Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No 154<u>5-</u>1150

Open to Public Inspection

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public.

		ie Service	Information about Form 990-E2 and its instructions		s.gov/rorm990.		
AF	or the 2	2013 calenda		and ending			, 20
<b>B</b> c	heck if ap	plicable	C Name of organization		D Emplo	yer ider	tification number
L A	ddress ch	ange	TALL TALES RANCH		46-	-40588	328
☐ Na	ame chan	ge	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Teleph	one num	ber
X In	iitial returr	1					
□ те	erminated		6311 S GRANT DR				
Aı	mended re	eturn	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exempti	on
X A	pplication	pending	CENTENNIAL, CO 80121-2224		Numbe	er 🕨	
G	Accoun	ting Method	☐ Cash ☒ Accrual Other (specify) ▶	•	H Check ▶	☐ If th	e organization is not
1 3	Websit	e: ▶	<del> </del>	<del></del>	required to		
JΤ	ax-exe	mpt status (d	heck only one) - 🗓 501(c)(3) 🔲 501(c)( ) ◀ (insert no ) 🔲 4947(a)	(1) or 527	(Form 990,	990-EZ	, or 990-PF).
				er NONPRO	·		, ,
		=	7b, to line 9 to determine gross receipts If gross receipts are \$200,000		• • • • • • • • • • • • • • • • • • • •		
			\			\$	5,000
	rt I		e, Expenses, and Changes in Net Assets or Fund Ba				
			e organization used Schedule O to respond to any question in this Part				
	1		g, gifts, grants, and similar amounts received			1	5,000
	2		vice revenue including government fees and contracts			2	5,000
	3	_					
						3	<del></del>
	4	Investment in			• • • • • • • • •	4	<del></del>
	5a		nt from sale of assets other than inventory	5a			
			<b>∤</b> _				
	_	Gain or (loss	• • • • • • •	5c			
	6		fundraising events				
a	a		e from gaming (attach Schedule G if greater than	ı			
ğ				6a			
Revenue	b	Gross incom	outions				
Œ		from fundrais					
		sum of such	gross income and contributions exceeds \$15,000)	6b			
	1		expenses from gaming and fundraising events	6c		1 1	
	d	Net income of					
						6d	
	7a	Gross sales	of inventory, less returns and allowances	7a			
		Less cost of		7b) - 0 =	11.15		
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)	ILLE	IVED	_7c	
	8	Other reveni	ue (describe in Schedule O)			8	
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	11-M-1-	3. 2022 · S	9	5,000
8	10	Grants and	similar amounts paid (list in Schedule O)			10	
2014	11	Benefits paid	I to or for members	ا بطا الحال	. 5018	11	
<b>2</b>	12	Salaries, oth	er compensation, and employee benefits	DGDEN	1. LIT. I	12	
S	13	Professional	fees and other payments to independent contractors		***************************************	13	
JEN 988	14		rent, utilities, and maintenance	· • • • • • •		14	<del> </del>
<b>3</b>	15	Printing, pub	lications, postage, and shipping			15	59
	16	_	ses (describe in Schedule O)			16	
	17		ses. Add lines 10 through 16			17	59
NET ASSENJATED	18		eficit) for the year (Subtract line 17 from line 9)			18	4,941
<b>2</b>	19		r fund balances at beginning of year (from line 27, column (A)) (must ac			<del>                                     </del>	
<b>₹</b>			figure reported on prior year's return)			19	
	20			· · · · · · · ·		<del></del>	<del></del>
<b>E</b>		_	•			20	
Ear	Papara					21	4,941
EEA	raperv	vork neaucti	on Act Notice, see the separate instructions.				Form <b>990-EZ</b> (2013)

Form 990-EZ (2013) TALL TALES RANCH	·		46-4	1058	1828 Page
Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to respond	to any question in this Pa	art II		<u> </u>	<u> </u>
		(A) Be	ginning of year	Ц,	(B) End of year
22 Cash, savings, and investments			0	22	4,941
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)			0	24	0
25 Total assets			0	25	4,941
<b>26 Total liabilities</b> (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree	with line 21)		0	27	4,941
Part III Statement of Program Service Accomp				1	Expenses
Check if the organization used Schedule O to respond			″ □	(00	quired for section
What is the organization's primary exempt purpose? HOMES FOR			•••••	1	•
TOTED FOR	DEVELOPMENTAL I	/ISABIUITIES	<del></del>		(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for ea				1 -	anizations and section
as measured by expenses. In a clear and concise manner, describe		e number of		1	7(a)(1) trusts, optional
persons benefited, and other relevant information for each program to				for o	others)
28 DURING THE FIRST TWO MONTHS OF OPPERATION	N WE HAVE DEVELO	PED		1	
OUR FUND RAISING PLAN					
(Grants \$ ) If this amount	includes foreign grants, o	heck here	▶ 🔲	28a	ι   (
29					
				1	ļ
(Grants \$ ) If this amount	includes foreign grants, o	heck here		29a	
30	morado foroign granto, c	MOOK HOTO		230	-
				-	
		<del></del>			
(O		:	<del></del>		
	includes foreign grants, o		<u></u> ▶ □	30a	1
•	• • • • • • • • • • • • •	· · · · · · · · · · ·	· · · · · · <u>· ·</u> ·		
	includes foreign grants, o			31a	l .
32 Total program service expenses (add lines 28a through 31a)				32	
Part IV List of Officers, Directors, Trustees, and Key Emp	loyees (list each one eve	en if not compensate	d (see the instruc	tions	for Part IV)
Check if the organization used Schedule O to respond	i to any question in this F	art IV			
	(b) Average	(c) Reportable	(d) Health benefits	,	
(a) Name and title	hours per week	compensation	contributions to emp		(e) Estimated amount of
	devoted to position	(Form W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and deferred compensa		other compensation
PATRICK R MOONEY		(ii not paid, enter 40-)	delened compensa	100/1	-
PRESIDENT	5		o	0	•
CATHY K LAW	<u> </u>			-	0
TREASURER	1				
	1		0	0	0
JULIE UNDERHILL BUTSCHER			_		
BOD MEMBER	1		0	0	0
GERI M JOHNSON					
BOD MEMBER	1	1	0	0	0
AMY VOSSEN VUKELIC					
SECRETARY	1		o	o	0
				i	<del></del>
				ļ	
					<del></del>
				į	
		-	-		
	<del></del>	_			<del></del>
				ļ	\ <u>-</u>
	i				

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the		<u> </u>	<del>90 -</del>
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🗆
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			1
	change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	ĺ		ĺ
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			ļ
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			İ
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved			ĺ
39	Section 501(c)(7) organizations Enter			İ
a	Initiation fees and capital contributions included on line 9			İ
	Gross receipts, included on line 9, for public use of club facilities			İ
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			ĺ
	section 4911 ► ; section 4912 ► , section 4955 ►			İ
b	gage and any control c			İ
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	401		3.7
_	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u>X</u>
·	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			ĺ
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
_	reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			į
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed	-400		
42 a	The organization's books are in care of ▶ PATRICK R MOONEY  Telephone no ▶ 303-9	94-8	532	
	Located at ▶ 6311 S GRANT DR, CENTENNIAL, CO ZIP+4 ▶ 80121			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	[	
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		>	
	and enter the amount of tax-exempt interest received or accrued during the tax year		,	
		<del>, , , , , , , , , , , , , , , , , , , </del>	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			. <del>.</del> -
	completed instead of Form 990-EZ	44a	<u> </u>	_X
b	g in year was made as a second of the second			
	completed instead of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ	X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
AE -	explanation in Schedule O	44d	<b>-</b>	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	[		
	Form 000 F7 (and understand)			**
_	Form 990-EZ (see instructions)	45b	L	X

