

Return of Organization Exempt From Income Tax

Form **990**

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

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending


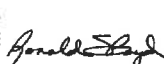
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CRYSTAL PEAKS YOUTH RANCH, CO.		D Employer identification number 91-1821187
	Doing business as		E Telephone number 541-330-0123
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 19344 INNES MARKET ROAD	G Gross receipts \$ 1,612,714.	
	City or town, state or province, country, and ZIP or foreign postal code BEND, OR 97703		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 type="checkbox"/> No If "No," attach a list. (see instructions) 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.CRYSTALPEAKSYOUTHANCH.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: TO PROVIDE A POSITIVE, SAFE, AND STRUCTURED EQUESTRIAN ENVIRONMENT FOR ALL CHILDREN.			
	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 2016 (Part V, line 2a)	5	26	
	6 Total number of volunteers (estimate if necessary)	6	250	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-25,242.	
b Net unrelated business taxable income from Form 990-T, line 34	7b	-22,600.		
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		3,480,103.	1,263,688.
	9 Program service revenue (Part VIII, line 2g)		53,958.	54,253.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		70,125.	18,199.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-40,777.	-25,242.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,563,409.	1,310,898.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		743,380.	767,016.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 257,848.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		802,997.	718,540.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,546,377.	1,485,556.
19 Revenue less expenses. Subtract line 18 from line 12		2,017,032.	-174,658.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)		6,365,933.	6,192,641.
	21 Total liabilities (Part X, line 26)		81,666.	64,298.
22 Net assets or fund balances. Subtract line 21 from line 20		6,284,267.	6,128,343.	

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: 11/13/17	
	Type or print name and title: KENNETH MEEDER, CEO			
Paid Preparer Use Only	Print/Type preparer's name RONALD S BOYD	Preparer's: 	Date: 11/10/17	Check if self-employed <input type="checkbox"/> PTIN: P00710287
	Firm's name ▶ SPECTRUM CPA GROUP, LLP			Firm's EIN ▶ 93-1303841
Firm's address ▶ 109 NW GREENWOOD AVENUE, STE 102 BEND, OR 97703			Phone no. (541) 749-4020	

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 [X]

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 [X] No

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

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 \$ 276,595. including grants of \$ 0.) (Revenue \$ 652.) STAFF COMPLETED 2,614 CHILD/STAFF SESSIONS IN 2016, WHICH INCLUDED THE FOLLOWING: SERVED 246 FAMILIES WITH 493 CHILDREN AGES 6-18 THROUGH ITS CORE SESSION PROGRAM; OFFERED 81 MENTOR SESSIONS; 5 SMALL GROUPS WERE USED TO IMPROVE THE EFFICIENCY OF THE PROGRAM AND ALLOW MORE FAMILIES AND KIDS TO BE A PART OF THE RANCH; AND, CPYR STAFF COMPLETED 1,097 SESSIONS FOR YOUTH IN "AT-RISK" SITUATIONS THROUGH OUR COMMUNITY BASED REFERRAL PROGRAM. OUR REFERRAL PROGRAM ENCOMPASSED 42% OF OUR SESSIONS IN 2016.

HELD 2 "HARVEST DAYS" PROGRAMS FOR FAMILIES. SEWING, WOODWORKING, CROCHET, ARTS, AND CRAFTS WERE A FEW OF THE MANY ADDITIONAL OPPORTUNITIES AFFORDED THE RANCH PARTICIPANTS.

4b (Code:) (Expenses \$ 311,888. including grants of \$ 0.) (Revenue \$ 18,946.) RETIRED 3 HORSES TO OUR OWN PASTURE INSTEAD OF RE-HOMING THEM.

DENTAL WORK, STANDARD VETERINARY VISITS AND REGULAR SHOTS WERE GIVEN TO RANCH HORSES.

ALL PADDOCKS WERE REGULARLY MAINTAINED AND CLEANED OF MANURE RESULTING IN MINIMAL HOOF-RELATED INJURIES AND DISEASES SPREAD BY FLIES.

UTILIZED OUR ADDITIONAL 92-ACRE PROPERTY BY ALLOWING THE HERD TO LIVE PART-TIME ON 44 ACRES OF IRRIGATED PASTURE, WHICH GREATLY HELPED TO BOOST THEIR GASTRO-INTESTINAL AND HOOF HEALTH.

4c (Code:) (Expenses \$ 230,902. including grants of \$) (Revenue \$ 342.) CONTINUED TO INVEST IN MAINTAINING A RESTFUL SPACE WITHIN THE ON-SITE STORE FOR MOTHERS AND VISITING FAMILIES IN NEED OF MINISTRY.

FOCUSED ON GROWING FAMILY SUPPORT PROGRAMS. AS A RESULT OF THIS EFFORT, FOOD, FINANCIAL ASSISTANCE, CLOTHING, BOOKS, TOYS, AND OTHER ITEMS GIFTED TO LOCAL FAMILIES.

CONTINUED FOCUS ON DEVELOPING THE LOCAL, PART-TIME VOLUNTEER PROGRAM RESULTING IN 173 VOLUNTEERS THAT CONSIST OF LOCAL, REGIONAL, AND INTERNATIONAL INDIVIDUALS, FAMILIES, AND GROUPS. WITH THEIR DEDICATION TO SERVE CRYSTAL PEAKS IN THE DAY-TO-DAY TASKS, AS WELL AS BUILDING PROJECT, THEY WORKED 4,884 HOURS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 209,662. including grants of \$) (Revenue \$ 50,194.)

4e Total program service expenses 1,029,047.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b <i>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</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses (e.g., 35, 0, 26). Includes questions about Form 1096, W-2G forms, employee reporting, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	5		
1b	Enter the number of voting members included in 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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	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:		
8a	The governing body?	X	
8b	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 in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	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
16b	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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **KENNETH MEEDER - 541-639-7009**
19390 INNES MARKET ROAD, BEND, OR 97703

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

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

- List all of the organization's current officers, directors, trustees... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers, key employees, and highest compensated employees... List all of the organization's former directors or trustees...

