

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C CRYSTAL PEAKS YOUTH RANCH, CO. 19344 INNES MARKET RD BEND, OR 97703	D Employer identification number 91-1821187	
		E Telephone number (541) 330-0123	
		G Gross receipts \$ 2,480,719.	
		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If "No," attach a list. See instructions.</small>
F Name and address of principal officer: KENNETH T MEEDER SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.CRYSTALPEAKSYOUTHGRANCH.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1997	M State of legal domicile: OR	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE A POSITIVE, SAFE, AND STRUCTURED EQUESTRIAN ENVIRONMENT FOR ALL CHILDREN.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a).....	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	4
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a).....	5	30
	6 Total number of volunteers (estimate if necessary).....	6	270
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	-66,141.
b Net unrelated business taxable income from Form 990-T, Part I, line 11.....	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h).....	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g).....	1,478,706.	2,289,815.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	5,070.	3,742.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	66,009.	43,656.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	-57,987.	-66,141.
		1,491,798.	2,271,072.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		
	14 Benefits paid to or for members (Part IX, column (A), line 4).....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	907,247.	877,394.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 250,997.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	655,843.	758,157.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	1,563,090.	1,635,551.	
19 Revenue less expenses. Subtract line 18 from line 12.....	-71,292.	635,521.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26).....	6,357,475.	6,864,457.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	255,463.	78,800.
		6,102,012.	6,785,657.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer:	Date: 11/14/22			
	KENNETH T MEEDER Type or print name and title	CEO			
Paid Preparer Use Only	Print/Type preparer's name: DEVON A. GAINES	Preparer's signature:	Date: 11-8-22	Check <input checked="" type="checkbox"/> if self-employed	PTIN: P00397226
	Firm's name: ▶ DEVON A. GAINES, CPA, PC				
	Firm's address: ▶ 404 SW COLUMBIA ST, STE 230 BEND, OR 97702	Firm's EIN ▶ 26-4032453 Phone no. (541) 323-6750			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

CRYSTAL PEAKS YOUTH RANCH COMPANY'S PRIMARY EXEMPT PURPOSE IS TO PROVIDE A POSITIVE, SAFE, AND STRUCTURED EQUESTRIAN ENVIRONMENT FOR ALL CHILDREN, INCLUDING AT-RISK, DISABLED, AND DISADVANTAGED CHILDREN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 476,595. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 345,076. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 277,554. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 160,808. including grants of \$) (Revenue \$)

4e Total program service expenses 1,260,033.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.		X
b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 'Yes,' complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V.

	Yes	No
1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2 a 30		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b X	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a X	X	
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3 b X	X	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a		X
b	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7 d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10 a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11 a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13 a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13 b		
c	Enter the amount of reserves on hand. 13 c		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? 14 a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14 b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17		
If 'Yes,' complete Form 6069.			

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	5	
1 b	Enter the number of voting members included on line 1a, above, who are independent.	4	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? SEE SCHEDULE O	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done. SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	The organization's CEO, Executive Director, or top management official.		X
15 b	Other officers or key employees of the organization. SEE SCHEDULE O If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ OR
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
KENNETH MEEDER 19390 INNES MARKET RD BEND OR 97703 (541) 330-0123

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) KENNETH T MEEDER CEO	40 0	X		X			88,750.	0.	0.
(2) KIMBERLY MEEDER MEMBER	40 0	X					74,335.	0.	0.
(3) SHAWN CLARK PRESIDENT	1 0	X		X			0.	0.	0.
(4) ERIC CLOSE MEMBER	1 0	X					0.	0.	0.
(5) GREG HAWLEY TREASURER	1 0	X		X			0.	0.	0.
(6) CLARENCE BECKER MEMBER	1 0	X					0.	0.	0.
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