Form 9	90-EZ (201	3) TALL TALES RANC	H			46-4058	828		Page
•							F	Yes	No
46		organization engage, directly or indirectly, ii	· -				40	Ī	1,,
Dar		dates for public office? If "Yes," complete section 501(c)(3) organizations				<del></del>	46	L	X
i ai		All section 501(c)(3) organizations		ions 47-49b and 5	2. and compl	ete the table	s for I	ines	
		50 and 51.	<b>4.00</b>		_,p.	0.000.0	0 101 1		
		Check if the organization used Scl	hedule O to respond	I to any question i	n this Part VI				. 🗆
								Yes	No
47	Did the	organization engage in lobbying activities o	r have a section 501(h) el	ection in effect during t	he tax				
	year? If	"Yes," complete Schedule C, Part II					47		X
48	Is the o	rganization a school as described in section	า 170(b)(1)(A)(แ)? If "Yes,'	' complete Schedule E			48		X
49a		organization make any transfers to an exer	•	organization?			49a		X
b		was the related organization a section 527	-				49b		<u></u>
50		te this table for the organization's five higher				•			
	employe	ees) who each received more than \$100,00	U of compensation from the	ne organization If there					
		(a) Name and Aller of each and a	(b) Average	(c) Reportable	(d) Health be contributions to		Estimate	ed amou	unt of
		(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, au		other co	mpensa	tion
					- Joseph - J				
NON	E								
				1					
					***				
	·								_
f		umber of other employees paid over \$100,0							
51		te this table for the organization's five highe			ach received mo	re than			
	\$100,00	00 of compensation from the organization I	there is none, enter "No	ne "					
	(a)	Name and business address of each independent cont	ractor	(b) Type of se	rvice	(c) Coi	mpensatio	n	
			<del>-</del>	<u> </u>					
					1				
	• • • • • • • • • • • • • • • • • • • •			<del></del>					
					[				
		" " " " " " " " " " " " " " " " " " " "				· <u> </u>			
d		umber of other independent contractors eac	•						
52		organization complete Schedule A? Note:	•	nizations and 4947(a)(1	1)		=		
	-	mpt charitable trusts must attach a complet		<del> </del>			X Yes	<u> </u>	No
		f perjury, I declare that I have examined this return, inclu	· · · · ·		, ,	id belief, it is			
true, c	orrect, and	complete Declaration of preparer (other than officer) is	based on all information of which	preparer has any knowledge	·				
Sig	n	Signature of officer	R W		Date	•		-	
Her		PATRICK R MOONEY, PRESI			4	2-10-14			
		Type or print name and title	Diliti	<del></del>	<del></del>	<del></del>			
		Print/Type preparer's name	Preparer's Algnature	Date	Ch	eck I if P	TIN		
Paid		RICHARD G RODING	Richard & Dr	dis 06-10-		eck [] "	10640	98	
Prep		Firm's name > RICHARD GEORGE	CO		Firm's Eli				
Use		Firm's address ▶ 6762 WRIGHT CT	, , , , , ,						
		Arvada CO 80004	:		Phone no	303-420	-3244	ļ	
May	the IRS o	discuss this return with the preparer shown	above? See instructions	· · · · · · · · · · · · · · ·		▶ [	Yes	X	No
EEA							Form 99	0-F7	(2013

### **SCHEDULE A**

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer Identification number

TAL	L T	ALES RANCH								058828			
Pa	rt I	Reason for P	ublic Charity	Status (All organiza	ations m	ust com	olete this	part.) S	See instr	uctions.			
The	orgar	nization is not a private	e foundation becau	se it is: (For lines 1 throu	igh 11, che	ck only on	e box )						
1		A church, convention	of churches, or as	sociation of churches de	scribed in	section 17	/0(b)(1)(A)	(i).					
2		A school described in	section 170(b)(1)	(A)(ii). (Attach Schedule	E)								
3		A hospital or a coope	rative hospital serv	rice organization describ	ed in <b>secti</b>	on 170(b)(	1)(A)(iii).						
4		A medical research of	organization operate	ed in conjunction with a h	nospital des	cribed in s	section 170	)(b)(1)(A)	(iii). Enter	the			
		hospital's name, city,	and state:		<del></del> .								
5		An organization opera	ated for the benefit	of a college or university	owned or	operated b	oy a govern	mental ur	nt describe	d in			
		section 170(b)(1)(A)	(iv). (Complete Pa	rt II.)									
6			-	governmental unit descri									
7		An organization that	normally receives a	a substantial part of its si	apport from	a governn	nental unit	or from the	e general p	oublic			
	_	described in section	170(b)(1)(A)(vi). (	Complete Part II.)									
8	Ц	A community trust de	escribed in section	170(b)(1)(A)(vi). (Comp	lete Part II	)							
9	X	An organization that	normally receives	(1) more than 33 1/3% o	f its suppor	t from con	tributions, r	nembersh	up fees, an	d gross			
				mpt functions - subject to									
				and unrelated business to				tax) from	businesse	s			
				30, 1975 See section 5		-							
10			· ·	exclusively to test for p	-								
11	Ш	-	•	exclusively for the bene	•			•	•				
				rted organizations descr						ection			
				the type of supporting o	•	•							
_		a  Type I	b ∐ Type					_d ∟		Non-funte	onally inte	egrated	
е	Ш			rganization is not control	-								
		or section 509(a)(2)	i managers and ou	ner than one or more pub	iliciy suppo	rted organ	izations de:	scribea in	section 50	9(a)(1)			
f			ceived a written de	termination from the IRS	that it is a	Type I Tyr	no It or Tvi	oo III suor	ortina				
•		organization, check t					pe ii, or i y	oe iii supt	witing				
g		•		ation accepted any gift o			v of the						• 🗆
9		following persons?	- o,	and a docuption any girt o	, , , , , , , , , , , , , , , , , , , ,	o a	,, 0, 1,10						
			lirectly or indirectly	controls, either alone or	together w	th persons	described	ın (ıı) and				Yes	No
		•	-	ne supported organizatio	•	•					11g(i)		
		-	• •	ribed in (i) above?							11g(II)		
		(iii) A 35% controlle	ed entity of a persoi	n described in (i) or (ii) at	oove? .						11g(iii)		
h		Provide the following	information about	the supported organizati	on(s)							<u> </u>	
	(i) N	ame of supported	(II) EIN	(III) Type of organization	(IV) Is the or	-	(v) Did you	notify	(vi) !:	s the	(vii) Amol	nt of mon	etary
		organization		(described on lines 1-9 above or IRC section	governing d	-	the organiz		organizati (i) organiz			support	
				(see instructions))	90.0								
							supp	on,	U	S ?	_[		
					Yes	No	Yes	No	Yes	No			
(A)					Yes	No					-		_
					Yes	No							
					Yes	No							
(B)					Yes	No							
(B)					Yes	No							
(B) (C)					Yes	No							
(B) (C)					Yes	No							
(B) (C)					Yes	No							
(B) (C)					Yes	No							
(A) (B) (C) (D)					Yes	No							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ..... The value of services or facilities 3 furnished by a governmental unit to the organization without charge ..... Total. Add lines 1 through 3 ..... The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 . . . Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 . . . . . . . . . . . . Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) . . . . . . . . . . . . . . Total support. Add lines 7 through 10 . 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f) % 15 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 33 1/3% support test - 2012. 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 17a 10%-facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ...... 10%-facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicity supported organization ....... Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	etion A. Public Support	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(O.T.A.)
Jaie	endar year (or fiscal year beginning in)	(a) 2009	(8) 2010	(6) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")					5,000	5,000
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 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					5,000	5,000
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)				:		5,000
	ction B. Total Support			1	1		
9	endar year (or fiscal year beginning in)  Amounts from line 6	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013 5,000	(f) Total 5,000
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	0			0	5,000	5,000
14	First five years. If the Form 990 is for the organization, check this box and stop here					3)	▶ 🏻
Se	ction C. Computation of Public Sເ						
15	Public support percentage for 2013 (line 8, co	olumn (f) divided b	y line 13, column	(f))		15	%
16	Public support percentage from 2012 Schedu					16	%
Se	ction D. Computation of Investme		<del></del>				
17	Investment income percentage for 2013 (line		•			17	%
18	Investment income percentage from 2012 Sc					18	%
	33 1/3% support tests - 2013. If the organization is not more than 33 1/3%, check this box	and <b>stop here.</b> The	e organization qu	alifies as a publicly	supported organiza	tion	▶ □
b	33 1/3% support tests - 2012. If the organization 18 is not more than 33 1/3%, check this l	ation did not check box and <b>stop here</b>	a box on line 14 The organization	or line 19a, and line n qualifies as a pub	e 16 is more than 33 licly supported orga	1/3%, and nization	▶ []
20					• • •		▶ ∏

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### OMB No 1545-1150

Form 990-EZ

Department of the Treasury

**Short Form Return of Organization Exempt From Income Tax** 

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

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

► Information about Form 990-EZ and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

**Open to Public** 

milenti	ai Nevell	de Selvice		11	nspection
		e 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014			
		change C Name of organization TALL TALES RANCH	D Employe	er ider	itification number
┢╮	828				
L"	lame c nitial re	hange Number and street (or P O box, if mail is not delivered to street address) Room/suite sturn 6311 S GRANT DR	<b>E</b> Telephon	e numl	ber
ΓF	inal				
	n/term		F Group Ex Number	emptio	n
┢᠈	mende Innlicat	d return CENTENNIAL, CO 801212224 on pending	Number	F.	
, Α	ppiicat	l l			
_		H Check ►		_	
<b>G</b> A	ccoun	ting Method			
I W	ebsite		, , , , , , , , , , , , , , , , , , , ,	., 5. 5	,
		npt status(check only one) - 501(c)(3) 501(c)( ) ◀(Insert no ) 4947(a)(1) or 527			
		organization Corporation Trust Association Other NONPROFIT			
(B) I	below	es 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if to ) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>►</b> \$ 57	,795	· 
Pa	art I	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the inst Check if the organization used Schedule O to respond to any question in this Part I			
	1	Contributions, gifts, grants, and similar amounts received		1	57,795
	2	Program service revenue including government fees and contracts		2	<u> </u>
	3	Membership dues and assessments		3	
	4	Investment income		4	_
	5а	Gross amount from sale of assets other than inventory	· ·		
ا بو	b	Less cost or other basis and sales expenses			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
Revenue	6	Gaming and fundraising events	·	-	
<b>-</b>	а	Gross income from gaming (attach Schedule G if greater than \$15,000)			
	b	Gross income from fundraising events (not including \$of contributions from fundraising events reported on line 1) (attach Schedule G if the			
		sum of such gross income and contributions exceeds \$15,000)			
	С	Less direct expenses from gaming and fundraising events 6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	ļ		
	ь	Less cost of goods sold			
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	57,795
	10	Grants and similar amounts paid (list in Schedule O)	🕇	10	<u>-</u>
	11	Benefits paid to or for members	†	11	
	12	Salaries, other compensation, and employee benefits		12	21,476
y.	13	Professional fees and other payments to independent contractors		13	5,028
Expenses	14	Occupancy, rent, utilities, and maintenance		14	<u> </u>
)dx	15	Printing, publications, postage, and shipping		15	6,438
ш	16	Other expenses (describe in Schedule O)		16	7,051
	17	Total expenses. Add lines 10 through 16	•	17	39,993
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-	18	17,802
ssets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	·	10	17,002
Ą	13	end-of-year figure reported on prior year's return)	_	19	4,941
NetA	20	Other changes in net assets or fund balances (explain in Schedule O)	<u> </u>	20	7,771
_			· 🕌		22,743
Ear	21	Net assets or fund balances at end of year Combine lines 18 through 20	• -	21	22,/43