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

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Kenneth Meeder (Member), Shawn Clark (President), Eric Close (Member), Kimberly Meeder (Member), and Greg Hawley (Treasurer).

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for 1b, 1c, and 1d.

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

Table with 3 columns: Question number, Question text, Yes/No columns. Rows 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains the text 'NONE'.

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)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,263,688.				
	g	Noncash contributions included in lines 1a-1f: \$		223,680.				
	h	Total. Add lines 1a-1f		1,263,688.				
Program Service Revenue	2 a	CLINICS & CONFERENCES	Business Code 900099	50,050.	50,050.			
	b	REFUNDS	900099	2,986.	2,986.			
	c	MISCELLANEOUS INCOME	900099	1,217.	1,217.			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		54,253.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,697.			1,697.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	1,850.				
			(ii) Personal					
			Less: rental expenses	31,732.				
	c	Rental income or (loss)		-29,882.				
	d	Net rental income or (loss)		-29,882.			-29,882.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	226,335.				
			(ii) Other	46,836.				
			Less: cost or other basis and sales expenses	225,714.	30,955.			
			c	Gain or (loss)	621.	15,881.		
	d	Net gain or (loss)		16,502.	15,881.		621.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a	18,055.					
		b	Less: cost of goods sold	13,415.				
		c	Net income or (loss) from sales of inventory		4,640.			4,640.
Miscellaneous Revenue			Business Code					
11 a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See instructions.			1,310,898.	70,134.	-25,242.	2,318.	

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	145,615.	145,615.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	507,787.	377,349.	35,704.	94,734.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,993.	6,301.	550.	1,142.
9 Other employee benefits	44,019.	34,871.	2,831.	6,317.
10 Payroll taxes	61,602.	49,305.	3,366.	8,931.
11 Fees for services (non-employees):				
a Management				
b Legal	1,424.	736.	642.	46.
c Accounting	6,965.		6,965.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	43,767.	15,669.	19,609.	8,489.
12 Advertising and promotion	2,557.	208.		2,349.
13 Office expenses	7,174.	3,775.	597.	2,802.
14 Information technology	2,599.	1,449.	306.	844.
15 Royalties				
16 Occupancy	71,949.	45,164.	23,741.	3,044.
17 Travel	15,164.	5,523.	3,640.	6,001.
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	163,309.	125,018.	29,509.	8,782.
23 Insurance	37,006.	28,451.	6,166.	2,389.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING AND REPRODUCTI	56,425.	6,041.	1,692.	48,692.
b POSTAGE AND DELIVERY	45,836.	1,325.	2,463.	42,048.
c UTILITIES	41,428.	25,888.	10,602.	4,938.
d FOOD AND BEVERAGE	39,438.	32,500.	5,462.	1,476.
e All other expenses SEE SCH O	183,499.	123,859.	44,816.	14,824.
25 Total functional expenses. Add lines 1 through 24e	1,485,556.	1,029,047.	198,661.	257,848.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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	151,671.	1	110,035.
	2 Savings and temporary cash investments	262,373.	2	209,613.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	654.	4	3,850.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	20,438.	8	19,187.
	9 Prepaid expenses and deferred charges	28,734.	9	4,604.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,632,466.		
	b Less: accumulated depreciation	10b 721,869.	2,978,259.	10c 3,910,597.
	11 Investments - publicly traded securities	2,552,412.	11	1,702,238.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	732.	14	448.
	15 Other assets. See Part IV, line 11	370,660.	15	232,069.
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,365,933.	16	6,192,641.	
Liabilities	17 Accounts payable and accrued expenses	38,925.	17	34,787.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	42,241.	23	29,511.
	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	500.	25	0.
	26 Total liabilities. Add lines 17 through 25	81,666.	26	64,298.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,284,267.	27	6,128,343.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,284,267.	33	6,128,343.	
34 Total liabilities and net assets/fund balances	6,365,933.	34	6,192,641.	

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	1,310,898.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,485,556.
3	Revenue less expenses. Subtract line 2 from line 1	3	-174,658.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,284,267.
5	Net unrealized gains (losses) on investments	5	15,745.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	2,989.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,128,343.

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 in Schedule O.		
2a 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
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
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 in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2016

Open to Public Inspection

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

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 or 990-EZ).)
- 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 in 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		
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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1163352.	3291658.	1778070.	3480103.	1263688.	10976871.
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	51,700.	58,208.	61,671.	53,958.	54,253.	279,790.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1215052.	3349866.	1839741.	3534061.	1317941.	11256661.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						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.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						11256661.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	1215052.	3349866.	1839741.	3534061.	1317941.	11256661.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	43,078.	20,008.	68,089.	70,125.	18,199.	219,499.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				1,589.		1,589.
c Add lines 10a and 10b	43,078.	20,008.	68,089.	71,714.	18,199.	221,088.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1258130.	3369874.	1907830.	3605775.	1336140.	11477749.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	98.07 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	97.99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	1.93 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	2.01 %

19a **33 1/3% support tests - 2016.** 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 - 2015.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>		
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>		

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>		

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?		
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>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
3 Parent of Supported Organizations. Answer (a) and (b) 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>Provide details in Part VI.</i>		
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>		

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 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
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).		

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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.)

Ruled lines for supplemental information.

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

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>25</u>	2,100 SHARES EMERSON ELECTRIC CO _____ _____ _____	\$ <u>105,126.</u>	<u>03/09/16</u>
<u>26</u>	150 SHARES AUTOMATIC DATA PROCESSING INC _____ _____ _____	\$ <u>12,711.</u>	<u>05/27/16</u>
<u>27</u>	1,150 SHARES AUTOMATIC DATA PROCESSING INC _____ _____ _____	\$ <u>99,449.</u>	<u>10/04/16</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

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

OMB No. 1545-0047

2016
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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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?

