

Return of Organization Exempt From Income Tax

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

2017
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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization CRYSTAL PEAKS YOUTH RANCH, CO.</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 19344 INNES MARKET ROAD</p> <p>City or town, state or province, country, and ZIP or foreign postal code BEND, OR 97703</p> <p>F Name and address of principal officer: KENNETH MEEDER SAME AS C ABOVE</p>	<p>D Employer identification number 91-1821187</p>	<p>E Telephone number 541-330-0123</p>
<p>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</p>		<p>G Gross receipts \$ 1,466,009.</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>	
<p>J Website: ▶ WWW.CRYSTALPEAKSYOUTHANCH.ORG</p>		<p>L Year of formation: 1997 M State of legal domicile: OR</p>	
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>			

Part I Summary

	<p>1 Briefly describe the organization's mission or most significant activities: TO PROVIDE A POSITIVE, SAFE, AND STRUCTURED EQUESTRIAN ENVIRONMENT FOR ALL CHILDREN.</p>		
	<p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p>		
Activities & Governance	<p>3 Number of voting members of the governing body (Part VI, line 1a)</p>	3	5
	<p>4 Number of independent voting members of the governing body (Part VI, line 1b)</p>	4	4
	<p>5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)</p>	5	27
	<p>6 Total number of volunteers (estimate if necessary)</p>	6	314
	<p>7a Total unrelated business revenue from Part VIII, column (C), line 12</p>	7a	-24,038.
	<p>b Net unrelated business taxable income from Form 990-T, line 34</p>	7b	-24,039.
	Revenue	<p>8 Contributions and grants (Part VIII, line 1h)</p>	Prior Year
<p>9 Program service revenue (Part VIII, line 2g)</p>		1,263,688.	1,074,579.
<p>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</p>		54,253.	59,516.
<p>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</p>		18,199.	4,314.
<p>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</p>		-25,242.	-19,482.
<p>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</p>		1,310,898.	1,118,927.
<p>14 Benefits paid to or for members (Part IX, column (A), line 4)</p>		0.	0.
<p>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</p>		0.	0.
<p>16a Professional fundraising fees (Part IX, column (A), line 11e)</p>		767,016.	776,128.
<p>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 201,562.</p>		0.	0.
<p>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</p>		718,540.	684,840.
<p>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</p>		1,485,556.	1,460,968.
Net Assets or Fund Balances	<p>19 Revenue less expenses. Subtract line 18 from line 12</p>	-174,658.	-342,041.
	<p>20 Total assets (Part X, line 16)</p>	Beginning of Current Year	End of Year
	<p>21 Total liabilities (Part X, line 26)</p>	6,192,641.	5,910,410.
	<p>22 Net assets or fund balances. Subtract line 21 from line 20</p>	64,298.	49,992.
		6,128,343.	5,860,418.

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	<p>Signature of officer KENNETH MEEDER, CEO</p>	<p>Date 5/22/18</p>	
<p>Type or print name and title</p>			

Paid Preparer Use Only	<p>Print/Type preparer's name RONALD S BOYD</p>	<p>Preparer <i>Ronald Boyd</i></p>	<p>Date 05/17/18</p>	<p>Check if self-employed <input type="checkbox"/></p>	<p>PTIN P00710287</p>
<p>Firm's name ▶ SPECTRUM CPA GROUP, LLP</p>		<p>Firm's EIN ▶ 93-1303841</p>			
<p>Firm's address ▶ 109 NW GREENWOOD AVENUE, STE 102 BEND, OR 97703</p>		<p>Phone no. (541) 749-4020</p>			

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 \$ 309,529. including grants of \$) (Revenue \$) AT NO COST TO THE PARTICIPANTS, CRYSTAL PEAKS YOUTH RANCH (CPYR) STAFF COMPLETED 2,682 CHILD/STAFF SESSIONS IN 2017. WHICH INCLUDES THE FOLLOWING: CRYSTAL PEAKS SERVED 269 FAMILIES WITH 514 CHILDREN AGES 6-18 THROUGH ITS CORE SESSION PROGRAM. 65 MENTOR SESSIONS WERE OFFERED IN 2017.

6 SMALL GROUPS WERE USED TO IMPROVE THE EFFICIENCY OF THE PROGRAM AND ALLOW MORE FAMILIES AND KIDS TO BE A PART OF THE RANCH.

CRYSTAL PEAKS STAFF COMPLETED 920 SESSIONS FOR OUR REFERRAL PROGRAM IN EQUINE RESCUE AND OUTREACH ACCOMPLISHMENTS DURING 2017:

DENTAL WORK, STANDARD VETERINARY VISITS, AND PROTOCOL IMMUNIZATIONS WERE GIVEN TO THE RANCH HORSES.