1 b Subtotal	163,085.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	163,085.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns.....	1 a				
	b Membership dues.....	1 b				
	c Fundraising events.....	1 c				
	d Related organizations.....	1 d				
	e Government grants (contributions)....	1 e 332,719.				
	f All other contributions, gifts, grants, and similar amounts not included above....	1 f 1,957,096.				
	g Noncash contributions included in lines 1a-1f.....	1 g 602,993.				
	h Total. Add lines 1a-1f..... ▶	2,289,815.				
	Program Service Revenue	2 a <u>REFUNDS</u>	Business Code 900099	3,742.	3,742.	
b -----						
c -----						
d -----						
e -----						
f All other program service revenue ...						
g Total. Add lines 2a-2f..... ▶		3,742.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)..... ▶		9,058.		9,058.	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties..... ▶					
	6 a Gross rents.....	6 a	(i) Real			
			(ii) Personal	7,200.		
	b Less: rental expenses	6 b	73,239.			
	c Rental income or (loss)	6 c	-66,039.			
	d Net rental income or (loss)..... ▶		-66,039.		-66,039.	
	7 a Gross amount from sales of assets other than inventory	7 a	(i) Securities	130,605.	8,883.	
			(ii) Other			
	b Less: cost or other basis and sales expenses	7 b	101,810.	3,080.		
	c Gain or (loss).....	7 c	28,795.	5,803.		
d Net gain or (loss)..... ▶		34,598.	34,598.			
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.....	8 a					
b Less: direct expenses.....	8 b					
c Net income or (loss) from fundraising events..... ▶						
9 a Gross income from gaming activities. See Part IV, line 19.....	9 a					
b Less: direct expenses.....	9 b					
c Net income or (loss) from gaming activities..... ▶						
10 a Gross sales of inventory, less,..... returns and allowances.....	10 a		31,416.			
b Less: cost of goods sold....	10 b	31,518.				
c Net income or (loss) from sales of inventory..... ▶		-102.		-102.		
Miscellaneous Revenue	11 a -----	Business Code				
	b -----					
	c -----					
	d All other revenue.....					
	e Total. Add lines 11a-11d..... ▶					
	12 Total revenue. See instructions..... ▶		2,271,072.	38,340.	-66,141.	9,058.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX. X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	163,085.	163,085.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	581,206.	443,527.	18,690.	118,989.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	60,002.	50,519.	3,801.	5,682.
10 Payroll taxes.	73,101.	64,014.	3,981.	5,106.
11 Fees for services (nonemployees):				
a Management.				
b Legal.	1,726.	1,018.	584.	124.
c Accounting.	4,550.	3,458.	683.	409.
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	8,299.		8,299.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	73,910.	67,645.	1,548.	4,717.
12 Advertising and promotion.	6,895.	2,073.	225.	4,597.
13 Office expenses.	6,731.	4,251.	670.	1,810.
14 Information technology.	3,582.	2,293.	143.	1,146.
15 Royalties.				
16 Occupancy.	21,922.	19,229.	1,559.	1,134.
17 Travel.	38,738.	9,207.	29,062.	469.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	194,388.	150,054.	14,404.	29,930.
23 Insurance.	26,595.	23,246.	2,502.	847.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>GENERAL SUPPLIES & EQUIPMENT</u>	56,852.	51,329.	3,522.	2,001.
b <u>EQUINE EXPENSES</u>	42,123.	42,123.		
c <u>AUTO EXPENSES</u>	38,174.	28,735.	4,605.	4,834.
d <u>POSTAGE AND SHIPPING</u>	36,855.	1,814.	153.	34,888.
e All other expenses. SEE SCH. O.	196,817.	132,413.	30,090.	34,314.
25 Total functional expenses. Add lines 1 through 24e.	1,635,551.	1,260,033.	124,521.	250,997.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year		
Assets	1	Cash – non-interest-bearing	13,435.	1	20,829.	
	2	Savings and temporary cash investments	547,805.	2	298,238.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	2,060.	4		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	25,252.	8	27,682.	
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,409,913.		
	b	Less: accumulated depreciation	10b	1,437,769.	10c	4,972,144.
	11	Investments – publicly traded securities	1,137,484.	11	1,369,998.	
	12	Investments – other securities. See Part IV, line 11		12		
	13	Investments – program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	38,383.	15	175,566.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	6,357,475.	16	6,864,457.		
Liabilities	17	Accounts payable and accrued expenses	44,021.	17	42,677.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties	211,442.	23	36,123.	
	24	Unsecured notes and loans payable to unrelated third parties		24		
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25			
26	Total liabilities. Add lines 17 through 25	255,463.	26	78,800.		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	6,102,012.	27	6,785,657.	
	28	Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
32	Total net assets or fund balances.	6,102,012.	32	6,785,657.		
33	Total liabilities and net assets/fund balances	6,357,475.	33	6,864,457.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,271,072.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,635,551.
3	Revenue less expenses. Subtract line 2 from line 1	3	635,521.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,102,012.
5	Net unrealized gains (losses) on investments	5	49,545.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O). SEE SCHEDULE O	9	-1,421.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,785,657.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2 b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

CRYSTAL PEAKS YOUTH RANCH, CO.

Employer identification number

91-1821187

Part I 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 12, check only one box.)

- 1 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 (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations:
 - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3. ...						
5 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) ..						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 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 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2021. 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		<input type="checkbox"/>
b 33-1/3% support test—2020. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. 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 organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. 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 supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ...		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	1,074,579.	1,571,217.	1,543,559.	1,478,706.	2,289,815.	7,957,876.
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	84,630.	139,481.	70,231.	26,551.	38,616.	359,509.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	1,159,209.	1,710,698.	1,613,790.	1,505,257.	2,328,431.	8,317,385.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						8,317,385.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.	1,159,209.	1,710,698.	1,613,790.	1,505,257.	2,328,431.	8,317,385.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	23,324.	30,004.	18,450.	16,147.	9,058.	96,983.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	23,324.	30,004.	18,450.	16,147.	9,058.	96,983.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,182,533.	1,740,702.	1,632,240.	1,521,404.	2,337,489.	8,414,368.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)).	15	98.85 %
16 Public support percentage from 2020 Schedule A, Part III, line 15.	16	98.56 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	1.15 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17.	18	1.44 %

19a 33-1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b 33-1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, such as 'Are all of the organization's supported organizations listed by name...', 'Did the organization have any supported organization that does not have an IRS determination...', and 'Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than...'

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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? <i>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.</i>	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section 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 <i>(see instructions)</i> .		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2	Activities Test. Answer lines 2a and 2b below.		
a	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? <i>If 'Yes,' then in Part VI identify 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.</i>	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If 'Yes' or 'No,' provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	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):		
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 0.015 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 0.035.	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 0.85 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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016.....		
b	From 2017.....		
c	From 2018.....		
d	From 2019.....		
e	From 2020.....		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017.....		
b	Excess from 2018.....		
c	Excess from 2019.....		
d	Excess from 2020.....		
e	Excess from 2021.....		

BAA

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 B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization: CRYSTAL PEAKS YOUTH RANCH, CO. Employer identification number: 91-1821187

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

CRYSTAL PEAKS YOUTH RANCH, CO.