Yes No

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)?

Yes No

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.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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 are a 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 programs
- 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.

1a 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:

- c Beginning balance _____
- d Additions during the year _____
- e Distributions during the year _____
- f Ending balance _____

	Amount
1c	
1d	
1e	
1f	

2a 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
1a 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 Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations _____
- (ii) related organizations _____

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

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
1a Land		1,426,395.		1,426,395.
b Buildings		2,196,225.	170,238.	2,025,987.
c Leasehold improvements		450,400.	162,240.	288,160.
d Equipment		523,896.	356,447.	167,449.
e Other		35,550.	32,944.	2,606.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,910,597.

Part VII Investments - Other Securities.

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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)	
Total. (Column (b) must equal Form 990, Part X, col. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (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 FIN 48 (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.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and a final column for totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and a final column for totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions 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.

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

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

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				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	217,286.	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				
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 ▶ (<u>GENL SUPPLIES</u>)	X	36	6,394.	FAIR MARKET VALUE
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 IV, Donee Acknowledgement

29

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?

	Yes	No
30a		X
31		X
32a		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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

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

Schedule M (Form 990) (2016)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

CRYSTAL PEAKS YOUTH RANCH, CO.

Employer identification number
91-1821187

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

HOSTED 5,578 VISITORS TO THE RANCH IN 2016.

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

SUPPORTED SEVERAL OTHER SIMILAR ORGANIZATIONS BY SENDING CLOSE TO
\$1,000 WORTH OF ASSORTED EQUINE EQUIPMENT ALL OVER THE COUNTRY.

MAINTAINED EXCELLENT OVERALL HERD HEALTH FOR THE YEAR.

HAD 63 FAMILIES THAT SPONSOR 11 DIFFERENT HORSES RAISING OVER \$39,294

HOSTED 4 CLINICS TAUGHT BY LOCAL TRAINERS IN THE COMMUNITY.

HORSES WERE USED IN TWO CLINICS SUPPORTING SIMILAR MINISTRIES.

CRYSTAL PEAKS HORSES WERE INCLUDED IN 1,126 ONE-ON-ONE SESSIONS WITH
LOCAL KIDS.

FOUR "LIFE SKILLS" SCHOOL GROUPS BROUGHT THEIR STUDENTS TO CRYSTAL
PEAKS SPECIFICALLY TO LEARN ABOUT CARING FOR AND RIDING HORSES.

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

HOSTED 94 TOURS OF THE RANCH.

Name of the organization

CRYSTAL PEAKS YOUTH RANCH, CO.

Employer identification number

91-1821187

A PORTION OF THE SESSIONS AT CPYR WERE GIVEN TO FAMILIES IN NEED OF SOME EXTRA SUPPORT DUE TO SPECIAL CIRCUMSTANCES. OVER THE COURSE OF THE SEASON, 42% OF THE SESSIONS AT CPYR WERE FROM THE REFERRAL PROGRAM.

INVESTED IN MAKING CONNECTIONS WITH LOCAL ORGANIZATIONS, CREATING THE OPPORTUNITY FOR FAMILIES TO PARTICIPATE IN THE PROGRAM WHO WOULD OTHERWISE NOT BE ABLE TO DO SO. CPYR PROVIDES PRIORITY SCHEDULING FOR THESE FAMILIES.

HELD 11 FAMILY BARN FELLOWSHIP GATHERINGS THROUGHOUT THE YEAR WITH ATTENDANCE IN EACH EVENT BETWEEN 100-300 PEOPLE.

THROUGH OUR "GIFT ROOM", FUNNELED MANY ITEMS DONATED TO THE RANCH TO NEEDY FAMILIES.

HELD ANNUAL HOEDOWN THAT BRINGS FAMILIES FROM ALL OVER CENTRAL OREGON TO THE RANCH FOR FUN, GAMES, DANCING, AND FOOD.

ORGANIZED 2 "HARVEST DAYS" IN WHICH FAMILIES WERE INVITED TO COME TO FREE CLASSES TO LEARN SKILLS (SEWING, WOODWORKING, CROCHETING, CANDLE MAKING, ETC).

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CRYSTAL PEAKS YOUTH RANCH HOSTED AND CONDUCTED ITS' 19TH INFORMATION CLINIC WHICH EQUIPS INDIVIDUALS INTERESTED IN STARTING A SIMILAR PROGRAM. THERE WERE 99 CLINIC ATTENDEES IN 2016 FROM 24 STATES IN THE U.S. AND TWO INTERNATIONAL COUNTRIES, INCLUDING CANADA AND NEW ZEALAND.

CPYR HOSTED ITS FIFTH MINISTRY CONFERENCE TO FURTHER SUPPORT SIMILAR

Name of the organization

CRYSTAL PEAKS YOUTH RANCH, CO.

Employer identification number

91-1821187

PROGRAMS. FOUNDERS AND CORE TEAM MEMBERS FROM THESE NON-PROFITS WERE INVITED TO ATTEND. 25 PROGRAMS WERE REPRESENTED BY 70 LEADERS IN ATTENDANCE; THIS EVENT ENCOMPASSED ATTENDEES FROM 17 STATES AND NEW ZEALAND.

IN 2016, 22 NEW, SIMILAR PROGRAMS WERE ESTABLISHED IN U.S. COMMUNITIES, AND NEW ZEALAND AND CANADA WHERE THESE SERVICES HAD NOT YET BEEN AVAILABLE. THESE NON-PROFITS WERE LAUNCHED BY INDIVIDUALS THAT WERE INSPIRED TO SERVE THEIR COMMUNITIES THROUGH ATTENDING OUR EMPOWERMENT EVENTS AND ONGOING CONSULTATION FROM THE RANCH.