ALL PADDOCKS WERE DAILY MAINTAINED AND CLEANED OF MANURE RESULTING IN MINIMAL HOOF-RELATED INJURIES AND INSECT PROLIFERATION.

CPYR EQUINE HERD UTILIZED OUR ADDITIONAL 92 ACRE PROPERTIES OVER THE FALL AND WINTER MONTHS; DOING SO AFFORDED IRRIGATED ACREAGE FOR GRAZING AND "TIME OFF" OVER THE WINTER MONTHS. GASTRO-INTESTINAL AND GENERAL HOOF HEALTH BENEFITED.

4c (Code:) (Expenses \$ 258,401. including grants of \$) (Revenue \$) CPYR CONTINUED TO INVEST IN MAINTAINING A RESTFUL SPACE WITHIN THE ON-SITE STORE FOR MOTHERS AND VISITING FAMILIES IN NEED OF MINISTRY.

IN 2017, THE RANCH CONTINUED TO FOCUS ON GROWING ITS FAMILY SUPPORT PROGRAMS. AS A RESULT OF THIS EFFORT, FOOD, FINANCIAL ASSISTANCE, CLOTHING, BOOKS, TOYS, AND OTHER ITEMS WERE GIFTED TO LOCAL FAMILIES.

IN 2017, WE CONTINUED TO FOCUS ON DEVELOPING THE LOCAL VOLUNTEER PROGRAM. AS A RESULT, WE HAD OVER 170 VOLUNTEERS THAT CONSIST OF LOCAL, REGIONAL, AND INTERNATIONAL INDIVIDUAL, FAMILIES, AND GROUPS. WITH THEIR DEDICATION TO SERVE CRYSTAL PEAKS IN THE DAY TO DAY TASK AS WELL AS BUILDING PROJECTS, THEY WORKED 4,763 HOURS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 234,565. including grants of \$) (Revenue \$ 58,856.)

4e Total program service expenses 1,151,521.

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.		
11a	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	
11b	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
11c	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
11d	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	
11e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
11f	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
12b	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
14b	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 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <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 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)? <i>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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

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 1a 5 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.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses 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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	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?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **OR**
- 18** Section 6104 requires an organization to make its Forms 1023 (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 (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
List all of the organization's current key employees, if any. See instructions for definition of "key employee."
List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization 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: (1) KENNETH MEEDER MEMBER, (2) SHAWN CLARK PRESIDENT, (3) ERIC CLOSE MEMBER, (4) KIMBERLY MEEDER MEMBER, (5) GREG HAWLEY TREASURER.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							148,357.	0.	7,281.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							148,357.	0.	7,281.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	5,786.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,068,793.					
	g Noncash contributions included in lines 1a-1f: \$		193,366.					
	h Total. Add lines 1a-1f			1,074,579.				
Program Service Revenue	2 a CLINICS & CONFERENCES	Business Code	900099	58,946.	58,946.			
	b MISCELLANEOUS INCOME		900099	520.	520.			
	c REFUNDS		900099	50.	50.			
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			59,516.				
	3 Investment income (including dividends, interest, and other similar amounts)			2,815.			2,815.	
4 Income from investment of tax-exempt bond proceeds								
5 Royalties								
Other Revenue	6 a Gross rents	(i) Real	18,350.					
		(ii) Personal						
	b Less: rental expenses		38,224.					
	c Rental income or (loss)		-19,874.					
	d Net rental income or (loss)			-19,874.		-19,874.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	254,265.	(ii) Other	30,710.			
	b Less: cost or other basis and sales expenses		252,106.	31,370.				
	c Gain or (loss)		2,159.	-660.				
	d Net gain or (loss)				1,499.	-660.	2,159.	
	8 a Gross income from fundraising events (not including \$ <u>5,786.</u> of contributions reported on line 1c). See Part IV, line 18	a	430.					
		b Less: direct expenses	b	0.				
		c Net income or (loss) from fundraising events			430.			430.
	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	21,218.						
	b Less: cost of goods sold	b	25,382.					
	c Net income or (loss) from sales of inventory			-4,164.		-4,164.		
Miscellaneous Revenue				Business Code				
11 a REFUNDS		900099	4,126.			4,126.		
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d			4,126.					
12 Total revenue. See instructions.			1,118,927.	58,856.	-24,038.	9,530.		