Employer identification number

91-1821187

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Question number, Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		1,956,394.		1,956,394.
b Buildings		3,695,938.	935,291.	2,760,647.
c Leasehold improvements				
d Equipment		581,993.	427,237.	154,756.
e Other		175,588.	75,241.	100,347.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,972,144.

BAA

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements.....		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments.....	2 a		
	b Donated services and use of facilities.....	2 b		
	c Recoveries of prior year grants.....	2 c		
	d Other (Describe in Part XIII.).....	2 d		
	e Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4 a		
	b Other (Describe in Part XIII.).....	4 b		
	c Add lines 4 a and 4 b		4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.).....		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements.....		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities.....	2 a		
	b Prior year adjustments.....	2 b		
	c Other losses.....	2 c		
	d Other (Describe in Part XIII.).....	2 d		
	e Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4 a		
	b Other (Describe in Part XIII.).....	4 b		
	c Add lines 4 a and 4 b		4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.).....		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
CRYSTAL PEAKS YOUTH RANCH, CO.

Employer identification number
91-1821187

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	57,500.	COMPARABLE SALES
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	2	37,262.	HI-LO METHOD
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential	X	1	500,000.	SALE PRICE
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MATERIALS)	X	44	8,231.	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement. **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If 'Yes,' describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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 Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

CRYSTAL PEAKS YOUTH RANCH, CO.

Employer identification number

91-1821187

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

MENTOR THE CHILD SESSION PROGRAM ACCOMPLISHMENTS DURING 2021

THE CRYSTAL PEAKS STAFF COMPLETED 1,540 SESSIONS, WHICH INCLUDES THE FOLLOWING:

-CRYSTAL PEAKS SERVED 160 FAMILIES WITH CHILDREN AGES 6-18 IN ITS CORE SESSION PROGRAM.

-IN TOTAL, 603 ONE-ON-ONE SESSIONS WERE ONE-ON-ONE WITH A HORSE.

-THE CRYSTAL PEAKS STAFF COMPLETED 237 SESSIONS FROM OUR REFERRAL PROGRAMS. THESE MENTOR SESSIONS ARE FOR CHILDREN IN SIGNIFICANT "AT RISK" SITUATIONS. OUR REFERRAL PROGRAM ENCOMPASSED 15% OF ALL SESSIONS IN 2021.

CRYSTAL PEAKS HOSTED APPROXIMATELY 2,946 VISITORS IN 2021.

THE "SAGE" GIRLS SMALL GROUP (SEEKING AFTER GOD ENTIRELY) MET FOR 11 WEEKS STRAIGHT LAST YEAR, AND INCLUDED 4-8 TEENAGE GIRLS FOR 3.5 HOURS EACH TIME. THROUGHOUT THIS TIME, THE GIRLS LEARNED HOW TO TRAIN UP-AND-COMING SESSION HORSES, LEARN ABOUT GOD'S WORD, AND THEY EVEN BUILT A NEW TRAIL FOR SESSION PARTICIPANTS TO USE THAT GOES ACROSS THE ENTIRE NORTH END OF THE CPYR CAMPUS.

"DRIVE BY" CANDLE-LIGHTERS EVENT

THE CPYR STAFF CHOSE TO FACILITATE OUR 2ND ANNUAL "DRIVE BY" EVENT LIKE WE STARTED IN 2020. THIS YEAR, A WONDERFUL, CREATIVE OPPORTUNITY AROSE TO SERVE PEDIATRIC CANCER PATIENTS AND THEIR ENTIRE FAMILY THROUGH A LOCAL BRANCH OF CANDLE-LIGHTERS - A NATIONAL NON-PROFIT ORGANIZATION THAT SERVES CHILDREN DIAGNOSED WITH CANCER. WE HOSTED 11 FAMILIES FOR AN AFTERNOON OF CHRISTMAS-THEMED FESTIVITIES, TOTALING OVER 50 VISITORS IN ONE SINGLE AFTERNOON.

Name of the organization

Employer identification number

CRYSTAL PEAKS YOUTH RANCH, CO.

91-1821187

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

BECAUSE OF THESE KIDS' COMPROMISED IMMUNE SYSTEMS - AND THE CONTINUED COVID RESTRICTIONS - WE HAD THESE FAMILIES DRIVE THE PERIMETER OF THE CRYSTAL PEAKS CAMPUS WHILE STAYING IN THEIR CARS. DURING THEIR DRIVE, THEY EACH GOT TO PARTICIPATE IN A SCAVENGER HUNT/MAZE OF OUR 110+ ACRES. THE STAFF DRESSED UP IN CHRISTMAS-Y ATTIRE, AND WE HAD A MOBILE YOUTH-LED WORSHIP BAND THAT SANG CHRIST-CENTERED CHRISTMAS SONGS FOR FAMILIES AS THEY DROVE BY ALONG THE ROUTE. THERE WERE 8 ACTIVITY STATIONS FOR THE KIDS & PARENTS TO PARTICIPATE IN:

-A HOT COCOA AND CIDER BAR; OUR STAFF AND YOUTH WHO PARTICIPATE IN OUR PROGRAMS PERSONALLY SERVED EACH MAN, WOMAN, AND CHILD A BEVERAGE OF THEIR CHOICE - MADE FRESH RIGHT AT THEIR CAR'S WINDOW.

-SING-ALONG CHRISTMAS CAROLS; A LOCAL CHURCH'S YOUTH WORSHIP TEAM SET UP THEIR DRUMS, MICS, GUITARS, AND DJEMBE ON OUR FLATBED TRAILER AND SAND FOR 3+ HOURS WHILE CANDLE-LIGHTERS FAMILIES DROVE BY AND SANG ALONG.