AS OF THE END OF 2016, THE RANCH IS AWARE OF 200 ACTIVE SIMILAR PROGRAMS IN 42 STATES OF THE U.S. AND 11 ADDITIONAL COUNTRIES, WHOSE TEAMS HAVE BEEN SERVED BY THE CRYSTAL PEAKS MISSION TO EMPOWER PROGRAMS WORLDWIDE.

THE FOUNDERS OF CRYSTAL PEAKS YOUTH RANCH VISITED 2 SIMILAR PROGRAMS IN THE U.S. DURING 2016 TO OFFER SUPPORT AND CONSULTATION.

THREE SIMILAR MINISTRY PROGRAMS HOSTED REGIONAL SUPPORT CLINICS IN 2016 IN THE EAST COAST AND MIDWEST REGIONS. ENCOURAGED BY OUR EMPOWERMENT, THESE ORGANIZATIONS HAVE CHOSEN TO INVEST IN CULTIVATING LEADERSHIP, SUPPORT, AND PROGRAMMING ACROSS THEIR REGIONS BY PROVIDING A FORUM FOR CONSULTING AND ACCOUNTABILITY. THESE GATHERINGS WERE ATTENDED BY 80 INDIVIDUALS, SPANNING 30 ORGANIZATIONS.

EXPENSES \$ 209,662. INCLUDING GRANTS OF \$ 0. REVENUE \$ 50,194.

FORM 990, PART VI, SECTION A, LINE 2:

Name of the organization

CRYSTAL PEAKS YOUTH RANCH, CO.

Employer identification number

91-1821187

LINE 2 EXPLANATION - BOARD MEMBERS KENNETH AND KIMBERLY MEEDER ARE HUSBAND AND WIFE

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11A EXPLANATION - 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, SECTION B, LINE 12C:

SELF-MONITORED AND SELF-ENFORCED BY GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 15B:

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 RECORDKEEPING. THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT.

FORM 990, PART VI, SECTION C, LINE 19:

THEY ARE AVAILABLE UPON REQUEST AND ON THE GUIDESTAR WEBSITE.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

Name of the organization

CRYSTAL PEAKS YOUTH RANCH, CO.

Employer identification number
91-1821187**GENERAL SUPPLIES AND EQUIPMENT:**

PROGRAM SERVICE EXPENSES	30,231.
MANAGEMENT AND GENERAL EXPENSES	5,840.
FUNDRAISING EXPENSES	1,134.
TOTAL EXPENSES	37,205.

EQUINE EXPENSES:

PROGRAM SERVICE EXPENSES	34,838.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	34,838.

VEHICLE EXPENSES:

PROGRAM SERVICE EXPENSES	19,485.
MANAGEMENT AND GENERAL EXPENSES	4,315.
FUNDRAISING EXPENSES	5,000.
TOTAL EXPENSES	28,800.

MERCHANT FEES:

PROGRAM SERVICE EXPENSES	9,694.
MANAGEMENT AND GENERAL EXPENSES	6,407.
FUNDRAISING EXPENSES	764.
TOTAL EXPENSES	16,865.

LICENSES, PERMITS, TAXES AND FEES:

PROGRAM SERVICE EXPENSES	1,808.
MANAGEMENT AND GENERAL EXPENSES	13,198.
FUNDRAISING EXPENSES	367.

Name of the organization

CRYSTAL PEAKS YOUTH RANCH, CO.

Employer identification number
91-1821187

TOTAL EXPENSES	15,373.
-----------------------	----------------

BENEVOLENCE GIFTS:

PROGRAM SERVICE EXPENSES	6,595.
---------------------------------	---------------

MANAGEMENT AND GENERAL EXPENSES	3,238.
--	---------------

FUNDRAISING EXPENSES	3,632.
-----------------------------	---------------

TOTAL EXPENSES	13,465.
-----------------------	----------------

WORKERS COMP INSURANCE:

PROGRAM SERVICE EXPENSES	8,027.
---------------------------------	---------------

MANAGEMENT AND GENERAL EXPENSES	998.
--	-------------

FUNDRAISING EXPENSES	1,454.
-----------------------------	---------------

TOTAL EXPENSES	10,479.
-----------------------	----------------

EQUIPMENT REPAIRS AND MAINTENANCE:

PROGRAM SERVICE EXPENSES	5,794.
---------------------------------	---------------

MANAGEMENT AND GENERAL EXPENSES	1,485.
--	---------------

FUNDRAISING EXPENSES	450.
-----------------------------	-------------

TOTAL EXPENSES	7,729.
-----------------------	---------------

STAFF TRAINING:

PROGRAM SERVICE EXPENSES	4,443.
---------------------------------	---------------

MANAGEMENT AND GENERAL EXPENSES	752.
--	-------------

FUNDRAISING EXPENSES	1.
-----------------------------	-----------

TOTAL EXPENSES	5,196.
-----------------------	---------------

BAD DEBT:

PROGRAM SERVICE EXPENSES	0.
---------------------------------	-----------

Name of the organization

CRYSTAL PEAKS YOUTH RANCH, CO.