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

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	148,357.	148,357.		
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	506,711.	385,224.	24,830.	96,657.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,599.	9,426.	2,173.	
9 Other employee benefits	47,633.	37,242.	3,645.	6,746.
10 Payroll taxes	61,828.	49,486.	3,378.	8,964.
11 Fees for services (non-employees):				
a Management				
b Legal	479.		479.	
c Accounting	1,485.		1,485.	
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.)	31,063.	21,666.	2,198.	7,199.
12 Advertising and promotion				
13 Office expenses	66,397.	12,437.	1,491.	52,469.
14 Information technology				
15 Royalties				
16 Occupancy	86,241.	72,863.	8,372.	5,006.
17 Travel	18,378.	7,605.	4,024.	6,749.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	208.		208.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	165,310.	148,033.	13,111.	4,166.
23 Insurance	29,378.	19,084.	8,858.	1,436.
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 FOOD & BEVERAGE	53,394.	46,199.	6,371.	824.
b EQUINE EXPENSES	41,518.	41,503.	9.	6.
c GENERAL SUPPLIES & EQUI	36,947.	33,406.	3,369.	172.
d CASUALTY LOSS	34,945.	34,945.		
e All other expenses	119,097.	84,045.	23,884.	11,168.
25 Total functional expenses. Add lines 1 through 24e	1,460,968.	1,151,521.	107,885.	201,562.
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	110,035.	1	44,339.
	2	Savings and temporary cash investments	209,613.	2	306,952.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,850.	4	1,375.
	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	19,187.	8	19,293.
	9	Prepaid expenses and deferred charges	4,604.	9	0.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,528,564.		
	b	Less: accumulated depreciation	10b 855,776.	10c	3,672,788.
	11	Investments - publicly traded securities	1,702,238.	11	1,423,692.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	448.	14	164.
	15	Other assets. See Part IV, line 11	232,069.	15	441,807.
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,192,641.	16	5,910,410.	
Liabilities	17	Accounts payable and accrued expenses	34,787.	17	27,984.
	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	29,511.	23	22,008.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	64,298.	26	49,992.
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	6,128,343.	27	5,860,418.
	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	6,128,343.	33	5,860,418.	
34	Total liabilities and net assets/fund balances	6,192,641.	34	5,910,410.	

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	1,118,927.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,460,968.
3	Revenue less expenses. Subtract line 2 from line 1	3	-342,041.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,128,343.
5	Net unrealized gains (losses) on investments	5	71,844.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,272.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,860,418.

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?		X
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		
b Were the organization's financial statements audited by an independent accountant?		X
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		
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		

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3291658.	1778070.	3480103.	1263688.	1074579.	10888098.
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	58,208.	61,671.	53,958.	54,253.	84,630.	312,720.
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	3349866.	1839741.	3534061.	1317941.	1159209.	11200818.
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.)						11200818.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	3349866.	1839741.	3534061.	1317941.	1159209.	11200818.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,008.	68,089.	70,125.	18,199.	23,324.	199,745.
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	20,008.	68,089.	71,714.	18,199.	23,324.	201,334.
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.)	3369874.	1907830.	3605775.	1336140.	1182533.	11402152.

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 2017 (line 8, column (f) divided by line 13, column (f))	15	98.23 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	98.07 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	1.77 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	1.93 %

19a 33 1/3% support tests - 2017. 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 - 2016. 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>	Yes	No
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 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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.

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

OMB No. 1545-0047

2017
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 7/25/06, 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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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		1,426,394.		1,426,394.
b Buildings		2,143,639.	220,624.	1,923,015.
c Leasehold improvements		381,828.	190,728.	191,100.
d Equipment		537,246.	408,212.	129,034.
e Other		39,457.	36,212.	3,245.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,672,788.

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) CONSTRUCTION IN PROCESS	376,890.
(2) SADDLES	5,510.
(3) INVENTORY OF DONATED ITEMS	59,407.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	441,807.

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 total labels (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 total labels (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Series of horizontal lines provided for entering supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Part I		Types of Property			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	2	172,628.	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 ▶ (HAY)	X	1	12,500.	FAIR MARKET VALUE
26	Other ▶ (GENERAL SUPPL)	X	48	8,238.	FAIR MARKET VALUE
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**

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

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.

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

OMB No. 1545-0047

2017

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:

2017. THESE SESSIONS ARE FOR CHILDREN IN "AT RISK" SITUATIONS. OUR
REFERRAL PROGRAM ENCOMPASSED 34% OF OUR SESSIONS IN 2017.

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

CRYSTAL PEAKS HOSTED APPROXIMATELY 6,079 VISITORS IN 2017.

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

CRYSTAL PEAKS SUPPORTED SEVERAL OTHER SIMILAR ORGANIZATIONS BY SENDING
DONATED EQUINE EQUIPMENT TO SIMILAR MINISTRIES NATIONWIDE.

CRYSTAL PEAKS MAINTAINED EXCELLENT OVERALL HERD HEALTH FOR THE 2017
YEAR.