FOIII 990-EZ (2014)					Page 4
Part II Balance Sheets (see to Check if the organization u	the instructions for Part II) ised Schedule O to respond to	o any question in this Pa	art II		
		(4)	Beginning of year		(B) End of year
22 Cash, savings, and investments			4,941	22	4,428
23 Land and buildings			0	<del>1 1</del>	32,033
24 Other assets (describe in Schedul	e O )		0	24	0
25 Total assets			4,941	25	36,461
26 Total liabilities (describe in Sched	ule O )		0	26	13,718
27 Net assets or fund balances (line 2	?7 of column (B) <b>must</b> agree w	ith line 21)	4,941	27	22,743
<del>_</del>	m Service Accomplishi		· —	1 '	Expenses quired for section 501
What is the organization's primary exer HOMES FOR DEVELOPMENTAL DISA				org	[3) and 501(c)(4) anizations, optional for ers )
Describe the organization's program se measured by expenses In a clear and benefited, and other relevant information	concise manner, describe the			O CHI	C13 ,
28 TTR CONTINUES TO BRING AWAR LIVING WITH DEVELOPMENTAL DIS (Grants \$ )				20-	
29	Tills alloulit iliciades loreign	grants, check here		28a	
(Grants \$ ) I	f this amount includes foreign	grants, check here .	▶┌	29a	
30			· · · · · · · · · · · · · · · · · · ·		
(Grants \$ ) I	f this amount includes foreign	grants, check here .	▶┌	30a	
<b>31</b> Other program services (describe in (Grants \$ )	n Schedule O ) f this amount includes foreign	grants, check here .	▶┌	31a	
32 Total program service expenses (add				32	(
	Trustees, and Key Employees used Schedule O to respond to				
(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benef contributions t employee benefit; and deferred compensation	to plans,	(e) Estimated amount of other compensation
PATRICK R MOONEY PRESIDENT	10 00	0		0	0
CATHY K LAW TREASURER	1 00	0		0	0
JULIE UNDERHILL BUTSCHER BOD MEMBER	1 00	0		0	0
GERI M JOHNSON BOD MEMBER	1 00	0		0	0
AMY VOSSEN VUKELIC SECRETARY	1 00	0		0	0

	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part	<u>V</u>	<u> </u>	<u>l _</u>					
			Yes	No					
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No					
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No					
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No					
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b							
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No					
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No					
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 💮 37a								
ь	Did the organization file Form 1120-POL for this year?	37b		No					
38a	BBa Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were								
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo					
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b								
39	Section 501(c)(7) organizations Enter								
а	Initiation fees and capital contributions included on line 9								
b	Gross receipts, included on line 9, for public use of club facilities 39b								
40a	10a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under								
	section 4911 ▶, section 4912 ▶, section 4955 ▶								
b	<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I								
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958								
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization								
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo					
41	List the states with which a copy of this return is filed 🕨								
42a	The organization's books are in care of ▶ PATRICK R MOONEY Telephone no	<u>(30</u>	3)994-	-8532					
	Located at ► 6311 S GRANT DR CENTENNIAL, CO ZIP + 4 U	80	012122	24					
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority								
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No					
	If "Yes," enter the name of the foreign country ▶								
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)								
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No					
	If "Yes," enter the name of the foreign country 🕨								
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	Г					
	<u> </u>		Yes	No					
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of								
. 141	Form 990-EZ	44a		No					
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No					
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No					
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			140					
u	explanation in Schedule O	44d							
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No					
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No					

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 99	90-EZ	(2014)						Page <b>4</b>
							Yes	No
		organization engage, directly tes for public office? If "Yes,"			ehalf of or in opposition to	46		No
Part		Section 501(c)(3) orga						
		All section 501(c)(3) orgai and 51	nizations must answer	questions 47-49b an	d 52, and complete the	tables	for lin	ies 50
	(	and 31 Check if the organization used	d Schedule O to respond to	o any question in this P	art VI			Γ
							Yes	No
		organization engage in lobbyii " complete Schedule C, Part I	_	tion 501(h) election in		47		No
		rganization a school as descri				48		No
						49a		No
		organization make any transfe	•	_		49b		
<b>b</b> If	f "Yes,'	" was the related organization	a section 527 organization	on?		490		
		te this table for the organizations) who each received more t						
		and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits,	<b>(e)</b> Est	ımated	amount ensation
NONE								
f	Totalr	number of other employees pa	ıd over \$100,000 .			•		
		te this table for the organization			actors who each received r	nore th	an \$100	000,0
01		ensation from the organization  (a) Name and business addre			(b) Type of service	(c) C	ompens	 sation
			,		. , , , ,	( )		
		number of other independent o	_	•	•			
52		ne organization complete Sche leted Schedule A	edule A? <b>NOTE.</b> All Section	n 501(c)(3) organizatioi • • • • • •	ns must attach a	<b>.</b>	✓ Yes	s $\Gamma$ No
	•							
	lge and	s of perjury, I declare that I have belief, it is true, correct, and co						
		*****			2045 20 45			
Sign	<b>   </b>	Signature of officer			2015-08-13 Date			
Here		Patrick R Mooney President of BO						
		Type or print name and title  Print/Type preparer's name	Preparer's signature	e Date	Check T if PTIN			
Paid		Richard G Roding			5-08-14 self-employed P0106	4098		
Pre pa	arer	Firm's name Firm's name	ge Co		Firm's EIN ►			
Use (		Firm's address ► 6762 Wright (	Ct		Phone no			
		Arvada, CO	80004					
1ay the	e IRS d	liscuss this return with the pre	eparer shown above? See	instructions	🕨	Гү	es 🔽	No

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DLN: 93492226020755

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

	e of the	ne organization			Employer identification number						
IALL	ALLS K	ANCII					46-4058828				
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	itions must co	mplete this p		ons.			
		zation is not a private f									
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b>	o)(1)(A)(i).				
2	Г	A school described in	section 170(b	)(1)(A)(ii). (Attach S	chedule E )						
3	Г	A hospital or a cooper	ative hospital	service organization of	described in <b>sec</b>	tion 170(b)(1)	(A)(iii).				
4	Γ	A medical research or	ganızatıon ope	<del>-</del>				<b>).</b> Enter the			
5	$\vdash$	hospital's name, city,	and state	nefit of a college or uni	versity owned o	or operated by a	a governmental unit d	escribed in			
•	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)										
6	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	<u>'</u>	An organization that n						ranawal muhlia			
•	,	described in <b>section 1</b>				oni a governine	intal unit of from the g	Jeneral public			
8	Γ	A community trust de				tII)					
9	~	An organization that n					butions, membership	fees, and gross			
		receipts from activitie	s related to it	s exempt functions—s	ubject to certai	n exceptions, a	ind (2) no more than 3	331/3% of			
		its support from gross									
		acquired by the organ									
10	Г	An organization organ									
11		An organization organ	-	· · · · · · · · · · · · · · · · · · ·	•	·		ut the purposes of			
	·	one or more publicly s									
	_	the box in lines 11a th									
а	ı	Type I. A supporting of									
		supported organizatio organization <b>You mus</b>				ty of the direct	ors or trustees of the	supporting			
ь	Г	Type II. A supporting				with its suppo	rted organization(s), l	ov having control or			
	•	management of the su	=	•		• •	• • • • • • • • • • • • • • • • • • • •	•			
	_	must complete Part I									
C	ļ	Type III functionally						grated with, its			
d	г	supported organizatio  Type III non-function						ianization(s) that is			
<b>u</b>	'	not functionally integr									
		(see instructions) Yo	u must comple	ete Part IV, Sections A	and D, and Par	t V.					
е	Г	Check this box if the o					s a Type I, Type II, T	ype III functionally			
f		integrated, or Type II									
-		Enter the number of se Provide the following i									
g		Frovide the following i	mormation ab	out the supported orga	illization(s)						
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganization	(v) A mount of	(vi) A mount of			
		organization		organization	listed in your	governing	monetary support	other support (see			
				(described on lines 1-9 above or IRC	docume	ent?	(see instructions)	ınstructions)			
				section (see							
				instructions))							
					Yes	No					
Tota											