Employer identification number
91-1821187

MANAGEMENT AND GENERAL EXPENSES	3,250.
--	---------------

FUNDRAISING EXPENSES	0.
-----------------------------	-----------

TOTAL EXPENSES	3,250.
-----------------------	---------------

DIRECTORS INSURANCE:

PROGRAM SERVICE EXPENSES	0.
---------------------------------	-----------

MANAGEMENT AND GENERAL EXPENSES	2,646.
--	---------------

FUNDRAISING EXPENSES	0.
-----------------------------	-----------

TOTAL EXPENSES	2,646.
-----------------------	---------------

WEBSITE:

PROGRAM SERVICE EXPENSES	733.
---------------------------------	-------------

MANAGEMENT AND GENERAL EXPENSES	53.
--	------------

FUNDRAISING EXPENSES	1,709.
-----------------------------	---------------

TOTAL EXPENSES	2,495.
-----------------------	---------------

DUES AND SUBSCRIPTIONS:

PROGRAM SERVICE EXPENSES	192.
---------------------------------	-------------

MANAGEMENT AND GENERAL EXPENSES	1,671.
--	---------------

FUNDRAISING EXPENSES	245.
-----------------------------	-------------

TOTAL EXPENSES	2,108.
-----------------------	---------------

EQUIPMENT RENTAL:

PROGRAM SERVICE EXPENSES	940.
---------------------------------	-------------

MANAGEMENT AND GENERAL EXPENSES	280.
--	-------------

FUNDRAISING EXPENSES	68.
-----------------------------	------------

TOTAL EXPENSES	1,288.
-----------------------	---------------

Name of the organization

CRYSTAL PEAKS YOUTH RANCH, CO.

Employer identification number
91-1821187

GENERAL BUSINESS EXPENSES:

PROGRAM SERVICE EXPENSES	1,051.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,051.

INVESTMENT AND MANAGEMENT FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	579.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	579.

MISCELLANEOUS EXPENSES:

PROGRAM SERVICE EXPENSES	28.
MANAGEMENT AND GENERAL EXPENSES	104.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	132.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 183,499.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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 of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation
	BUILDINGS											
4	LEASEHOLD IMPROVEMENTS	07/22/99	150DB	15.00	MC	17	688.				688.	688.
6	POND IMPROVEMENT	07/01/00	200DB	10.00	HY	17	3,251.				3,251.	3,251.
8	FACILITY IMPROVEMENTS	07/01/01	SL	39.00	MP	17	7,775.				7,775.	2,875.
9	OUT BUILDINGS	VARIOUS	SL	25.00		16	4,500.				4,500.	2,160.
12	BARN & CORRALS	04/01/05	SL	25.00		16	15,760.				15,760.	6,775.
14	IMPROVEMENTS	06/01/05	SL	10.00		16	6,709.				6,709.	6,709.
125	UPPER OFFICE IMPROVEMENT	05/15/05	SL	10.00		16	700.				700.	650.
126	FACILITY IMPROVEMENT	05/15/06	SL	10.00		16	16,039.				16,039.	15,500.
127	VARIOUS IMPROVEMENTS	05/15/06	SL	10.00		16	8,921.				8,921.	8,625.
130	WOODSTOVE	05/11/06	SL	10.00		16	539.				539.	520.
132	BARN	05/01/07	SL	30.00		16	4,577.				4,577.	1,320.
134	IMPROVEMENTS	VARIOUS	SL	30.00		16	14,120.				14,120.	4,230.
137	IMPROVEMENTS	07/01/08	SL	10.00		16	52,989.				52,989.	39,740.
144	BUILDING	05/23/09	SL	15.00		16	23,094.				23,094.	10,130.
148	OFFICE BUILDING	12/04/09	SL	27.00		16	76,349.				76,349.	17,200.
175	IMPROVEMENTS	VARIOUS	SL	15.00		16	11,391.				11,391.	4,550.
197	WEST RANCH STRUCTURES	08/06/13	SL	40.00		16	604,096.				604,096.	36,490.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation
199	GREENHOUSE	05/01/13	SL	15.00		16	68,444.				68,444.	12,164.
200	UPPER BARN IMPROVEMENT	01/01/13	SL	15.00		16	28,027.				28,027.	5,604.
201	2012 IMPROVEMENTS	05/01/13	SL	15.00		16	134,269.				134,269.	23,870.
203	BARN SOUND SYSTEM UPGRADE	12/30/14	SL	5.00		16	13,000.				13,000.	2,600.
209	TRADING POST IMPROVEMENT	01/01/14	SL	10.00		16	4,250.				4,250.	850.
210	BARN UPGRADE	01/01/14	SL	10.00		16	5,807.				5,807.	1,150.
211	STUDIO ROOM IMPROVEMENT	09/01/14	SL	10.00		16	22,541.				22,541.	3,000.
212	NEW WELL	04/25/14	SL	10.00		16	49,572.				49,572.	8,260.
214	FENCING	07/03/14	SL	10.00		16	1,240.				1,240.	180.
229	IRRIGATION	05/05/14	SL	10.00		16	8,800.				8,800.	1,460.
230	HOUSE IMPROVEMENTS	05/28/14	SL	30.00		16	1,266.				1,266.	60.
231	LANDSCAPING (SOD)	05/29/14	SL	10.00		16	3,348.				3,348.	530.
232	NORTH RANCH STRUCTURES	05/31/15	SL	30.00		16	901,319.				901,319.	17,520.
241	EAST RANCH RESIDENCE GREENHOUSE	04/29/16	SL	40.00		16	158,320.				158,320.	
242	EAST RANCH GARAGE & CARPORT	04/29/16	SL	40.00		16	18,745.				18,745.	
243	EAST RANCH 2 STORY ADMIN OFFICE (1/2)	04/29/16	SL	40.00		16	64,846.				64,846.	
244	EAST RANCH WOOD SHOP	04/29/16	SL	25.00		16	19,331.				19,331.	
251	EAST RANCH LOWER RV SHOP/GARAGE	04/29/16	SL	25.00		16	70,294.				70,294.	