-"THE ULTIMATE COOKIE CHALLENGE." AT THIS STATION, EACH PERSON RECEIVED A CHOCOLATE SANDWICH COOKIE

-"ANTLER RING TOSS"

-"SNOWBALL FIGHT" WITH FAKE SNOWBALLS THAT KIDS & PARENTS

-"DECORATE A CHRISTMAS TREE" WHERE FAMILIES EACH GOT TO THROW LIGHTS, TINSEL, ORNAMENTS, AND DECORATIONS ON A 30-FOOT PINE TREE ON THE PROPERTY, HORSE SOCCER, AND WE HAD EVERY CAR STOP AT THE END OF THE ROUTE TO TAKE A FAMILY PHOTO IN FRONT OF OUR CHRISTMAS BACKDROP!

INTERNSHIP PROGRAM

IN ADDITION TO OUR STAFF LEADING SESSIONS, TOURS, AND GROUPS, WE HOSTED 6 INTERNS FROM ALL ACROSS THE UNITED STATES. THE GOAL OF OUR INTERNSHIP PROGRAM IS TO TRAIN AND

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FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

EQUIP THESE YOUNGER GENERATIONS TO LEAD SESSIONS WITH CHILDREN AND FAMILIES. OVER THE COURSE OF THE 2021 SESSION SEASON, THE INTERNS VOLUNTEERED APPROXIMATELY 5,124 HOURS OF THEIR TIME TO THE MINISTRIES AT CRYSTAL PEAKS YOUTH RANCH. IN ADDITION, INTERNS LED 271 SESSIONS IN 2021.

A UNIQUE YEAR

DUE TO OREGON'S CONTINUED COVID RESTRICTIONS, CRYSTAL PEAKS YOUTH RANCH WAS STILL UNABLE TO PERFORM AT A FULL CAPACITY FOR TYPICAL "MENTOR THE CHILD" ACCOMPLISHMENTS LIKE WE ONCE DID. AS A RESULT OF THIS, CPYR WAS ABLE TO AFFORD MORE TIME, STAFF HOURS, AND FINANCIAL RESOURCES TO THE "RESCUE THE EQUINE" AND "HOPE FOR THE FAMILY" PILLARS AT THE HEART OF THE MINISTRIES OF CRYSTAL PEAKS YOUTH RANCH.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

RESCUE THE EQUINE ACCOMPLISHMENTS DURING 2021

ADMINISTRATION

CRYSTAL PEAKS ADVANCED THE EQUINE MANAGER ROLE TO A SALARY POSITION WITH INCREASED RESPONSIBILITIES AND BENEFITS.

CRYSTAL PEAKS UPGRADED THE PAID STAFF POSITION TITLED "EQUINE ASSISTANT" TO "EQUINE COORDINATOR." THIS INCLUDED A PROMOTION AND PAYROLL RAISE FOR EXEMPLARY PERFORMANCE OF THE PREVIOUS EQUINE ASSISTANT. THE EQUINE COORDINATOR ROLE CONTINUES TO SUPPORT THE EQUINE MANAGER IN OVERSEEING CARE OF THE CPYR HERD. ADDITIONALLY, THE ROLE INCLUDES THE OVERSIGHT OF CPYR HORSE VOLUNTEERS, PORTIONS OF THE INTERN AND STAFF IN REGARDS TO HERD CARE, AND SERVING AS THE POINT PERSON FOR COMMUNICATIONS REGARDING OUR EQUINE RESCUE AND ADOPTION PROGRAM. THIS POSITION PROVIDES UP TO 36 HOURS A WEEK OF ASSISTANCE TO THE EQUINE MANAGER THROUGH A WIDE VARIETY OF TASKS, INCLUDING, BUT NOT LIMITED TO, HORSE HEALTH AND NUTRITION, MINOR VETTING, ROTATIONAL GRAZING,

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RESCUE EVALUATIONS, TRAINING NUMEROUS HORSES, AND STAFF TRAINING AS IT RELATES TO EQUINES.

THE RANCH COMPLETED A REVIEW AND UPDATE OF ALL CURRENT HORSE SAFETY, POLICY, AND TRAINING DOCUMENTS. USING OUR COMPUTER DATA-BASE, CONTACT RESOURCE MANAGEMENT (CRM), WE UTILIZED OUR INFRASTRUCTURE TO STREAMLINE TRACKING OF OUR ROUTINE EQUINE SAFETY TRAININGS.

HERD MANAGEMENT

CRYSTAL PEAKS ADOPTED A RESCUE HORSE FROM THE DESCHUTES COUNTY SHERIFF DEPARTMENT IN 2021.

THE RANCH ADOPTED THREE HORSES SPECIFICALLY FOR THE CHILDREN'S SESSION PROGRAM. SADLY, DUE TO EXTREME MEDICAL CONDITIONS, TWO OF OUR HORSES PASSED AWAY UNDER THE SKILLED CARE OF OUR VETERINARIANS AT BEND EQUINE. (INCLUDING ONE CASE OF A CANCEROUS BRAIN TUMOR THAT WAS TREATED TO THE FULL EXTENT HUMANELY POSSIBLE.)

FIVE HORSES WERE RELOCATED INTO LOVING HOMES. FOUR WENT TO LOCAL FAMILIES AND ONE HORSE WAS SHIPPED TO A FABULOUS HOME AND HORSE TRAINER IN THE MIDWEST.