TWO HORSES WERE RE-HOMED OUT OF STATE AND ARE THRIVING IN THEIR NEW
ENVIRONMENT.

CRYSTAL PEAKS HAS 78 PEOPLE/FAMILIES WHO SPONSOR 14 DIFFERENT HORSES,
RAISING OVER \$46,772.

OUR FACILITY HOSTED THREE CLINICS TAUGHT BY LOCAL TRAINERS IN THE
COMMUNITY.

Name of the organization

CRYSTAL PEAKS YOUTH RANCH, CO.

Employer identification number

91-1821187

OUR HORSES WERE USED IN TWO CLINICS FACILITATING KNOWLEDGE BASED GROWTH AND TRAINING OF SIMILAR MINISTRIES GLOBALLY.

CPYR HORSES WERE INSTRUMENTAL IN 1,235 ONE-ON-ONE SESSIONS WITH LOCAL KIDS.

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

ADOPTED TWO HORSES FROM A POOR LIVING SITUATION, ONE IS ON TRACK TO PARTICIPATE IN OUR 2018 SESSION PROGRAM AND THE OTHER CONTINUES TO RECEIVE THE REGULAR VET AND MEDICAL ATTENTION THAT HE NEEDS.

PURCHASED AN ADDITIONAL HORSE SPECIFICALLY FOR OUR SESSION PROGRAM.

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

CRYSTAL PEAKS HOSTED 104 TOURS IN 2017.

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, 34% OF THE SESSIONS AT CPYR WERE FROM THE REFERRAL PROGRAM.

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

Name of the organization

CRYSTAL PEAKS YOUTH RANCH, CO.

Employer identification number

91-1821187

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

THE "GIFT ROOM" AT CPYR FUNNELED THOUSANDS OF DOLLARS OF "IN KIND" DONATIONS TO CENTRAL OREGON FAMILIES IN NEED.

CPYR HELD ITS 21ST ANNUAL HOEDOWN THAT BRINGS FAMILIES FROM ALL OVER CENTRAL OREGON TO THE RANCH FOR FUN, GAMES, DANCING, AND FOOD.

IN 2017, THE RANCH HELD TEN FAMILY FELLOWSHIP MEETINGS THROUGHOUT THE YEAR AND THE ATTENDANCE TO EACH ONE OF THESE EVENTS FLUCTUATED BETWEEN 150-300 PEOPLE.

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

EMPOWERING THE MINISTRY 2017 ACCOMPLISHMENTS:

CPYR HOSTED AND CONDUCTED ITS 20TH INFORMATION CLINIC WHICH EQUIPS INDIVIDUALS INTERESTED IN STARTING A SIMILAR PROGRAM. THERE WERE 90 CLINIC ATTENDEES IN 2017 FROM 22 STATES IN THE U.S. & THREE INTERNATIONAL COUNTRIES INCLUDING CANADA, ARGENTINA, AND THE U.K..

CPYR HOSTED ITS SIXTH MINISTRY CONFERENCE TO FURTHER SUPPORT SIMILAR PROGRAMS. FOUNDERS & CORE TEAM MEMBERS FROM THESE NON-PROFITS WERE INVITED TO ATTEND. 21 PROGRAMS WERE REPRESENTED BY 64 LEADERS IN ATTENDANCE. THIS EVENT ENCOMPASSED ATTENDEES FROM 13 STATES AND SOUTH AFRICA.

Name of the organization

CRYSTAL PEAKS YOUTH RANCH, CO.

Employer identification number
91-1821187

IN 2017, NINE, NEW SIMILAR PROGRAMS WERE ESTABLISHED IN U.S. COMMUNITIES 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. CPYR AND ITS STAFF WERE INSTRUMENTAL IN FOSTERING THE FOUNDATION IN WHICH THESE ADDITIONAL MINISTRIES WERE ABLE TO BUILD ON. IN ADDITION, THESE NEW NINE PROGRAMS ARE SUPPORTED VIA THE CPYR SIMILAR MINISTRY DEPARTMENT.

AS OF THE END OF 2017, CPYR STAFF HAVE ENCOURAGED AND INSPIRED OVER 220 SIMILAR PROGRAMS IN 44 STATES OF THE U.S. & TEN ADDITIONAL COUNTRIES WORLDWIDE. THE CPYR SIMILAR MINISTRY STAFF ACTIVELY SUPPORT AND MENTOR 130 OF THESE PROGRAMS. THESE TEAMS HAVE BEEN SERVED BY THE CRYSTAL PEAKS MISSION TO EMPOWER PROGRAMS WORLDWIDE.

THE FOUNDERS OF CPYR PERSONALLY VISITED FOUR SIMILAR PROGRAMS IN THE U.S. DURING 2017 TO OFFER SUPPORT AND CONSULTATION.