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation
252	EAST RANCH (3) ANIMAL SHELTERS	04/29/16	SL	15.00		16	6,590.				6,590.	
253	EAST RANCH UPPER TACK ROOM	04/29/16	SL	25.00		16	6,590.				6,590.	
254	EAST RANCH STUDIO/PRAYER ROOM	04/29/16	SL	40.00		16	3,661.				3,661.	
255	EAST RANCH WELL HOUSE	04/29/16	SL	15.00		16	3,661.				3,661.	
256	EAST RANCH CHICKEN HOUSE	04/29/16	SL	15.00		16	2,197.				2,197.	
257	EAST RANCH RESIDENCE GREENHOUSE	04/29/16	SL	15.00		16	2,929.				2,929.	
258	EAST RANCH LOWER SHOP	04/29/16	SL	25.00		16	27,836.				27,836.	
260	NORTH RANCH STORAGE UNITS	12/31/16	SL	25.00		16	11,757.				11,757.	
261	WEST RANCH SHOP	12/31/16	SL	25.00		16	24,827.				24,827.	
262	WEST RANCH OUT-BUILDING-SHELTER	12/31/16	SL	15.00		16	4,746.				4,746.	
263	WEST RANCH CABIN 1	12/31/16	SL	40.00		16	64,146.				64,146.	
265	ROOT CELLAR	12/31/16	SL	15.00		16	2,508.				2,508.	
266	GAZEBO	12/31/16	SL	25.00		16	5,102.				5,102.	
	* 990 PAGE 10 TOTAL BUILDINGS						2,591,467.				2,591,467.	238,759.
	FURNITURE & FIXTURES											
140	DEJA VU INTERIORS	02/06/08	SL	5.00		16	451.				451.	451.
141	PICTURES	03/08/08	SL	10.00		16	1,489.				1,489.	1,160.
155	MERCHANTILE	03/02/10	SL	7.00		16	200.				200.	160.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation
160	TRADING POST	03/24/10	SL	5.00		16	429.				429.	429.
168	STORE	07/10/10	SL	5.00		16	175.				175.	175.
174	OFFICE CHAIRS	10/15/10	SL	7.00		16	212.				212.	158.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						2,956.				2,956.	2,549.
	MACHINERY & EQUIPMENT											
2	RANCH IMPLEMENTS	08/01/98	150DE	15.00	HY	17	14,529.				14,529.	14,529.
3	EQUIPMENT	04/01/98	200DE	5.00	HY	17	758.				758.	758.
5	RANCH PORTIO	12/12/99	200DE	7.00	MC	17	2,000.				2,000.	2,000.
11	EQUIPMENT	05/01/05	SL	7.00		16	14,102.				14,102.	14,102.
13	TRAILERS	02/01/05	SL	7.00		16	15,196.				15,196.	15,196.
124	VARIOUS EQUIPMENT	06/01/06	SL	5.00		16	6,995.				6,995.	6,995.
133	EQUIPMENT	VARIOUS	SL	7.00		16	11,181.				11,181.	11,181.
138	BARN SOUND SYSTEM	01/16/08	SL	5.00		16	4,499.				4,499.	4,499.
139	SECURITY SYSTEM OFFICE	01/28/08	SL	6.00		16	699.				699.	699.
142	PAINT SPRAYER	11/12/08	SL	7.00		16	1,388.				1,388.	1,388.
143	CHAIN SAW	11/12/08	SL	7.00		16	400.				400.	400.
145	EQUIPMENT	09/12/09	SL	5.00		16	1,033.				1,033.	1,033.
146	AM EX EQUIPMENT	12/07/09	SL	5.00		16	1,725.				1,725.	1,725.

