo	bbying)			
С	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c	and 1d)				
f	Lobbying nontaxable amount. Enter the amount from	om the following to	able in both			
	columns.					
	If the amount on line 1e, column (a) or (b) is:		nontaxable amoun	t is:		
	Not over \$500,000		nount on line 1e.			
ļ	Over \$500,000 but not over \$1,000,000		s 15% of the excess of			
ļ	Over \$1,000,000 but not over \$1,500,000	<u> </u>	s 10% of the excess of			
ļ	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess ov	er \$1,500,000.	}	
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25% of line	•				
h	Subtract line 1g from line 1a. If zero or less, enter					
i	Subtract line 1f from line 1c. If zero or less, enter -					
j	If there is an amount other than zero on either line		•			
						Yes No
		_	ing Period Under			
	(Some organizations that made a se			-		ns below.
	See	ine separate ii	nstructions for lir	ies za through z	r.)	
	1 abbut		During 4 Von Aven	naina Pariad		
	LODDYI	ng Expenditures	During 4-Year Aver	aging Period		
	Calendar year (or fiscal year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
	beginning in)					
2a	Lobbying nontaxable amount					
	Lobbying colling amount		<u> </u>			
b	Lobbying ceiling amount (150% of line 2a, column (e))		‡		1	
	- "	•••••	<u> </u>	T	<u> </u>	
C	Total lobbying expenditures					
đ	Grassroots nontaxable amount					
0	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT t	iled l	Form	5768	Pa	
	(election under section 501(h)).	1:	a)		(b)	
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	Ì				
tes	cription of the lobbying activity.	Yes	No	Ar	nount	
1	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		1			
	referendum, through the use of:		Į			
а	Volunteers?		X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
C	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		Х			
e	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
j	Other activities?		Х			
j	Total. Add lines 1c through 1i	}	х			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912		}			
C .	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	1				
		1(5)	or se	ction		
Fd	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	,,,,,	0. 00	0		
	301(0)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
-	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?					
3				3		
3 Pa		;)(5),	or se			
3 Pa	Complete if the organization is exempt under section 501(c)(4), section 501(c)	;)(5),)R (b	or se) Part	ction	line :	3, is
3 Pa		;)(5),)R (b	or se) Parl	ction	line :	3, is
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C	;)(5),)R (b	or se	ction	line :	3, is
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."	;)(5),)R (b) Parl	ction	line :	3, is
1	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes." Dues, assessments and similar amounts from members	;)(5),)R (b) Pari	ction	line :	3, is
1	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "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). Current year	OR (b) Parl	ction	line (3, is
1	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "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). Current year Carryover from last year	OR (b) Pari	ction	line :	3, is
1 2 a	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "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). Current year Carryover from last year Total	OR (b) Pari	ction	line :	3, is
1 2 a b	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "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). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	OR (b	1 2a 2b	ction	line (3, is
1 2 a b	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "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). 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	OR (b	2a 2b 2c	ction	line :	3, is
1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "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). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	OR (b	2a 2b 2c 3	ction	line :	3, is
1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "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). 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?		2a 2b 2c 3	ction	line :	3, is
1 2 a b c 3 4	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "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). 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		2a 2b 2c 3	ction	line :	3, is

Schedule C (Form 990 or 990-EZ) 2016

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

SKYEWARD BOUND RANCH

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer Identification number

75-2557363

O1. List of grants and	similar amounts paid (Part I, line 10)
Activity	TRIPS FOR DISABLED CHILDREN AND FAMILIES
Amount	1,291
Activity	GIFTS FOR DISABLED CHILDREN AND FAMILIES
Amount	10,449
Activity	DONATIONS TO CHILREN CHAR
Amount	1,500
Grantee	FAMILIES OF DISABLED CHILDREN
02. Other changes in ne	t assets or fund balances (Part I, line 20)
Description	Amount
ROUNDING	1
· 	
	· · · · · · · · · · · · · · · · · · ·