Pa	Support Schedule for (Complete only if you c						
	Part III. If the organiza						
	ection A. Public Support						
Cal	endar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	<b>(e)</b> 2014	(f) Total
1	in) ► Gıfts, grants, contributions, and						
-	membership fees received (Do not						
	ınclude 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						
4	the organization without charge <b>Total.</b> 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						
	ection B. Total Support endar year (or fiscal year beginning				1		1
Cal	in) 🟲	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
7	A mounts 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	<b>Total support</b> Add lines 7 through 10						
12	Gross receipts from related activities	s, etc (see inst	ructions)			12	
13	First five years. If the Form 990 is f	or the organizat	on's first, second	, third, fourth, or	fifth tax year as a		3)
	organization, check this box and <b>sto</b>	p here	<u> </u>				
	ection C. Computation of Pub						
14	Public support percentage for 2014	•		11, column (f))		14	
15	Public support percentage for 2013	· ·	•			15	
16a	33 1/3% support test—2014. If the				line 14 is 33 1/3%	or more, check	this box ▶□
b	and <b>stop here.</b> The organization qual <b>33 1/3% support test—2013.</b> If the				and line 15 is 33	R 1/3% or more o	. ,
_	box and <b>stop here.</b> The organization				, and mic 15 15 55	, 1, 3 % or more, c	<b>▶</b> □
17a	10%-facts-and-circumstances test-	- <b>2014.</b> If the org	anızatıon dıd not (	check a box on li			·
	is 10% or more, and if the organizat						
	in Part VI how the organization mee organization	is the "racts-and	u-circumstances"	test The organi	∠ation qualifies as	a publicly supp	orted <b>►</b> □
ь	10%-facts-and-circumstances test—	<b>-2013.</b> If the ora	anızatıon dıd not o	check a box on lu	ne 13, 16a, 16b. d	or 17a, and line	-1
_	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat	ion meets the "f	acts-and-circums	stances" test Th	e organızatıon qua	alıfıes as a public	
10	supported organization	on did not aba-1	4 2 hay an line 4 2	165 166 17-	or 17h abask Hees	hovender-	<b>►</b> □
18	<b>Private foundation.</b> If the organization instructions	on ala not check	ca DUX UII IIIE 13	, 10a, 10b, 1/a,	or 170, CHECK THIS	o nox alla see	<b>▶</b> □

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

		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(Complete only if	you checked the box	x on line 9 of Part I or if the organization failed to qualify u	ındeı
Part II. If the org	anization fails to qua	alify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support		•		, ,	•	
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				5,000	57,795	62,795
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities		-				
5	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5				5,000	57,795	62,795
7a	Amounts included on lines 1, 2,					10.000	10.000
	and 3 received from disqualified persons					18,000	18,000
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b					18,000	18,000
8	Public support (Subtract line 7c					·	44,795
	from line 6 )						44,795
	ction B. Total Support			1			
Cale	ndar year (or fiscal year beginning in) ▶	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	<b>(e)</b> 2014	(f) Total
9	A mounts from line 6				5,000	57,795	62,795
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gaın or loss from the sale of						
	capital assets (Explain in Part						
13	VI) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12)	0		0	5,000	57,795	62,795
14	First five years. If the Form 990 is	for the organızatı	on's first, secon	d, third, fourth, or	fifth tax year as a	section 501(c)(	
	check this box and stop here	lie Sunnert D					<b>►</b>  ✓
<u>5e</u> 15	ection C. Computation of Pub Public support percentage for 2014			13 column (f))		15	
				. 15, column (1),			
16	Public support percentage from 20:					16	
<u>5e</u> 17	ction D. Computation of Inv Investment income percentage for				ın (f))	17	
18	Investment income percentage from	•	* *	•	(17)	18	
	33 1/3% support tests—2014. If the				lling 15 is mara t		1 line 17 is not
174	more than 33 1/3%, check this box						inne 17 is not ►
ь	33 1/3% support tests—2013. If the						

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **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 on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section	Δ ΔΙΙ	Supporting	Organizatio	ne

Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^2$ If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 $(2)^7$ 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
ь	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
Ь	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
	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?			
		11a		
ь	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Par	rt IV Supporting Organizations (continued)			
Se	ection 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? If "No," describe in <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection 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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inct	etions)	
а	The organization satisfied the Activities Test Complete <b>line 2</b> below The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below The organization supported a governmental entity. Describe in Part VI how you supported a government e			
2	instructions)  Activities TestAnswer (a) and (b) below.		Yes	Na
			Yes	No
а	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? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	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> .	3a		
b	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

1	_	Check here if the orga	nızatıon satısfıed t	he Integral P	art Test as a	qualifying trus	st on Nov	20,1970	See instructions. Al	l other
Гур	e I	II non-functionally inte	egrated supporting	organizations	s must comple	ete 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)	1		
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	<b>Discount</b> 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

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes				
2 A mounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in				
3 Administrative expenses paid to accomplish exemp	anızatıons				
4 Amounts paid to acquire exempt-use assets					
5 Qualified set-aside amounts (prior IRS approval rec					
6 Other distributions (describe in Part VI) See instru	JCTIONS				
7 Total annual distributions. Add lines 1 through 6	7 Total annual distributions. Add lines 1 through 6				
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide			
9 Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014		
1 Distributable amount for 2014 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)					
3 Excess distributions carryover, if any, to 2014					
<b>a</b> From 2009					
<b>b</b> From 2010					
<b>c</b> From 2011					
d From 2012					
<b>e</b> From 2013					
f Total of lines 3a through e					
g Applied to underdistributions of prior years					
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)					
j Remainder Subtract lines 3g, 3h, and 3i from 3f					
4 Distributions for 2014 from Section D, line 7 \$					
A pplied to underdistributions of prior years					
<b>b</b> Applied to 2014 distributable amount					
c Remainder Subtract lines 4a and 4b from 4					
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)					
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)					
7 Excess distributions carryover to 2015. Add lines 31 and 4c					
8 Breakdown of line 7					
<b>a</b> From 2010					
<b>b</b> From 2011					
<b>c</b> From 2012					
d From 2013					

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93492226020755

OMB No 1545-0047

Open to Public Inspection

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization TALL TALES RANCH	Employer identification number		
	46-4058828		

### 990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other expenses Part I line 16	
Description of total liabilities Part II line 26	Category Beginning of Year End of YearCURRENT LIABILITIES 0 481LONG TERM LIABILITIES 0 13,237

# 990-EZ

Department of the Treasury

For Paperwork Reduction Act Notice, see the separate instructions.

Internal Revenue Service

### Short Form Return of Organization Exempt From Income Tax

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

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

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

68,144

Form 990-EZ (2015)

OMB No. 1545-1150

A For the 2015 calendar year, or tax year beginning 2015, and ending Check if applicable C Name of organization D Employer identification number Address change TALL TALES RANCH 46-4058828 Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Initial return Final return/terminated 6311 S GRANT DR (303) 994-8532 Amended return City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Application pending CENTENNIAL, CO 80121-2224 Number > Cash X Accrual Other (specify) ▶ G Accounting Method: H Check ► if the organization is not Website: ▶ required to attach Schedule B Tax-exempt status (check only one) - K 501(c)(3) ◀ (maert.no.) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF) K Form of organization: Corporation Trust Association Other NONPROFIT L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 95,854 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 82,586 Program service revenue including government fees and contracts 3 4 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) ..... 6a b Gross income from fundraising events (not including \$ 1,645 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . . . . 13,268 c Less: direct expenses from gaming and fundraising events 9,299 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 3,969 6d 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) . . . . . . . . . . . . . . . . . . . 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 86,555 10 Grants and similar amounts paid (list in Schedule O) 10 Benefits paid to or for members . . . . . . . . . . . . . 11 12 Salaries, other compensation, and employee benefits 12 Expenses 25,773 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 15 16 Other expenses (describe in Schedule O) 16 15,381 17 Total expenses. Add lines 10 through 16 41,154 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 45,401 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 22,743 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20