628111 04-01-16

(D) - Asset disposed

* ITC, Salvage, Bonus, Cc

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation
152	SNAPPY POPCORN	01/19/10	SL	5.00		16	669.				669.	669.
153	FORKS/TRACTOR	02/19/10	SL	5.00		16	1,078.				1,078.	1,078.
156	DMI DELL	03/10/10	SL	7.00		16	599.				599.	599.
157	WESTERN TOOL	03/10/10	SL	5.00		16	310.				310.	310.
158	2009 LOAD TRAIL DT	03/17/10	SL	7.00		16	6,701.				6,701.	6,701.
159	GANEX PAID	03/24/10	SL	5.00		16	2,043.				2,043.	2,043.
161	COPY MACHINE	03/25/10	SL	7.00		16	4,250.				4,250.	4,250.
162	EQUIPMENT REFRESH	04/07/10	SL	7.00		16	5,711.				5,711.	5,711.
163	GUITAR	07/07/10	SL	7.00		16	878.				878.	878.
164	COMPUTER (KIM)	04/26/10	SL	5.00		16	1,550.				1,550.	1,550.
165	WEED WACKER	05/17/10	SL	5.00		16	310.				310.	310.
166	LAPTOP	05/17/10	SL	5.00		16	2,430.				2,430.	2,430.
167	SOUND EQUIPMENT	05/26/10	SL	7.00		16	599.				599.	599.
169	VARIOUS	07/21/10	SL	5.00		16	615.				615.	615.
170	AMPLIFIER	08/17/10	SL	5.00		16	475.				475.	475.
171	SOUND EQUIPMENT NET	09/02/10	SL	7.00		16	780.				780.	780.
172	EQUINE EQUIPMENT	09/04/10	SL	5.00		16	280.				280.	280.
173	SECOND PACK TRIP	09/07/10	SL	5.00		16	203.				203.	203.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation
176	(D)GENERATOR	02/28/11	SL	7.00		16	9,500.				9,500.	6,559.
177	FUEL TANK	04/15/11	SL	5.00		16	1,687.				1,687.	1,601.
179	VARIOUS EQUIPMENT	09/30/11	SL	7.00		16	9,975.				9,975.	6,056.
180	PHONE UPGRADES	10/25/11	SL	10.00		16	3,049.				3,049.	1,273.
182	VARIOUS EQUIPMENT	05/01/11	SL	5.00		16	444.				444.	415.
183	PUSH MOWER	05/18/13	SL	5.00		16	685.				685.	354.
185	BILL JACKSON-MULTIPLE HAY EQUIPMENT	08/05/13	SL	5.00		16	84,100.				84,100.	40,648.
187	BILL JACKSON	09/06/13	SL	5.00		16	1,000.				1,000.	467.
188	LOG SPLITTER	12/01/13	SL	5.00		16	1,329.				1,329.	554.
189	APPLE COMPUTER (KATIE)	12/17/13	SL	5.00		16	2,068.				2,068.	828.
191	COMPUTER-TROY	03/27/12	SL	5.00		16	3,186.				3,186.	2,389.
192	BARN SPEAKERS	04/05/12	SL	10.00		16	3,910.				3,910.	1,391.
193	SEWING MACHINES	07/31/12	SL	5.00		16	190.				190.	130.
194	WOOD SHOP TOOLS	11/30/12	SL	7.00		16	1,250.				1,250.	551.
195	VARIOUS EQUIPMENT	05/01/12	SL	5.00		16	276.				276.	201.
202	6 PERSON WAGONETTE	04/30/14	SL	5.00		16	1,100.				1,100.	361.
204	NEW SERVER	07/21/14	SL	5.00		16	9,849.				9,849.	2,791.
205	(2) NEW COMPUTERS	08/12/14	SL	5.00		16	1,798.				1,798.	510.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation
206	WALK IN COOLER	12/04/14	SL	5.00		16	4,000.				4,000.	865
208	(3) HORSE TRAILERS	10/17/14	SL	5.00		16	2,500.				2,500.	585
213	GOOSENECK FLATBED TRAILER	10/21/14	SL	5.00		16	9,000.				9,000.	2,100
215	CATERPILLAR-SKID STEER	02/26/14	SL	7.00		16	56,425.				56,425.	14,770
219	SOUND EQUIPMENT	01/22/15	SL	5.00		16	1,783.				1,783.	325
220	MANURE SPREADER	02/26/15	SL	7.00		16	3,200.				3,200.	385
221	SAFE	04/14/15	SL	10.00		16	1,750.				1,750.	135
222	GUITAR UPGRADE	08/06/15	SL	7.00		16	2,000.				2,000.	115
223	SHOP EQUIPMENT	09/30/15	SL	7.00		16	2,985.				2,985.	105
224	PALMER TWOSOME	10/31/15	SL	7.00		16	4,000.				4,000.	95
225	ELIMINATOR SHOP	11/05/15	SL	7.00		16	2,622.				2,622.	65
226	APPLE COMPUTER	12/31/15	SL	5.00		16	1,733.				1,733.	
247	TROY'S NEW LAPTOP	01/07/16	SL	5.00		16	2,915.				2,915.	
248	FARM DISK	02/04/16	SL	10.00		16	1,950.				1,950.	
249	ASUS COMPUTER (ELLEN)	02/05/16	SL	5.00		16	1,400.				1,400.	
267	EAST RANCH CLOSED CIRCUIT CAMERA SYSTEM	12/31/16	SL	5.00		16	1,099.				1,099.	
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						338,744.				338,744.	187,050
	TRANSPORTATION EQUIPMENT											

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation
128	(D) RANGER	01/16/06	SL	3.00		16	7,580.				7,580.	7,580.
131	3320 TRACTOR/LOADER/BLADE	03/01/06	SL	7.00		16	19,200.				19,200.	19,200.
135	(D) 2001 DODGE TRUCK	12/01/08	SL	5.00		16	12,000.				12,000.	12,000.
147	1956 INT'L PICKUP	11/09/09	SL	5.00		16	2,398.				2,398.	2,398.
150	2010 BLACK TRUCK	07/09/10	SL	7.00		16	53,705.				53,705.	42,190.
151	1956 TRUCK IMPROVEMENTS	04/06/10	SL	5.00		16	7,262.				7,262.	7,262.
154	NEW RANGER	02/24/10	SL	7.00		16	10,000.				10,000.	8,335.
178	TRACTOR & RED RANGER	05/28/11	SL	7.00		16	29,485.				29,485.	19,300.
181	TRUCK UPGRADES	01/13/11	SL	5.00		16	1,000.				1,000.	1,000.
184	GREEN RANGER	07/30/13	SL	5.00		16	8,895.				8,895.	4,290.
186	1998 GMC WHITE PU	08/12/13	SL	5.00		16	4,130.				4,130.	1,990.
190	BRAD CARRELL (BOXCARS)	10/21/13	SL	5.00		16	2,495.				2,495.	1,080.
207	2006 GREEN RANGER	09/29/14	SL	7.00		16	6,000.				6,000.	1,070.
245	2016 DODGE RAM 1500	05/02/16	SL	5.00		16	47,125.				47,125.	
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						211,275.				211,275.	127,720.
	LAND											
196	WEST RANCH LAND	08/06/13	L				470,807.				470,807.	
227	NORTH RANCH LAND	05/31/15	L				463,602.				463,602.	