OUR SIMILAR MINISTRIES MANAGER AND PROGRAM DIRECTOR VISITED WINGS OF HOPE IN VIRGINIA TO OFFER CONSULT AND EMPOWER THEIR TEAM DURING A GATHERING OF SIMILAR PROGRAMS HOSTED BY WINGS OF HOPE. THIS EVENT SERVED 70 INDIVIDUALS REPRESENTING 18 ESTABLISHED ORGANIZATIONS AND SEVERAL PROSPECTIVE ORGANIZATIONS.

THREE SIMILAR MINISTRY PROGRAMS HOSTED REGIONAL SUPPORT CLINICS IN 2017 IN THE EAST COAST, UPPER MIDWEST AND MIDWEST REGIONS. THE PROGRAMS IN THE STATE OF CALIFORNIA BEGAN HOSTING QUARTERLY SUPPORT GATHERINGS AMONG THEIR ORGANIZATIONS.

Name of the organization

CRYSTAL PEAKS YOUTH RANCH, CO.

Employer identification number

91-1821187

EXPENSES \$ 234,565. INCLUDING GRANTS OF \$ 0. REVENUE \$ 58,856.

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

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:

Name of the organization

CRYSTAL PEAKS YOUTH RANCH, CO.

Employer identification number

91-1821187

THEY ARE AVAILABLE UPON REQUEST AND ON THE GUIDESTAR WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ACCRUAL/CASH ADJUSTMENT, NET

2,272.

2017 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	MM	17	7,775.				7,775.	3,075.
9	OUT BUILDINGS	VARIOUS	SL	25.00		16	4,500.				4,500.	2,340.
12	BARN & CORRALS	04/01/05	SL	25.00		16	15,760.				15,760.	7,400.
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.	16,039.
127	VARIOUS IMPROVEMENTS	05/15/06	SL	10.00		16	8,921.				8,921.	8,921.
130	WOODSTOVE IMPROVEMENT	05/11/06	SL	10.00		16	539.				539.	539.
132	BARN	05/01/07	SL	30.00		16	4,577.				4,577.	1,475.
134	IMPROVEMENTS	VARIOUS	SL	30.00		16	14,120.				14,120.	4,710.
137	IMPROVEMENTS	07/01/08	SL	10.00		16	52,989.				52,989.	45,040.
144	BUILDING	05/23/09	SL	15.00		16	23,094.				23,094.	11,670.
148	OFFICE BUILDING	12/04/09	SL	27.00		16	76,349.				76,349.	20,030.
175	IMPROVEMENTS	VARIOUS	SL	15.00		16	11,391.				11,391.	5,310.
197	WEST RANCH STRUCTURES	08/06/13	SL	40.00		16	329,096.				329,096.	28,110.

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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.	16,731
200	UPPER BARN IMPROVEMENT	01/01/13	SL	15.00		16	28,027.				28,027.	7,475
201	2012 IMPROVEMENTS	05/01/13	SL	15.00		16	134,269.				134,269.	32,821
203	BARN SOUND SYSTEM IMPROVEMENT	12/30/14	SL	5.00		16	13,000.				13,000.	5,200
209	TRADING POST IMPROVEMENT	01/01/14	SL	10.00		16	4,250.				4,250.	1,275
210	BARN IMPROVEMENT	01/01/14	SL	10.00		16	5,807.				5,807.	1,745
211	STUDIO ROOM IMPROVEMENT	09/01/14	SL	10.00		16	22,541.				22,541.	5,255
212	NEW WELL IMPROVEMENT	04/25/14	SL	10.00		16	49,572.				49,572.	13,215
214	FENCING IMPROVEMENT	07/03/14	SL	10.00		16	1,240.				1,240.	310
229	IRRIGATION IMPORVEMENT	05/05/14	SL	10.00		16	8,800.				8,800.	2,345
230	HOUSE IMPROVEMENTS	05/28/14	SL	30.00		16	1,266.				1,266.	105
231	LANDSCAPING (SOD) IMPROVEMENT	05/29/14	SL	10.00		16	3,348.				3,348.	865
232	NORTH RANCH STRUCTURES	05/31/15	SL	30.00		16	901,319.				901,319.	47,570
241	EAST RANCH RESIDENCE GREENHOUSE	04/29/16	SL	40.00		16	158,320.				158,320.	2,635
242	EAST RANCH GARAGE & CARPORT	04/29/16	SL	40.00		16	18,745.				18,745.	315
243	EAST RANCH 2 STORY ADMIN OFFICE (1/2)	04/29/16	SL	40.00		16	64,846.				64,846.	1,085
244	EAST RANCH WOOD SHOP	04/29/16	SL	25.00		16	19,331.				19,331.	515
251	EAST RANCH LOWER RV SHOP/GARAGE	04/29/16	SL	25.00		16	70,294.				70,294.	1,875