# Form **990-EZ**

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150 2016

Open to Public Inspection

A	For the	2016 calenda	r year, or tax year beginning ,	2016, and e	ending		, 20		
В	Check if ap	oplicable:	C Name of organization			D Employ	yer identification	on number	
	Address ch	nange	TALL TALES RANCH			46-	4058828		
	Name char	nge	Number and street (or P.O. box, if mail is not delivered to street address)	Ro	oom/suite	E Telepho	ne number		
	Initial retur	'n							
	Final return	n/terminated	6311 S GRANT DR			(30	3) 994-853	2	
	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code			F Group I	Exemption		
	Application	n pending	CENTENNIAL, CO 80121-2224			Numbe	r 🕨		
G	Account	ing Method:	☐ Cash ☐ Accrual Other (specify) ►		_ H	Check ►	if the organ	ization is <b>not</b>	
I	Website	e: ►				required to	attach Schedule	e В	
<u>J</u>	Tax-exe	empt status (		4947(a)(1) or	527	,	990-EZ, or 990	-PF).	
		-		✓ Other <u>NC</u>					
			7b to line 9 to determine gross receipts. If gross receipts are \$200						
<u> </u>			) are \$500,000 or more, file Form 990 instead of Form 990-EZ					143,225	
Р	art I		e, Expenses, and Changes in Net Assets or Fun		•		,		
_			the organization used Schedule O to respond to any que					· · · · · · <u>x</u>	
	1		s, gifts, grants, and similar amounts received				1	112,821	
	2		vice revenue including government fees and contracts				2		
	3		dues and assessments				3		
	4	Investment in					4		
	5a		nt from sale of assets other than inventory						
		Less: cost or							
	С	Gain or (loss	5c						
	6	Gaming and							
a)		a Gross income from gaming (attach Schedule G if greater than							
nŭ		+ -,,		• • 6a					
Revenue	b		e from fundraising events (not including \$ 10,1	. <b>40</b> of	f contributio	ns			
č			sing events reported on line 1) (attach Schedule G if the	1 1					
			gross income and contributions exceeds \$15,000)			30,404			
			expenses from gaming and fundraising events			18,856			
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b	and subtrac	t				
		,					6d	11,548	
			of inventory, less returns and allowances						
	1	Less: cost of					_		
			or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c		
	8		te (describe in Schedule O)				8		
_	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8         imilar amounts paid (list in Schedule O)				9 10	124,369	
	10		. ,					340	
	11 12	•	to or for members				11 12	26 706	
es	12						13	36,706	
ens	13		Toos and strior paymonts to independent contractors				14	645	
Expenses	. 14		rent, utilities, and maintenance				15	600	
Ш	16	• .	ses (describe in Schedule O)				16	938	
	17		ses. Add lines 10 through 16				17	19,647	
_	18		eficit) for the year (Subtract line 17 from line 9)				18	58,876 65,493	
ţ		,	r fund balances at beginning of year (from line 27, column (A)) (mi					65,493	
Net Assets	'3		igure reported on prior year's return) · · · · · · · · · · · · · · · · · · ·	-			19	60 144	
Ä	20	-	9				20	68,144	
Š	21	_	r fund balances at end of year. Combine lines 18 through 20				21	133 637	

					<u> </u>
Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to res	pond to any questio	n in this Part II			🛚
		(A) Beg	ginning of year		(B) End of year
22 Cash, savings, and investments			49,435	22	119,069
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)			29,349	24	24,457
25 Total assets			78,784	25	143,526
<b>26 Total liabilities</b> (describe in Schedule O)			10,640	26	9,889
27 Net assets or fund balances (line 27 of column (B) must agree v	with line 21)		68,144	27	133,637
Part III Statement of Program Service Accomplishme	ents (see the instruc	tions for Part III)			
Check if the organization used Schedule O to res	spond to any questic	on in this Part III	🗌		Expenses
What is the organization's primary exempt purpose? HOMES FOR I	DEVELOPMENTAL D	ISABILITIES		•	uired for section
					c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each as measured by expenses. In a clear and concise manner, describe the				_	nizations; optional for
persons benefited, and other relevant information for each program title		number of		othe	rs.)
28 TTR CONTINUES TO BRING AWARENESS FOR THE N		HTS			
HOME FOR INDIVIDUALS LIVING WITH DEVELOPME					
NOTE TON INDIVIDUED BIVING WITH DEVELOTION	510111111				
(Grants \$ ) If this amount inc	ludes foreign grants, cl	neck here	▶ □	28a	0
29	iaaco io.o.g.i g.a.i.o, c.	100111010	· <u> </u>		
-					
(Grants \$ ) If this amount inc	ludes foreign grants, cl	nack hara	<del> ▶</del> □	29a	
30	iddes foreign grants, ci	leck liefe		<u> </u>	
(Grante \$ ) If this amount inc	Judos foreign grants, of	neck here		30a	
	ludes foreign grants, cl	leck liefe		Jua	
31 Other program services (describe in Schedule O)	ludaa faraisa arasta al			31a	
(Grants \$ ) If this amount inc 32 Total program service expenses (add lines 28a through 31a)	ludes foreign grants, cl		· · · · · <b>&gt;</b> 📙	32	
Part IV List of Officers, Directors, Trustees, and Key Employ					o for Part IVI
Check if the organization used Schedule O to respond to		•			
Office in the organization used ochedule of to respond to	any question in this i a				
(a) Name and title	(b) Average	(c) Reportable compensation	<ul><li>(d) Health benefits, contributions to employ</li></ul>	ovee	(e) Estimated amount of
(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and		other compensation
DAMBTON D MOONEY		(if not paid, enter -0-)	deferred compensat	ion	
PATRICK R MOONEY	10.00	0			•
PRESIDENT	10.00	0		0	0
CATHY K LAW	1 00	•			•
TREASURER	1.00	0		0	0
JULIE UNDERHILL BUTSCHER	1 00	•			•
BOD MEMBER	1.00	0		0	0
GERI M JOHNSON					
BOD MEMBER	4 00				
AMY VOSSEN VUKELIC	1.00	0		0	0
		-			
SECRETARY	1.00	0		0	0
DIANA GOLDY	1.00	0		0	0
DIANA GOLDY BOD Memeber		-			
DIANA GOLDY BOD Memeber DAPHYNE REIFF	1.00	0		0	0
DIANA GOLDY BOD Memeber	1.00	0		0	0
DIANA GOLDY BOD Memeber DAPHYNE REIFF	1.00	0		0	0
DIANA GOLDY BOD Memeber DAPHYNE REIFF	1.00	0		0	0
DIANA GOLDY BOD Memeber DAPHYNE REIFF	1.00	0		0	0
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DIANA GOLDY BOD Memeber DAPHYNE REIFF	1.00	0		0	0
DIANA GOLDY BOD Memeber DAPHYNE REIFF	1.00	0		0	0
DIANA GOLDY BOD Memeber DAPHYNE REIFF	1.00	0		0	0
DIANA GOLDY BOD Memeber DAPHYNE REIFF	1.00	0		0	0
DIANA GOLDY BOD Memeber DAPHYNE REIFF	1.00	0		0	0
DIANA GOLDY BOD Memeber DAPHYNE REIFF	1.00	0		0	0

Form 9	990-EZ (2016) TALL TALES RANCH 46-4058	828	F	age :
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			<u>. 🗌</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b		35b		- 21
		335		
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
26		330		_ ^
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	00		177
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	_		
b	•	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved •••••••• 38b	_		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on line 9, for public use of club facilities ••••••••••••••••••••••••••••••••••••			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 • ; section 4912 • ; section 4955 •			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
•	40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
-	transaction? If "Yes," complete Form 8886-T	40e		Х
44		406		Λ
41	List the states with which a copy of this return is filed  The organization's books are in care of PATRICK R MOONEY  Telephone no. 303–9		F 2 2	
42 a				
	Located at • 6311 S GRANT DR, CENTENNIAL, CO ZIP + 4 • 80121	<u>222</u>		N.
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	401	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Χ
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country:			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041-</b> Check here		•	· L
	and enter the amount of tax-exempt interest received or accrued during the tax year ••••••••••••••••••••••••••••••••••••			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		Х
С		44c		Х
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 000 F7 (see instructions)	456		37

Form 9	990-EZ (201	6) TALL TALES RANC	Н				46-4	058828	F	age 4
									Yes	No
46		organization engage, directly or indirectly, ir	1 0							
Day		idates for public office? If "Yes," complete S						46		X
Pai		Section 501(c)(3) organizations All section 501(c)(3) organizations		ione 47-49h ai	nd 52 a	nd com	nloto tha t	ables for	linos	
		50 and 51.	must answer quest	10113 47-430 ai	110 JZ, a	ina com	piete trie t	abies ioi	111103	
		Check if the organization used Sc	hedule O to respond	I to any questi	on in thi	s Part V	4			.п
		gamean accord		to any quota					Yes	No
47	Did the	organization engage in lobbying activities or	have a section 501(h) ele	ection in effect duri	ng the tax					
	year? If	"Yes," complete Schedule C, Part II						47		Х
48	Is the o	rganization a school as described in section	170(b)(1)(A)(ii)? If "Yes,"	complete Schedul	e E •			48		Х
49a		organization make any transfers to an exen	•	organization?				· · 49a	+	Х
b		was the related organization a section 527	=					49b		
50		te this table for the organization's five highe								
	employe	ees) who each received more than \$100,00	0 of compensation from th	e organization. If t	there is no					
			(b) Average	(c) Reportable	l c	(d) Health contributions	benefits, to employee	(e) Estimat	ed amou	nt of
		(a) Name and title of each employee	hours per week devoted to position	compensatio (Forms W-2/1099-I	1 5	enefit plans, compe	and deferred	other co	ompensa	tion
					,					
NON:	E									
f 51 ——	Comple	umber of other employees paid over \$100,00 te this table for the organization's five highe 00 of compensation from the organization.	st compensated independ		no each re	ceived mo	ore than			
	(a)	Name and business address of each independent control	actor	(b) Type	of service		(c	c) Compensati	on	
d	Total nu	ımber of other independent contractors eacl	receiving over \$100,000	▶_						
52	Did the	organization complete Schedule A? Note:	All section 501(c)(3) orga	nizations must att	ach a			_	_	
		ted Schedule A						Yes		No
	•	of perjury, I declare that I have examined this ret	, , , , ,		,		,	lge and belie	f, it is	
true, o	correct, an	d complete. Declaration of preparer (other than o	officer) is based on all informa	ation of which prepare	er has any l	knowledge.				
Sig	ո	PATRICK R MOONEY Signature of officer				Date				
Her		PATRICK R MOONEY, PRESID	ENT							
	_	Type or print name and title	<u> </u>							
		Print/Type preparer's name	Preparer's signature	Date			Check if	PTIN		
Paid		RICHARD G RODING		05-	15-2017		elf-employed	P01064	098	
Prep	arer	Firm's name RICHARD GEORGE	со			Firm's E	in 🕨			
Use	Only	Firm's address • 6762 WRIGHT CT				_				
		ARVADA CO 80004				Phone r	no. 303–	420-324		
May	the IRS d	discuss this return with the preparer shown a	bove? See instructions				🕨	►   Yes	S IXI	No