(D) - Asset disposed

* ITC, Salvage, Bonus, Cc

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation
246	EAST RANCH LAND	04/29/16	L				491,985.				491,985.	
	* 990 PAGE 10 TOTAL LAND						1,426,394.				1,426,394.	
	PROGRAM SERVICES											
1	(6) HORSES	06/01/98	200DB	5.00		HY17	8,800.				8,800.	8,800.
7	HORSE (HALO)	08/01/01	200DB	5.00		HY17	800.				800.	800.
10	HORSES	08/16/05	SL	7.00		16	2,750.				2,750.	2,750.
129	HORSE	01/19/06	SL	7.00		16	700.				700.	700.
136	(12) HORSES	VARIOUS	SL	7.00		16	18,000.				18,000.	18,000.
149	ICELANDIC PONY	09/16/10	SL	7.00		16	1,200.				1,200.	898.
198	WEST RANCH CLOSING COSTS	08/06/13	SL	5.00		16	1,418.				1,418.	688.
216	(D)BULL	12/15/14	SL	7.00		16	2,000.				2,000.	310.
217	(D)(2) COWS	02/03/15	SL	7.00		16	3,600.				3,600.	470.
218	SHEEP	04/13/15	SL	7.00		16	800.				800.	800.
228	HORSES	04/01/15	SL	7.00		16	2,500.				2,500.	268.
259	WEST RANCH POND	12/31/16	SL	20.00		16	47,581.				47,581.	
264	2013 WELL	12/31/16	SL	20.00		16	7,577.				7,577.	
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						97,726.				97,726.	33,765.
	* GRAND TOTAL 990 PAGE 10 DEPR						4,668,562.				4,668,562.	589,853.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE						3,568,844.			0.	3,568,844.	589,853
	ACQUISITIONS						1,099,718.			0.	1,099,718.	
	DISPOSITIONS						34,680.			0.	34,680.	26,920
	ENDING BALANCE						4,633,882.			0.	4,633,882.	562,933
	ENDING ACCUM DEPR LESS DISPOSITIONS											722,833
	ENDING BOOK VALUE											3,911,043

(D) - Asset disposed

* ITC, Salvage, Bonus, Cc

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning _____, and ending _____

2016

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CRYSTAL PEAKS YOUTH RANCH, CO. Number, street, and room or suite no. If a P.O. box, see instructions. 19344 INNES MARKET ROAD City or town, state or province, country, and ZIP or foreign postal code BEND, OR 97703	D Employer identification number (Employees' trust, see instructions.) 91-1821187 E Unrelated business activity codes (See instructions.) 453220
C Book value of all assets at end of year 6,192,641.		F Group exemption number (See instructions.) ▶	
		G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **KENNETH MEEDER** Telephone number ▶ **541-639-7009**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 17,908.			
b	Less returns and allowances			
c Balance ▶		1c		
2	Cost of goods sold (Schedule A, line 7)	2	10,626.	
3	Gross profit. Subtract line 2 from line 1c	3	7,282.	7,282.
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6	1,850.	31,732.
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	9,132.	31,732.
				-22,600.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-22,600.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-22,600.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-22,600.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here [] See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (2) \$ (3) \$ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ (2) Additional 3% tax (not more than \$100,000) \$ c Income tax on the amount on line 34 35c 0. 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: [] Tax rate schedule or [] Schedule D (Form 1041) 36 37 Proxy tax. See instructions 37 38 Alternative minimum tax 38 39 Tax on Non-Compliant Facility Income. See instructions 39 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40 0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a 41b Other credits (see instructions) 41b 41c General business credit. Attach Form 3800 41c 41d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d 41e Total credits. Add lines 41a through 41d 41e 42 Subtract line 41e from line 40 42 0. 43 Other taxes. Check if from: [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866 [] Other (attach schedule) 43 44 Total tax. Add lines 42 and 43 44 0. 45a Payments: A 2015 overpayment credited to 2016 45a 45b 2016 estimated tax payments 45b 45c Tax deposited with Form 8868 45c 45d Foreign organizations: Tax paid or withheld at source (see instructions) 45d 45e Backup withholding (see instructions) 45e 45f Credit for small employer health insurance premiums (Attach Form 8941) 45f 45g Other credits and payments: [] Form 2439 [] Form 4136 [] Other Total 45g 46 Total payments. Add lines 45a through 45g 46 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached [] 47 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 48 0. 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49 0. 50 Enter the amount of line 49 you want: Credited to 2017 estimated tax [] Refunded [] 50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here [] Yes [X] No 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. [] Yes [X] No 53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer [] Date [] COO Title [] May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only

Print/Type preparer's name RONALD S BOYD Preparer [Signature] Date 11/10/17 Check [] if self-employed PTIN P00710287 Firm's name SPECTRUM CPA GROUP, LLP Firm's EIN 93-1303841 Firm's address 109 NW GREENWOOD AVENUE, STE 102 BEND, OR 97703 Phone no. (541) 749-4020

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **COST**

1	Inventory at beginning of year	1	20,438.	6	Inventory at end of year	6	24,079.
2	Purchases	2	14,267.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	10,626.
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5	34,705.				X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) **NORTH RANCH**

(2) **WEST RANCH**

(3)

(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	600.	SEE STATEMENT 2
(2)	1,250.	15,866.
(3)		15,866.
(4)		
Total	0.	Total 1,850.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► 1,850.

(b) **Total deductions.** Enter here and on page 1, Part I, line 8, column (B) ► 31,732.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
Totals			0.	0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 1
------------	---	-------------

CONFERENCE AND EVENT SPACE RENTAL AND SALE OF MERCHANDISE

TO FORM 990-T, PAGE 1

FORM 990-T	DEDUCTIONS CONNECTED WITH RENTAL INCOME	STATEMENT 2
------------	---	-------------

DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSES			15,866.	
	- SUBTOTAL -	1		15,866.
RENTAL EXPENSES			15,866.	
	- SUBTOTAL -	2		15,866.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3				31,732.

Depreciation and Amortization
(Including Information on Listed Property) **990**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CRYSTAL PEAKS YOUTH RANCH, CO.

FORM 990 PAGE 10

91-1821187

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,010,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	163,110.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	199.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	163,309.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table with 2 columns: Yes, No. Includes rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. CRYSTAL PEAKS YOUTH RANCH, CO.	Enter filer's identifying number Employer identification number (EIN) or 91-1821187
	Number, street, and room or suite no. If a P.O. box, see instructions. 19344 INNES MARKET ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BEND, OR 97703	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KENNETH MEEDER

- The books are in the care of ▶ **19390 INNES MARKET ROAD - BEND, OR 97703**
Telephone No. ▶ **541-639-7009** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2016** or
- ▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**