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(D) - Asset disposed

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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.	290
253	EAST RANCH UPPER TACK ROOM	04/29/16	SL	25.00		16	6,590.				6,590.	176
254	EAST RANCH STUDIO/PRAYER ROOM	04/29/16	SL	40.00		16	3,661.				3,661.	61
255	EAST RANCH WELL HOUSE	04/29/16	SL	15.00		16	3,661.				3,661.	165
256	EAST RANCH CHICKEN HOUSE	04/29/16	SL	15.00		16	2,197.				2,197.	98
257	EAST RANCH RESIDENCE GREENHOUSE	04/29/16	SL	15.00		16	2,929.				2,929.	130
258	EAST RANCH LOWER SHOP	04/29/16	SL	25.00		16	27,836.				27,836.	740
259	WEST RANCH POND IMPROVEMENT	12/31/16	SL	20.00		16	47,581.				47,581.	
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.	
264	2013 WELL	12/31/16	SL	20.00		16	7,577.				7,577.	
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.	
275	WEST RANCH AMPITHEATER	01/01/17	SL	25.00		16	48,658.				48,658.	
276	WEST RANCH FENCE	01/01/17	SL	10.00		16	13,417.				13,417.	
277	WEST RANCH OUT BUILDING/SHELTER	01/01/17	SL	25.00		16	2,000.				2,000.	

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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
278	EAST RANCH WELL IMPROVEMENT	01/01/17	SL	20.00		16	9,117.				9,117.	
279	NORTH RANCH MECHANIC SHOP	05/18/17	SL	25.00		16	15,884.				15,884.	
280	NORTH RANCH FENCE	11/09/17	SL	10.00		16	18,229.				18,229.	
281	NORTH RANCH DRIVEWAY IMPORVEMENT	08/03/17	SL	20.00		16	2,957.				2,957.	
282	WEST RANCH GARDEN SHED	01/01/17	SL	25.00		16	6,746.				6,746.	
283	WEST RANCH SHELTER	10/23/17	SL	25.00		16	1,628.				1,628.	
284	EAST RANCH HOUSE NEW DECK	11/27/17	SL	25.00		16	11,879.				11,879.	
285	EAST RANCH IMPROVMENT	01/01/17	SL	25.00		16	23,327.				23,327.	
	* 990 PAGE 10 TOTAL BUILDINGS						2,525,467.				2,525,467.	308,989
	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.	1,316
155	MERCHANTILE	03/02/10	SL	7.00		16	200.				200.	200
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.	188
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						2,956.				2,956.	2,759
	MACHINERY & EQUIPMENT											

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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
2	RANCH IMPLEMENTS	08/01/98	150DB	15.00		HY17	14,529.				14,529.	14,529.
3	EQUIPMENT	04/01/98	200DB	5.00		HY17	758.				758.	758.
5	RANCH PORTIO	12/12/99	200DB	7.00		MC17	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.
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.	6,460.

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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
159	GANEX PAID	03/24/10	SL	5.00		16	2,043.				2,043.	2,043.
161	(D) COPY MACHINE	03/25/10	SL	7.00		16	4,250.				4,250.	4,097.
162	EQUIPMENT REFRESH	04/07/10	SL	7.00		16	5,711.				5,711.	5,508.
163	GUITAR	07/07/10	SL	7.00		16	878.				878.	813.
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.	566.
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.	703.
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.
177	FUEL TANK	04/15/11	SL	5.00		16	1,687.				1,687.	1,687.
179	VARIOUS EQUIPMENT	09/30/11	SL	7.00		16	9,975.				9,975.	7,481.
180	PHONE UPGRADES	10/25/11	SL	10.00		16	3,049.				3,049.	1,576.
182	VARIOUS EQUIPMENT	05/01/11	SL	5.00		16	444.				444.	444.
183	PUSH MOWER	05/18/13	SL	5.00		16	685.				685.	491.