### **SCHEDULE A**

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 46-4058828 TALES RANCH Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E)

Page 2 Schedule A (Form 990 or 990-EZ) 2016

90 or 990-EZ) 2016 TALL TALES RANCH 46-4058828
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.)

Sec	tion A. Public Support			· , [	<u> </u>	,	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support		<u> </u>	T		Т	
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
7 8	Amounts from line 4						
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. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2016 (line 6, c	. ,	•			14	%
15	Public support percentage from 2015 Sched						%
16a	33 1/3% support test - 2016. If the organiz			·	· ·		. n
	box and <b>stop here.</b> The organization qualifi						▶ ⊔
b	33 1/3% support test - 2015. If the organiz					e, cneck	. □
17-	this box and <b>stop here</b> . The organization qu	· · · · · · · · · · · · · · · · · · ·					🗆
17a	10%-facts-and-circumstances test - 2016	-					
	10% or more, and if the organization meets Part VI how the organization meets the "facts				•		
	organization		-				<b>⊾</b> □
h	10%-facts-and-circumstances test - 2015						🗆
b	15 is 10% or more, and if the organization n	ŭ		· ·		iiie	
	_				•	dv	
	Explain in Part VI how the organization meet supported organization			. The organization o			⊾ □
18	Private foundation. If the organization did						- · · · • U
	instructions						▶ □
							· · <u>U</u>

### Part III

# 90 or 990-EZ) 2016 TALL TALES RANCH Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d</b> ) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		5,000	57,795	95,857	112,821	271,473
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		3,333	3.,	33,331		
3	Gross receipts from activities that are not an unrelated trade or business under section 513					30,404	30,404
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	<b>Total.</b> Add lines 1 through 5		5,000	57,795	95,857	143,225	301,877
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			18,000			18,000
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						
С	Add lines 7a and 7b			18,000			18,000
8	Public support. (Subtract line 7c from line 6.)						283,877
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) 2016	(f) Total
9	Amounts from line 6 • • • • • • • • • • • • • • • • • •		5,000	57,795	95,857	143,225	301,877
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on • • •						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	0	5,000	57,795	95,857	143,225	301,877
14	First five years. If the Form 990 is for the or organization, check this box and stop here	,			\ / /	(3)	▶ 🏻
Sec	ction C. Computation of Public Su	ipport Percent	age			-	
15	Public support percentage for 2016 (line 8, co	olumn (f) divided by	line 13, column (f))			15	%
16	Public support percentage from 2015 Schedu					16	%
Sec	ction D. Computation of Investme						
17 18	Investment income percentage for <b>2016</b> (line Investment income percentage from <b>2015</b> S		•	olumn (f))		17 18	<u>%</u>
19a	33 1/3% support tests - 2016. If the organiz 17 is not more than 33 1/3%, check this box						▶ □
b	33 1/3% support tests - 2015. If the organize line 18 is not more than 33 1/3%, check this	zation did not check box and <b>stop here</b>	a box on line 14 c	or line 19a, and line qualifies as a publ	e 16 is more than 3 icly supported org	33 1/3%, and anization	
20	Private foundation. If the organization did r	not check a box on I	ine 14, 19a, or 19b	o, check this box ar	nd see instructions		▶ 📙

Schedule A (Form 990 or 990-EZ) 2016 TALL TALES RANCH 46-4058828 Page 4

### Part IV

#### **Supporting Organizations**

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

Section	A	ΔII	Sup	porting	Orc	ganizations
				90.00.9	• • •	, a <b></b>

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

		Ves	N-
		Yes	No
	1		
	2		
•	3a		
	Ja		
	3b		
)			
	3с		
	40		
	4a		
	4b		
	4-		
	4c		
	5a		
	5b		
	5c		
	6		
	_		
	7		
	8		
	9a		
	4.		
	9b		
	9с		
	30		
	10a		
	10b		
e A (F	orm 990	or 990	·EZ) 2016

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion 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? If "No," describe in <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
_				
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	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? If "Yes," describe in Part VI the role the organization's			
<del></del>	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	ıstruc	iions	5):
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	= 3 3	(000)	inatru	otiono
с 2	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity Activities Test. <b>Answer</b> (a) and (b) below.	(See I	Yes	No.
a			163	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	_4		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

instructions).

	ule A (Form 990 or 990-EZ) 2016 TALL TALES RANCH		46-4058	3828	Page (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	ations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (expla	in in Part VI	). See
	instructions. All other Type III non-functionally integrated supporting organi	zatior	ns must complete Section	ns A through	1 E.
200	tion A - Adjusted Net Income		(A) Prior Year	(B) Curre	nt Year
	tion A - Aujusteu Net Income		(A) I Hol Teal	(optic	nal)
_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			
	Depreciation and depletion	5			
	Portion of operating expenses paid or incurred for production or				
	llection of gross income or for management, conservation, or				
ma	aintenance 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			
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Curre	ent Year
			(A) I Hol Teal	(optic	nal)
1	Aggregate fair market value of all non-exempt-use assets (see				
	structions for short tax year or assets held for part of year):				
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
	<b>Discount</b> claimed for blockage or other				
	actors (explain in detail in <b>Part VI</b> ):				
_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,				
_se	e instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6_	Multiply line 5 by .035	6			
	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Current	Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2		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				
en	nergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally	-intea	rated Type III supporting	ı organizatio	n (see

EEA Schedule A (Form 990 or 990-EZ) 2016 Schedule A (Form 990 or 990-EZ) 2016 TALL TALES RANCH 46-4058828 Page 7

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

	Section D - Distributions						
				Current Year			
	Amounts paid to supported organizations to accomplish exen						
2	Amounts paid to perform activity that directly furthers exempt						
_	organizations, in excess of income from activity						
	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	tions				
	Amounts paid to acquire exempt-use assets						
	Qualified set-aside amounts (prior IRS approval required)						
	Other distributions (describe in <b>Part VI</b> ). See instructions.						
	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	e organization is respons	sive				
_	(provide details in <b>Part VI</b> ). See instructions.						
	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount	1	410	4115			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
	Distributable amount for 2016 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2016						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2016:						
а							
b							
	From 2013						
d	From 2014						
	From 2015						
	Total of lines 3a through e						
_	Applied to underdistributions of prior years						
h	Applied to 2016 distributable amount						
i	Carryover from 2011 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2016 from						
	Section D, line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2016, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2016. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2017. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а							
	Excess from 2013 · · · ·						
	Excess from 2014 · · · ·						
А	Evense from 2015						

e Excess from 2016

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

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2016

**Employer identification number** 

ТАЬЬ	TALES RANCH		46-4058828					
	zation type (check one):							
Filers of:		Section:						
Form 99	90 or 990-EZ	∑ 501(c)( 3 ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 990-PF		501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Check i	if your organization is cove	red by the <b>General Rule</b> or a <b>Special Rule</b> .						
Note: C	. •	), or (10) organization can check boxes for both the General Rule and a Special	Rule. See					
Genera	I Rule							
X	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special	I Rules							
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	contributor, during the ye contributions totaled more during the year for an exc General Rule applies to the	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ar, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such than \$1,000. If this box is checked, enter here the total contributions that were reclusively religious, charitable, etc., purpose. Don't complete any of the parts unle his organization because it received <i>nonexclusively</i> religious, charitable, etc., coring the year	ceived ss the intributions					
990-EZ	, or 990-PF), but it <b>must</b> a	It covered by the General Rule and/or the Special Rules doesn't file Schedule B nswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its F	orm 990-EZ or on its					

Name of organization Employer identification number 46-4058828

Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person 1 KAREN LEVITZ Payroll Noncash 20,500 6711 E CAMELBACK ROAD 58 (Complete Part II for Scottsdale, AZ 85251 noncash contributions.) (a) (b) (c) (d) Ño. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 2 CINDY YALLOP **Payroll** Noncash 10,000 6146 S NIAGARA CT (Complete Part II for noncash contributions.) CENTENNIAL, CO 80111 (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 3 JENNIFER LABERGE **Payroll** Noncash 5,000 1960 S PENNSYLVANIA ST (Complete Part II for noncash contributions.) DENVER, CO 80201 (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 4 MARIE MIRINE **Payroll** Noncash 5,000 5375 HOYT ST (Complete Part II for noncash contributions.) DENVER, CO 80123 (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

### **SCHEDULE G** (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2016

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

OMB No. 1545-0047

TALL TALES RANCH					46-40	58828				
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.										
a Mail solicitations										
<b>b</b> Internet and email solicitations										
c Phone solicitations		draising events								
d In-person solicitations										
<del></del>	Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,									
	or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes No									
	b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be									
	compensated at least \$5,000 by the organization.									
00poou.ou ut 10uot 40,000 27 1o	gaa									
	(iii) Did fundraiser have (v) Amount paid to (vi) A									
(i) Name and address of individual	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(or retained by)	(vi) Amount paid to (or retained by)				
or entity (fundraiser)	(11) / (011/11)				fundraiser listed in col. (i)	organization				
		Yes	No		33 (1)					
1										
2										
3										
4										
5										
•										
6										
7										
8										
9										
10										
			1							
Total										
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from										
registration or licensing.										