TWO OF OUR HORSES IN TRAINING WERE FULLY RELEASED INTO OUR SESSION PROGRAM.

THROUGH ALL THESE TRANSITIONS, THE RANCH MAINTAINED A CONSISTENT NUMBER OF 26-30 TOTAL HORSES ON THE CRYSTAL PEAKS CAMPUS.

HERD HEALTH

ALL HORSES WERE KEPT UP-TO-DATE ON ROUTINE DENTAL CARE, FARRIER WORK, AND DEWORMING MEDICATION.

THE RANCH WAS CHOSEN AS A RECIPIENT FOR FREE VACCINES FROM THE UNWANTED HORSE COALITION VETERINARY RELIEF CAMPAIGN.

ALL EQUINE LIVING SPACES WERE MAINTAINED TO ABOVE STANDARD LEVELS, RESULTING

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NATURALLY IN A MINIMAL FLY POPULATION.

MANURE WAS REGULARLY COMPOSTED AND RECYCLED FOR USE ON OUR PASTURES AND GARDENS.

THE RANCH UTILIZED OUR ADDITIONAL 44 ACRES OF PASTURE TO PRACTICE ROTATIONAL GRAZING WITH OUR HERD. THIS RESULTED IN VIBRANT GASTRO-INTESTINAL TRACTS AND STRONG HOOF HEALTH FOR THE ENTIRE HERD.

HORSES WITH INJURIES OR MEDICAL ISSUES WERE SEEN AND CARED FOR PROMPTLY AND PROFESSIONALLY IN COLLABORATION WITH OUR LOCAL VETERINARY OFFICE.

HORSES WITH INDIVIDUAL DIETARY NEEDS WERE FED SEPARATELY, YET CONTINUED TO BE TURNED OUT WITH THE HERD IN CONSIDERATION OF THEIR NATURAL DESIRE FOR HERD COMPANIONSHIP.

SEVERAL HORSE PADDOCKS WERE BUILT/EXPANDED TO ALLOW MORE ROOM FOR THE HERD.

TRAININGS

THE RANCH PROVIDED ROUTINE AND WEEKLY HORSE SAFETY CLASSES FOR STAFF AND INTERNS.

CRYSTAL PEAKS PARTNERED WITH A LOCAL, INDEPENDENT HORSE TRAINER WHO OFFERED 3 CLINICS.

STAFF AND INTERNS WERE TRAINED ON CORRECT SADDLE FIT, INCLUDING THE USE OF SHIMS, THE DIFFERENT SHAPES OF HORSES' BACKS, AND HOW TO MEASURE AND INDIVIDUALLY FIND THE RIGHT FIT FOR EACH HORSE.

STAFF AND INTERNS RECEIVED FREE HOOF TRIMMING LESSONS FROM LOCAL FARRIERS. THEY LEARNED HOW TO IDENTIFY A BALANCED VERSUS UNBALANCED HOOF, THE PRINCIPLES OF EFFECTIVE HOOF CARE, AND THE ESSENTIALS OF TRIMMING AND SHOEING.

KID AND GROUP SESSIONS

271 CHILDREN RECEIVED ONE-ON-ONE HORSE SESSIONS IN 2021.

CRYSTAL PEAKS PARTNERED WITH CAMP EAGLE CAP, AN ORGANIZATION THAT TAKES AT-RISK YOUTH ON A PACK TRIP INTO THE EAGLE CAP WILDERNESS. CRYSTAL PEAKS HOSTED TWO

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TRAINING DAYS FOR 20 YOUTH TO LEARN THE BASICS OF HORSE SAFETY AND RIDING TO PREPARE THEM FOR THEIR WILDERNESS ADVENTURE.

THE RANCH LED A 6-WEEK DISCIPLESHIP GIRLS GROUP TITLED "SAGE" AND TOOK THEM ON HIKES AND HORSEBACK RIDES IN NEARBY WILDERNESS AREAS. SAGE STANDS FOR SEEKING AFTER GOD ENTIRELY.

HORSE SPONSOR PROGRAM

CRYSTAL PEAKS EXPANDED THE HORSE SPONSORSHIP PROGRAM TO INCLUDE THE ENTIRE HERD. (PREVIOUSLY, ONLY HORSES RELEASED FOR SESSIONS COULD BE SPONSORED.) THIS MEANT DONORS HAD THE OPPORTUNITY TO MORE FULLY ENGAGE IN ALL ASPECTS OF THE EQUINE PROGRAM AT CRYSTAL PEAKS, INCLUDING HORSE RESCUE, TRAINING, RETIREMENT, AND ADOPTION. IN 2021, 86 PEOPLE/FAMILIES SPONSORED 28 DIFFERENT RANCH HORSES, RAISING \$54,473.77. HORSE SPONSORS RECEIVED QUARTERLY UPDATES ON THEIR SPONSORED HORSES. SPONSORS WERE ALSO NOTIFIED OF SPECIAL OCCASIONS, SUCH AS THEIR HORSE GRADUATING TO THE SESSION PROGRAM OR IF THEIR HORSE WAS ADOPTED INTO A FOREVER HOME. IN ADDITION TO THE HORSE SPONSOR PROGRAM, THE RANCH RECEIVED \$9000 OF SPECIFIED FUNDS FOR THE INITIAL CARE AND VETERINARY COSTS OF ADOPTING 3 NEW HORSES.