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(D) - Asset disposed

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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
185	BILL JACKSON-MULTIPLE HAY EQUIPMENT	08/05/13	SL	5.00		16	84,100.				84,100.	57,460.
187	BILL JACKSON	09/06/13	SL	5.00		16	1,000.				1,000.	660.
188	LOG SPLITTER	12/01/13	SL	5.00		16	1,329.				1,329.	820.
189	APPLE COMPUTER (KATIE)	12/17/13	SL	5.00		16	2,068.				2,068.	1,240.
191	COMPUTER-TROY	03/27/12	SL	5.00		16	3,186.				3,186.	3,020.
192	BARN SPEAKERS	04/05/12	SL	10.00		16	3,910.				3,910.	1,780.
193	SEWING MACHINES	07/31/12	SL	5.00		16	190.				190.	160.
194	WOOD SHOP TOOLS	11/30/12	SL	7.00		16	1,250.				1,250.	730.
195	VARIOUS EQUIPMENT	05/01/12	SL	5.00		16	276.				276.	250.
202	6 PERSON WAGONETTE	04/30/14	SL	5.00		16	1,100.				1,100.	580.
204	NEW SERVER	07/21/14	SL	5.00		16	9,849.				9,849.	4,760.
205	(2) NEW COMPUTERS	08/12/14	SL	5.00		16	1,798.				1,798.	870.
206	WALK IN COOLER	12/04/14	SL	5.00		16	4,000.				4,000.	1,660.
208	(3) HORSE TRAILERS	10/17/14	SL	5.00		16	2,500.				2,500.	1,080.
213	GOOSENECK FLATBED TRAILER	10/21/14	SL	5.00		16	9,000.				9,000.	3,900.
215	CATERPILLAR-SKID STEER	02/26/14	SL	7.00		16	56,425.				56,425.	22,830.
219	SOUND EQUIPMENT	01/22/15	SL	5.00		16	1,783.				1,783.	680.
220	(D)MANURE SPREADER	02/26/15	SL	7.00		16	3,200.				3,200.	830.

(D) - Asset disposed

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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
221	SAFE	04/14/15	SL	10.00		16	1,750.				1,750.	306
222	GUITAR UPGRADE	08/06/15	SL	7.00		16	2,000.				2,000.	405
223	SHOP EQUIPMENT	09/30/15	SL	7.00		16	2,985.				2,985.	533
224	PALMER TWOSOME	10/31/15	SL	7.00		16	4,000.				4,000.	666
225	ELIMINATOR SHOP	11/05/15	SL	7.00		16	2,622.				2,622.	437
226	APPLE COMPUTER	12/31/15	SL	5.00		16	1,733.				1,733.	347
247	TROY'S NEW LAPTOP	01/07/16	SL	5.00		16	2,915.				2,915.	583
248	FARM DISK	02/04/16	SL	10.00		16	1,950.				1,950.	175
249	ASUS COMPUTER (ELLEN)	02/05/16	SL	5.00		16	1,400.				1,400.	257
267	EAST RANCH CLOSED CIRCUIT CAMERA SYSTEM	12/31/16	SL	5.00		16	1,099.				1,099.	
268	KONICA BIZHUB C58 COPIER	07/05/17	SL	6.00		16	5,984.				5,984.	
269	MANURE SPREADER	07/25/17	SL	10.00		16	17,800.				17,800.	
270	FLOW FOR KUBOTA	01/17/17	SL	10.00		16	2,774.				2,774.	
271	APPLE CPU (KIM)	02/02/17	SL	5.00		16	3,199.				3,199.	
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						359,001.				359,001.	221,988
	TRANSPORTATION EQUIPMENT											
131	3320 TRACTOR/LOADER/BLADE	03/01/06	SL	7.00		16	19,200.				19,200.	19,200
147	1956 INT'L PICKUP	11/09/09	SL	5.00		16	2,398.				2,398.	2,398

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(D) - Asset disposed

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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
150	2010 BLACK TRUCK	07/09/10	SL	7.00		16	53,705.				53,705.	49,868
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.	9,764
178	TRACTOR & RED RANGER	05/28/11	SL	7.00		16	29,485.				29,485.	23,517
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.	6,078
186	1998 GMC WHITE PU	08/12/13	SL	5.00		16	4,130.				4,130.	2,822
190	BRAD CARRELL (BOXCARS)	10/21/13	SL	5.00		16	2,495.				2,495.	1,580
207	(D)2006 GREEN RANGER	09/29/14	SL	7.00		16	6,000.				6,000.	1,928
245	2016 DODGE RAM 1500	05/02/16	SL	5.00		16	47,125.				47,125.	6,285
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						191,695.				191,695.	131,700
	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.	
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	200DE	5.00		HY17	8,800.				8,800.	8,800

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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
7	HORSE (HALO)	08/01/01	200DB	5.00		17	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.	1,069.
198	WEST RANCH CLOSING COSTS	08/06/13	SL	5.00		16	1,418.				1,418.	970.
218	(D)SHEEP	04/13/15	SL	7.00		16	800.				800.	200.
228	HORSES	04/01/15	SL	7.00		16	2,500.				2,500.	625.
272	HORSES OAKLEY & OSH	08/03/17	SL	10.00		16	1,000.				1,000.	
273	HORSE RESCUE (JEFF W)	11/28/17	SL	10.00		16	750.				750.	
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						38,718.				38,718.	33,914.
	* GRAND TOTAL 990 PAGE 10 DEPR						4,544,231.				4,544,231.	699,350.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE						4,358,882.			0.	4,358,882.	699,350.
	ACQUISITIONS						185,349.			0.	185,349.	
	DISPOSITIONS						14,250.			0.	14,250.	7,063.
	ENDING BALANCE						4,529,981.			0.	4,529,981.	692,287.