If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2016 TALL TALES RANCH 46-4058828 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col. (a) through MEAL AUCTION None col. (c)) (total number) (event type) (event type) Revenue Gross receipts . . . . . . . 40,544 40,544 Less: Contributions 10,140 10,140 Gross income (line 1 minus 30,404 30,404 Cash prizes Noncash prizes Rent/facility costs . . . . . . 6,492 6,492 Expenses Food and beverages 7,500 7,500 Direct Entertainment Other direct expenses . . . . 4,864 4,864 Direct expense summary. Add lines 4 through 9 in column (d) 18,856 Net income summary. Subtract line 10 from line 3, column (d) 11,548 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue . . . . . . . . Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) · · · · · · · · · · · ▶ Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

EEA Schedule G (Form 990 or 990-EZ) 2016

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

#### **SCHEDULE O**

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**Open to Public** Inspection

46-4058828

Department of the Treasury Internal Revenue Service Name of the organization

TALL TALES RANCH

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

Amount	340	
2. Description of other expe	enses (Part I, line 16)	
escription	Amount	
DV AND MARKETING	211	
OFFICE SUPPLIES	1,766	
NSURANCE	1,607	
EB MAINT	1,980	
AYPAL FEES	1,751	
RAVEL	124	
EETING EXPENSE	1,538	
UPPLIES	2,177	
ANK CHARGES	23	
ISC	148	
EPRECIATION EXPENSE	4,892	
AINT AND REPAIRS	886	
UES AND SUB	675	
IC. AND PERMITS	202	
NTEREST EXPENSE	1 <b>,</b> 556	
HONE	111	
3. Description of other asse	ets (Part II, line 24)	
	Beginning of Year	

Schedule O (Form 990 or 990-EZ) (2016) Page 2

Name of the organization		Employer identification number
TALL TALES RANCH		46-4058828
EQUIPMENT	29,349	24,457
04. Description of total lia	abilities (Part II, line 26)	
Cotogony	Designing of Veen	End of Year
Category	Beginning of Year	End of leaf
PAYROLL TAXES	586	1,463
LOAN PAYABLE	10,054	8,426

#### 990

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For	the	2017 calend	dar year, or tax year begini	ning		, 2017, and e	nding		, 20
В	Chec	ck if a	pplicable:	C Name of organization TALL	TALES RANCH					Employer identification no.
	Addr	ress c	hange	Doing business as TALL	TALES RANCH					46-4058828
	Nam	ne cha	nge	Number and street (or P.O. box	Е	Telephone number				
	Initia	al retu	rn	6311 S GRANT DE	3					(303) 994-8532
	Fina	l retur	n/terminated		country, and ZIP or foreign postal code		•	9	Gross receipts	
$\Box$	Ame	nded	return	CENTENNIAL, CO						\$ 204,012
一			n pending	F Name and address of principal				H(a) Is this a group	return for	
_								H(b) Are all subo		
	Tay-	evem	ot status:	501(c)(3) 501(c) (	) <b>(</b> insert no.) 4947(a)(1) or	, П	 27			list. (see instructions)
			► N/A	1 001(0)(0)	) 4 (mostries) 4047(a)(1) or			H(c) Group exer		` <u>'</u>
			ganization:	Corporation Trust Asso	ociation X Other NONPROF	TT 1	Year of formation: 2	<u> </u>		
	rt	-	Summar		ociation <u>22</u> Other - <b>NONFROE</b>	<u> </u>	real of formation.	LOTS   M State	oi iegai	domicie. CO
. •	T			•	on or most significant activities:		MATEC DANC	U COMMINITES	ШΟ	DDING AWADENESS
			•	<u> </u>	•					BRING AWARENESS
Governance			FOR THE	NEED TO BUILD THI	S HOME FOR INDIVIDUA	TR LIA	ING WITH DE	EVELOPMENTAL	DIS	SABILITIES
nar										
Ver			Oh   - +   -   -		aliana antico and its annualism and all			-f:		
Ĝ					discontinued its operations or di	•		I	ء ا	1 -
ŏ				oting members of the gover					3	9
<u>ie</u>		4			s of the governing body (Part VI,	,			4	8
Activities &		5			calendar year 2017 (Part V, line	2a)			5	4
Ç		6	Total numbe	er of volunteers (estimate if r	necessary) • • • • • • • •				6	35
_		7a	Total unrelate	ed business revenue from F	Part VIII, column (C), line 12				7a	0
		b	Net unrelate	ed business taxable income	from Form 990-T, line 34 • •				7b	0
								Prior Year		Current Year
		8	Contributions	s and grants (Part VIII, line	1h)		[	138	, 361	204,012
ne		9	Program ser	rvice revenue (Part VIII, line	2g)		[		,	0
en G	-	10	J	,	a), lines 3, 4, and 7d)		F			0
Revenue	.	11		, , ,	es 5, 6d, 8c, 9c, 10c, and 11e)		H			0
_		12			nust equal Part VIII, column (A),			120	, 361	204,012
_	-	13			X, column (A), lines 1-3)			136	, 301	
				. ,	, ,		F			0
		14	•	,	(, column (A), line 4)		-			0
es		15			e benefits (Part IX, column (A), li		T	34	, 098	
Expenses				I fundraising fees (Part IX, c	, , ,		h			0
9	.			ising expenses (Part IX, colu	· · · · · ———		27,174			
û			•	nses (Part IX, column (A), lin	. ,			38	<u>, 770</u>	59,022
		18	Total expens	ses. Add lines 13-17 (must	equal Part IX, column (A), line 25	5) • •		72	, 868	127,872
	_ ։	19	Revenue les	ss expenses. Subtract line 1	18 from line 12			65	, 493	76,140
ō	ses							Beginning of Current	Year	End of Year
Net Assets or	ᇣ	20	Total assets	(Part X, line 16)			[	143	, 526	215,925
Ass	8 2	21	Total liabilitie	es (Part X, line 26)			[	9	, 889	6,148
ξ	[ 2	22	Net assets o	or fund balances. Subtract li	ine 21 from line 20		[	133	, 637	209,777
Pa	ırt	II	Signatu	ıre Block						
					rn, including accompanying schedules an			knowledge and belief,	it is	
true	, con	rect, a	ina complete. De	eciaration of preparer (other than off	icer) is based on all information of which p	preparer nas	any knowledge.			
			PATR	RICK R MOONEY						
Sig	Jn			ire of officer					Date	
He	re		Ратр	RICK R MOONEY, CO-	PRESIDENT					
	_			print name and title	TRESIDENT					
			, ··	eparer's name	Preparer's signature		Date	Check	if F	PTIN
Pai	id				i reparer a arginature				' I	
		rer		D G RODING	CEODGE GO		08-09-2018	self-employe	au	P01064098
	•	nei			GEORGE CO			Firm's EIN		
US	<del>.</del> C	, iii y	Firm's addres					Phone no.		
			1	ARVADA C				30	03-4	20-3244
May	the	: IRS	discuss this	return with the preparer sho	own above? (see instructions)					· · · Yes X No

4e

Page 3

Form 990 (2017) TALL TALES RANCH
Part IV Checklist of Required Schedules

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

7) TALL TALES RANCH
Checklist of Required Schedules (continued) Part IV

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
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?	051		3.7
00	If "Yes," complete Schedule L, Part I	25b		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	06		V
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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	27		V
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		X
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	200		- /1
-	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			21
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> · · · · · · · · · · · · · · · · · ·	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			- 11
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,			
	Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		Χ
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Χ	