SUPPLIES AND EQUIPMENT

CRYSTAL PEAKS PERFORMED ROUTINE SAFETY CHECKS AND CLEANING ON ALL SADDLES AND BRIDLES USED IN OUR RIDING PROGRAM WITH THE UTMOST DETAIL. THE RANCH UPDATED AND REPLACED EXPIRED RIDING HELMETS TO MEET CURRENT ASTM/SEI-CERTIFICATIONS. CRYSTAL PEAKS KEPT STOCKED VET BAGS WITH EMERGENCY MEDICAL EQUIPMENT STATIONED AT SPECIFIED AREAS OF THE RANCH AND IN EACH OF THE RANCH'S HORSE TRAILERS. THE RANCH MAINTAINED A 6-12 MONTH SUPPLY THROUGHOUT THE YEAR OF FEED, MEDICAL

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FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

INVENTORY, AND ALL ITEMS NECESSARY FOR HERD CARE.

COMMUNITY OUTREACH

CRYSTAL PEAKS NETWORKED WITH THE SHERIFF'S DEPARTMENT TO FOSTER RELATIONSHIPS AND SUPPORT FOR LOCAL HORSES IN NEED. THE SHERIFF'S DEPT. NOTIFIED LOCAL NEWS STATIONS WHO CAME TO DO SEVERAL STORIES ON THE ADOPTION AND THE RANCH.

THE RANCH HOSTED A "TACK BLESSING." IN THIS EVENT, THE RANCH GAVE AWAY EXTRA TACK TO THE COMMUNITY. IN GOD'S MIRACULOUS ECONOMY, MANY PEOPLE DONATED GENEROUSLY, AMOUNTING TO ROUGHLY \$2,700 TO ASSIST WITH HORSE CARE AND VETTING NEEDS.

CRYSTAL PEAKS SUPPORTED SEVERAL OTHER SIMILAR ORGANIZATIONS BY SENDING ASSORTED EQUINE EQUIPMENT TO THEM ALL ACROSS THE DOMESTIC UNITED STATES.

THE RANCH PARTICIPATED IN THE REDMOND 4TH OF JULY PARADE. THE ENTRY INCLUDED A LARGE FLOAT WITH RANCH KIDS, SEVEN HORSES WITH CHILDREN RIDERS AND ADULT SIDE-WALKERS.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

FAMILY SUPPORT SERVICE ACCOMPLISHMENTS DURING 2021

REFUGE FELLOWSHIP**ATTENDANCE FROM CHILDREN & FAMILIES**

REFUGE FELLOWSHIP WAS ABLE TO CONTINUE TO REACH CHILDREN AND FAMILIES BY SERVING A MEAL, PROVIDING A TIME OF LIVE WORSHIP AND A SHORT INSPIRATIONAL MESSAGE ONCE A MONTH IN 2021. THIS TIME OF FELLOWSHIP ENCOURAGES BELONGING AND RELATIONSHIP-BUILDING WITHIN OUR COMMUNITY HERE LOCALLY AND THROUGHOUT THE PACIFIC NORTHWEST. THROUGH THIS TIME, WE'VE BEEN ABLE TO REACH OUR COMMUNITY IN A UNIQUE AND IMPACTFUL WAY. WE ALSO RECEIVED A NUMBER OF NEW FAMILIES INTO OUR SESSION PROGRAM &

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FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

VOLUNTEER PROGRAMS AFTER THEY VISITED REFUGE FELLOWSHIP.

WE ESTIMATE THE ATTENDANCE OF THESE 12 REFUGE FELLOWSHIP GATHERINGS AT APPROXIMATELY 150-200 PEOPLE PER EVENT. WHILE OUR NUMBERS WERE STILL MUCH LOWER DUE TO COVID, WE CAN'T HELP BUT BE THANKFUL FOR THOSE 1500+ PEOPLE WHO WERE ABLE TO COME HEAR THE WORD OF GOD AND FIND COMMUNITY THROUGH CPYR.

REFUGE REAL ONLINE VIDEOS

ADDITIONALLY, WE WERE ABLE TO CONTINUE RECORDING "REFUGE REAL" MESSAGES ONLINE THROUGHOUT 2021. THESE SHORT, 10-12 MINUTE VIDEOS HAVE BEEN SENT OUT GLOBALLY AT LEAST ONCE A MONTH FOR THE LAST 12 MONTHS. WHILE IT DOESN'T REPLACE OUR IN-PERSON REFUGE GATHERINGS, WE HAVE HAD A HIGH NUMBER OF POSITIVE RESPONSES FROM PEOPLE ACROSS THE GLOBE WHO'VE WATCHED REFUGE REAL. THESE DIGITAL MESSAGES HAVE BEEN VIEWED BY AT LEAST 5 MILLION VIEWERS IN TOTAL! ONE OF OUR MOST RECENT COMMENT FROM A RR VIDEO WAS FROM A WOMAN IN SOUTH AFRICA NAMED ANNATJIE. SHE SAID, "WOW, THANK YOU FOR THIS! THESE VIDEOS ARE ALWAYS A HIGHLIGHT IN MY LIFE. PLEASE KEEP SENDING THEM. YOU ARE A BLESSING." WHAT A GIFT TO SHARE THE GOSPEL MESSAGE WITH PEOPLE FROM AROUND THE GLOBE.