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.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. CRYSTAL PEAKS YOUTH RANCH, CO.	Employer identification number (EIN) or 91-1821187
File by the due date for filing your return. See instructions.	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, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year **2017** 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.

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

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

2017

For calendar year 2017 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

Department of the Treasury
Internal Revenue Service

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
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C Book value of all assets at end of year 5,910,410.	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 21,218.			
b	Less returns and allowances			
c Balance ▶		1c		
		21,218.		
2	Cost of goods sold (Schedule A, line 7)	2		
		25,382.		
3	Gross profit. Subtract line 2 from line 1c	3		-4,164.
4a	Capital gain net income (attach Schedule D)	4a		
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
4c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6	18,350.	38,225.
7	Unrelated debt-financed income (Schedule E)	7		-19,875.
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	14,186.	38,225.
				-24,039.

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	-24,039.
31	Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 2	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-24,039.
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	-24,039.

Part III Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 35 (Organizations Taxable as Corporations), 36 (Trusts Taxable at Trust Rates), 37 (Proxy tax), 38 (Alternative minimum tax), 39 (Tax on Non-Compliant Facility Income), and 40 (Total).

Part IV Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 41a-41e (Credits), 42 (Subtract line 41e), 43 (Other taxes), 44 (Total tax), 45a-45g (Payments), 46 (Total payments), 47 (Estimated tax penalty), 48 (Tax due), 49 (Overpayment), and 50 (Enter the amount of line 49).

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

Table with 3 columns: Question number, Question text, and Yes/No columns. Includes questions 51, 52, and 53 regarding foreign interests, distributions, and tax-exempt interest.

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: [Signature] Date: [Blank] Title: CEO

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only

Preparer information fields: Print/Type preparer's name (RONALD S BOYD), Date (05/17/18), Firm's name (SPECTRUM CPA GROUP, LLP), Firm's address (109 NW GREENWOOD AVENUE, STE 102, BEND, OR 97703), PTIN (P00710287), Firm's EIN (93-1303841), Phone no. ((541) 749-4020).

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

1	Inventory at beginning of year	1	24,079.	6	Inventory at end of year	6	19,293.
2	Purchases	2	11,830.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	25,382.
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	8,766.				
5	Total. Add lines 1 through 4b	5	44,675.				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		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	SEE STATEMENT 4
(1)	5,150.	11,981.
(2)	13,200.	26,244.
(3)		
(4)		
Total	0.	18,350.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **18,350.**
 (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **38,225.**

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			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	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.

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.
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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)	0. <small>Enter here and on page 1, Part I, line 11, col. (A).</small>	0. <small>Enter here and on page 1, Part I, line 11, col. (B).</small>				0. <small>Enter here and on page 1, Part II, line 27.</small>

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.

Depreciation and Amortization (Including Information on Listed Property) 990

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

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.

Table with 5 columns: Line number, Description, Amount, and sub-headers (a) Description of property, (b) Cost, (c) Elected cost. Includes lines 1-13 for Section 179 election details.

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.)

Table with 3 columns: Line number, Description, Amount. Includes lines 14-16 for special depreciation allowance.

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

Section A

Table with 3 columns: Line number, Description, Amount. Includes lines 17-18 for MACRS deductions.

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows 19a-i for various property types.

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Line number, Description, Amount, and sub-headers (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows 20a-c for class life.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, Amount. Includes lines 21-23 for summary totals.

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.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 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 for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Rows 30-36 include questions about miles driven and personal use.

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 for Section C with 2 columns: Yes, No. Rows 37-41 include questions about written policies and requirements.

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 for Part VI 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. Rows 42-44 include amortization details.

FORM 990-T DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
CONTRACT LABOR		1,355.	
FACILITIES EXPENSES		4,847.	
LICENSES, PERMITS, TAXES & FEES		1,831.	
UTILITIES		3,948.	
- SUBTOTAL -	1		11,981.
CONTRACT LABOR		3,582.	
FACILITIES EXPENSES		16,740.	
GENERAL SUPPLIES & EQUIPMENT		172.	
LEGAL FEES		190.	
LICENSES, PERMITS, TAXES & FEES		2,055.	
UTILITIES		3,505.	
- SUBTOTAL -	2		26,244.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			38,225.