VOLUNTEERING AT CPYR

IN EARLY SPRING, CPYR CONTINUED TO DEVELOP & REFINE PRE-EXISTING VOLUNTEER PROGRAMS. WHILE OUR VOLUNTEERING NUMBERS WERE SMALLER THIS YEAR IN TERMS OF "QUANTITIES," CPYR SAW DEEPER, MORE PURPOSEFUL CONNECTION WITH THE HANDFUL OF LOCAL VOLUNTEERS WHO WERE ABLE TO SHOULDER ALONGSIDE OUR STAFF OUTSIDE WHILE PRACTICING SOCIAL DISTANCE. WE BELIEVE THE "QUALITY" OF RELATIONSHIP AND FELLOWSHIP INCREASED CONTINUED TO INCREASE SIGNIFICANTLY, DESPITE THE SOCIAL DISTANCING MANDATES. THANKFULLY WE HAVE TONS OF OUTSIDE PROJECTS!

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FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

CPYR HAD 270 VOLUNTEERS (LOCAL, SHORT-TERM, AND VOLUNTEER GROUPS) DEVOTED 3,450 HOURS TO DEVELOP, MAINTAIN, AND ASSIST OUR STAFF & INTERNS THROUGHOUT ALL ASPECTS OF THE MINISTRY IN 2021.

RAISING AWARENESS FOR CPYR

CRYSTAL PEAKS HOSTED 90 TOURS IN 2021, WHICH ALLOWED US TO CONTINUE SPREADING THE WORD ABOUT OUR PROGRAMMING AND EVENTS...AS WELL AS SHARE THE HOPE OF CHRIST TO THOSE WHO WALKED UP OUR DRIVEWAY.

GLOBAL & LOCAL OUTREACH

CPYR ADDED 2 NEW REFERRAL ORGANIZATIONS TO OUR PREVIOUS LIST OF 7:

CANDLE-LIGHTERS - A NATIONAL ORGANIZATION THAT SERVES PEDIATRIC CANCER SURVIVORS AND THEIR FAMILIES.

CAMP EAGLE CAP - A CHRISTIAN NON-PROFIT THAT TAKES CHILDREN ON WEEK-LONG HORSEBACK TRIPS UP INTO THE EASTERN OREGON CASCADE MOUNTAIN RANGE EACH SUMMER.

THESE NEW CONNECTIONS OFTEN LEAD TO FINDING NEW WAYS THAT WE CAN BETTER SERVE AND WALK ALONGSIDE THE FAMILIES WHO TAKE PART IN OUR PROGRAMS AS A WHOLE. CPYR PROVIDES PRIORITY SCHEDULING FOR THESE FAMILIES, MEANING THAT OUR SCHEDULING TEAM DOES THEIR BEST TO CONNECT CONSISTENT LEADERS WITH THESE KIDS IN SESSIONS ON A CONSISTENT BASIS.

IN 2021, WE CONTINUED TO INVEST MORE STAFF TIME AND ENERGY INTO CREATING NEW INFRASTRUCTURES THAT GIVE OPPORTUNITIES FOR FAMILIES TO PARTICIPATE IN THE WIDE-VARIETY OF PROGRAMS WE HAVE TO OFFER AT CRYSTAL PEAKS, AS WELL AS GIVE AIDE TO THOSE IN NEED. WE CONTINUED TO FOCUS ON GROWING OUR WIDE ARRAY OF FAMILY SUPPORT BY DONATING FOOD, FINANCIAL ASSISTANCE, CLOTHING, BOOKS, TOYS, FUEL, TRANSPORTATION NEEDS, AND COMMUNITY RESOURCES. ALL OF THESE RESOURCES WERE GIVEN TO LOCAL FAMILIES

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FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

WITHOUT EXPECTATION TO RECEIVE ANYTHING IN RETURN.

THE RANCH WAS ALSO ABLE TO CONTINUE TO GROW OUR OWN FOOD ON THE CPYR CAMPUS, AND OUR FRUIT TREES CONTINUE TO PRODUCE MORE AND MORE EVERY YEAR! WE ARE HOPEFUL FOR OUR TWO ANNUAL "HARVEST DAYS" TO BECOME A LITERAL HARVEST OF OUR OWN ORCHARD NEXT YEAR, SO THAT WE CAN TEACH KIDS & FAMILIES HOW TO CORRECTLY PROCESS AND STORE THEIR OWN FOOD. THE "DONATION ROOM" AT CPYR WAS MOVED TO OUR REFUGE BUILDING, AND FUNNELED MANY IN-KIND DONATIONS TO FAMILIES IN NEED. ITEMS INCLUDED HANDMADE HATS AND MITTENS FOR COLD-WEATHER PROTECTION, CLOTHING, INDIVIDUALLY PACKED SNACKS, BOOKS AND BIBLES. ONE FAMILY EVEN RECEIVED AN ALMOST-NEW KEYBOARD THAT SERVED AS A CHRISTMAS GIFT FOR THEIR YOUNG DAUGHTER. WHAT A BLESSING TO BLESS OTHERS!

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

EMPOWERING THE MINISTRY SERVICE ACCOMPLISHMENTS DURING 2021

IN 2021, 3 NEW SIMILAR MINISTRIES WERE ESTABLISHED IN US COMMUNITIES. THESE 501 C3 NOT FOR PROFIT CORPORATIONS WERE LAUNCHED BY INDIVIDUALS THAT WERE INSPIRED TO SERVE THEIR COMMUNITIES THROUGH ATTENDING OUR EMPOWERMENT EVENTS AND ONGOING CONSULTATION FROM CRYSTAL PEAKS STAFF.

IN 2021, CRYSTAL PEAKS MOVED FORWARD WITH OFFERING OUR TRAINING EVENT, IGNITION, FREE OF CHARGE TO THOSE INTERESTED IN ATTENDING.

IN 2021, CRYSTAL PEAKS YOUTH RANCH HOSTED AND CONDUCTED ITS' 23RD IGNITION EVENT WHICH EQUIPS INDIVIDUALS INTERESTED IN STARTING A SIMILAR PROGRAM. THERE WERE 80 ATTENDEES FROM 22 STATES IN THE U.S. THE CORE CLASSES OF IGNITION WERE FILMED AND EMAILED TO HELP 40 ADDITIONAL INDIVIDUALS START THEIR PROGRAMS.

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

CRYSTAL PEAKS YOUTH RANCH HOSTED ITS 8TH MINISTRY RETREAT TO FURTHER SUPPORT SIMILAR PROGRAMS. FOUNDERS & CORE TEAM MEMBERS FROM THESE NON-PROFITS WERE INVITED TO ATTEND. 45 PROGRAMS WERE REPRESENTED BY 90 LEADERS IN ATTENDANCE. THIS EVENT ENCOMPASSED ATTENDEES FROM 22 STATES.

AT THE END OF 2021 THE RANCH IS AWARE OF 124 ACTIVE SIMILAR PROGRAMS IN 34 STATES AND 4 ADDITIONAL COUNTRIES. THESE SIMILAR MINISTRIES ABIDE BY THE CRYSTAL PEAKS MISSION TO FURTHER THE CPYR MINISTRY MODEL WORLDWIDE.

FOUR SIMILAR MINISTRY PROGRAMS HOSTED REGIONAL SUPPORT CLINICS IN 2021 IN THE EAST COAST, UPPER MIDWEST, & MIDWEST REGIONS.

THE FOUNDERS OF CRYSTAL PEAKS YOUTH RANCH PERSONALLY VISITED 3 SIMILAR PROGRAMS IN THE US DURING 2021 TO OFFER SUPPORT, CONSULTATION, AND SPEAK AT THEIR EVENTS.

THE SIMILAR MINISTRIES MANAGER COORDINATED ZOOM MEETINGS TO OFFER SUPPORT AND FELLOWSHIP AMONGST THE SIMILAR MINISTRY LEADERS. 8 ZOOM MEETINGS WERE HELD TO ENCOURAGE OUR ACTIVE SIMILAR MINISTRIES.

CRYSTAL PEAKS YOUTH RANCH PROVIDED DISASTER RELIEF FOR 1 OF OUR EAST COAST SIMILAR MINISTRIES THAT WAS AFFECTED BY A HURRICANE.

CONTINUED TO PROVIDE A FACEBOOK PAGE, CRYSTAL PEAKS YOUTH RANCH - EMPOWERING THE MINISTRY. THE FACEBOOK PAGE IS FOR THOSE INSPIRED BY CRYSTAL PEAKS YOUTH RANCH TO COME TOGETHER FOR FURTHER EDUCATION AND SUPPORT ON STARTING A SIMILAR MINISTRY. IN 2021, THE FACEBOOK PAGE REACHED 3,000 MEMBERS.

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FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

BOARD MEMBERS KENNETH AND KIMBERLY MEEDER ARE HUSBAND AND WIFE.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

COPIES OF THE FORM 990 ARE GIVEN TO ALL BOARD MEMBERS IN A BOARD MEETING PRIOR TO FILING THE FORM 990.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

SELF-MONITORED AND SELF-ENFORCED BY GOVERNING BODY.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

1. REVIEW AND APPROVAL. THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS OR COMPENSATION COMMITTEE OF THE ORGANIZATION, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THE REVIEW AND APPROVAL.

2. USE OF DATA AS COMPARABLE COMPENSATION. THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING COMPARABLE COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

3. CONTEMPORANEOUS DOCUMENTATION AND RECORD-KEEPING. THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORD-KEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THEY ARE AVAILABLE UPON REQUEST AND ON THE GUIDESTAR WEBSITE.

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BENEVOLENCE GIFTS	14,697.	7,957.	1,491.	5,249.
DIRECTOR INSURANCE	2,949.		2,949.	
DUES & SUBSCRIPTIONS	13,024.	8,128.	2,901.	1,995.
EQUIPMENT RENTAL	4,136.	4,132.	4.	
EQUIPMENT REPAIR & MAINTENANCE	6,049.	5,990.	59.	
FACILITIES INSURANCE	25,653.	24,154.	833.	666.
FACILITIES LEASE	2,240.	2,219.	21.	

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**FORM 990, PART IX, LINE 24E (CONTINUED)
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
FOOD & BEVERAGE	33,119.	24,908.	7,722.	489.
GENERAL BUSINESS EXPENSES	-12.	-234.	222.	
GROUNDS & STRUCTURE REPAIR & M	10,366.	10,136.	95.	135.
LICENSES, PERMITS, TAXES & FEE	5,393.	4,733.	495.	165.
MERCHANT FEES	20,221.	9,206.	9,939.	1,076.
PRINTING AND PUBLICATIONS	24,482.	3,328.	62.	21,092.
STAFF TRAINING & UNIFORMS	6,179.	5,983.	179.	17.
TELEPHONE & INTERNET	14,723.	11,926.	1,619.	1,178.
WEBSITE	4,495.	2,917.	97.	1,481.
WORKERS COMP INSURANCE	9,103.	6,930.	1,402.	771.
TOTAL	\$ 196,817.	\$ 132,413.	\$ 30,090.	\$ 34,314.

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

ACCRUAL/CASH ADJUSTMENT, NET	\$ -1,421.
TOTAL	\$ -1,421.