17) TALL TALES RANCH
Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V			П
	Check if Concount Contains a response of flote to any line in this fart v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	Λ	
Zu				
b	Statements, filed for the calendar year ending with or within the year covered by this return ••••• 2a 4  If at least one is reported on line 2a, did the organization file all required federal employment tax returns? •••••••	2b	Χ	
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	Λ	
20		3a		v
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		X
b 40	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4.0		v
<b>L</b>	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
<b>-</b> -	(FBAR).	E-		37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		3.7	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Χ	-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<b>.</b>	3.7	
_	gifts were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		3.7	
	and services provided to the payor?	7a	X	
b	in too, the time organization notify the control of the goods of controls promise.	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		3.7
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them.)	100		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	100		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
l.	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_				
C 1/10	Enter the amount of reserves on hand	146		37
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		í

Form 990 (2017) TALL TALES RANCH Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Enter the number of voting members of the governing body at the end of the tax year 9 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. 1b h Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 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? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Χ Χ . . . . . . . . . . . . . . . . . . . 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .......... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a **10a** Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10h 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? 11a Χ **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 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," C describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? . . . . . . . . . . . . . 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a Χ **b** Other officers or key employees of the organization 15b 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? 16a 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 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 X 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: Form 990 (2017) TALL TALES RANCH 46-4058828 Page 7

# 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	d organization	comp	ensa	ated	any	currer	nt off	icer, director, or tru	istee.	
(A) Name and Title	(B)  Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos eck m ss per	son i	han one as both a r/trustee Highest compensated employee	n	(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
(1) PATRICK R_MOONEY CO-PRESIDENT	10.00	Х						0	0	0
(2) CATHY K LAW CO-PRESIDENT	0.50	X						0	0	0
(3) JULIE BUTSCHWE VICE PRESIDENT	0.50_	Х						0	0	0
(4) GERI M JOHNSON BOD MEMBER	0.50	Х						0	0	0
(5) AMY VOSSEN VUKELIC SECRETARY	0.50	Х						0	0	0
(6) DAVID CARLSON TREASURER	0.50	Х						0	0	0
(7) DAPHYNE REIFF BOD MEMBER	0.50_	Х						0	0	0
(8) LLOYD LEWIS	0.50	Х						0	0	0
(9) WENDY WANGER MEMBER	0 .50_	Х						0	0	0
(10)SUSAN MOONEY EXECUTVE DIRECTOR	40.00			Χ				20,350	0	0
(11)										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

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Form **990** (2017)

	90 (2017) TALL TALES RANCH									46-40588	28	Page	8
Part	VII Section A. Officers, Directors, Trustees,	Key Employ	yees, a	and l			Com	pens	sated Employees	(continued)	1		
			(C) Position (D)									-	
	(A)	(B)	(do not check more than one box, unless person is both an Reportable				(E)	_	(F)				
	Name and title	Average hours per					Reportable compensation from		stimated nount of				
		week (list any							from	related	<u>د</u>	other	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)		pensation rom the	
		related organizations	idua	utior	er	emp	est c	ner	(W-2/1099-MISC)	(**-2/1099-101130)		janization	
		below dotted	r	nal tri		loyee	) ömp					d related	
		line)	tee	ustee		U	ensa				org	anizations	
				U			ated						
(15)													_
<u>(16)</u>													
(4=)													_
<u>(17)</u>													
(18)													_
Δ =/													
(19)													
(20)													
(21)													_
Σ-1/													
(22)_													_
													_
(23)													
(24)													_
Σ-1/													
(25)		L											_
													_
1b	Sub-total			• •				•					_
C	Total from continuation sheets to Part VII, Section			• •	• •	• •		•					_
d	Total (add lines 1b and 1c)							<b>&gt;</b>	20,350	0		0	_
2	Total number of individuals (including but not limited reportable compensation from the organization	to those liste	ed abov	/e) w	vno i	rece	eivea m	iore	tnan \$100,000 of	0			
	reportable compensation from the organization									<u> </u>		Yes No	_
3	Did the organization list any former officer, director	r, or trustee,	key en	nploy	yee,	or h	ighest	con	npensated				
	employee on line 1a? If "Yes," complete Schedule	J for such ind	dividua	ıl							3	X	
4	For any individual listed on line 1a, is the sum of rep	ortable comp	ensati	on a	nd c	ther	comp	ensa	ation from the				
	organization and related organizations greater than												
	individual										4	X	
5	Did any person listed on line 1a receive or accrue or	-		-			-				_	V	
Secti	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete 30	nedule	<i>3 10</i>	ון אנ	icii į	Derson				5	X	_
1	Complete this table for your five highest compensate	ed independe	ent con	tract	tors	that	receiv	ed n	nore than \$100,000	) of			_
	compensation from the organization. Report compe	nsation for th	e caler	ndar	yea	r en	ding w	ith o	r within the organiz	ation's tax			
	year.												_
	(A)								(B)			(C)	
	Name and business address								Description of	services	Comp	ensation	_
													_
									1				_
													_
						_							_
2	Total number of independent contractors (including l				ıstec	ab	ove) w	ho					

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or no	te to any line in thi	s Part VIII			
					(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a					0.201.
ants	b	Membership dues	1b					
ية و		Fundraising events	1c	141 000				
fts, r Ar	C	T-		141,999				
פֿוַׂבּ	d	Related organizations	1d					
Sin	e	Government grants (contributions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts	1							
草草		and similar amounts not included above	1f	62,013				
a Co	g	Noncash contributions included in lines 1a-1	,					
	h	Total. Add lines 1a-1f			204,012			
ē	_			Business Code				
/en	2a							
Ř	b							
vice	С							
Ser	d							
ram	е							
Program Service Revenue		All other program service revenue						
	g	Total. Add lines 2a-2f · · · · · · · · · · · · · · · · · · ·	• •	· · · · · · · •				
	3	Investment income (including dividends, inter	est,					
		and other similar amounts)						
	4	Income from investment of tax-exempt bond I						
	5	Royalties	• •					
		(i) Real		(ii) Personal				
		Gross rents · · · · · · ·						
		Less: rental expenses • • • •						
	С	Rental income or (loss) • • •						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of (i) Securities	5	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
ø)		Net gain or (loss)						
enne	8a	Gross income from fundraising						
		events (not including \$ 141,999	9					
Ğ.		of contributions reported on line 1c).						
Other Rev		See Part IV, line 18						
Ö		Less: direct expenses						
		Net income or (loss) from fundraising events	-					
	9a	Gross income from gaming activities.						
		See Part IV, line 19 · · · · · · · · · · · · · · · · · ·						
		Less: direct expenses						
	С	Net income or (loss) from gaming activities	٠.,					
	10a	Gross sales of inventory, less						
		returns and allowances	-					
		Less: cost of goods sold						
	С	Net income or (loss) from sales of inventory	• •					
		Miscellaneous Revenue		Business Code				
	b							
	C .							
		All other revenue						
		Total. Add lines 11a-11d						
	12	<b>Total revenue.</b> See instructions		🟲	204,012	0	0	l 0

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# Form 990 (2017)

of Functional Expense

га	Statement of Functional Expenses				
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other organ	nizations must comple	te column (A).	
	Check if Schedule O contains a response or note to a				
Do n	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	62 541		62 541	
6	Compensation not included above, to disqualified	63,541		63,541	
U					
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B) Other salaries and wages				
7		416		416	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	4,893		4,893	
11	Fees for services (non-employees):				
а	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal				
С	Accounting	1,120		1,120	
d	Lobbying · · · · · · · · · · · · · · Lobbying · · · · · · · · Lobbying · · · · · · · · Lobbying · · · · · · · · Lobbying · · · · · · · · Lobbying · · · · · · · · · Lobbying · · · · · · · · · · · · · · · · · · ·				
е	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 Schedule O.) · · L				
12	Advertising and promotion	6,396		5,613	783
13	Office expenses	1,287		693	594
14	Information technology	350		350	
15	Royalties				
16	Occupancy	5,600		2,550	3,050
17	Travel	539		539	•
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,161		4,402	759
20	Interest	,		,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,880		4,880	
23	Insurance	2,816		1,456	1,360
24	Other expenses. Itemize expenses not covered	2,010		27.300	
	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.)				
а	Subcontractors	11,092		5,332	5,760
b					3,700
C	Processing Credit Cards Supplies	3,285		3,285	11 060
d	auphites	16,035		1,167	14,868
	All other expenses	4.64		101	
е 25	All other expenses	461		461	05 151
25 26	Total functional expenses. Add lines 1 through 24e - Joint costs. Complete this line only if the	127,872	0	100,698	27,174
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

TALL TALES RANCH 46-4058828

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	119,069	1	190,175
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	4,178
	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 instructions). Complete Part II of Schedule L		6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D · · · · 10a 36, 236			
	b	Less: accumulated depreciation · · · · · · · · · · 10b 14,664	24,457	10c	21,572
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	143,526	16	215,925
	17	Accounts payable and accrued expenses	1,463	17	641
	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	
Liabilities	22	Loans and other payables to current and former officers, directors,			
pii		trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	8,426	23	5,507
	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	0.000	26	6 140
	20	Organizations that follow SFAS 117 (ASC 958), check here	9,889	20	6,148
S		complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	133,637	27	209,777
3ala	28	Temporarily restricted net assets	133,637	28	209,111
ρ	29	Permanently restricted net assets		29	
၌	20	Organizations that do not follow SFAS 117 (ASC 958), check here			
٥̈		complete lines 30 through 34.			
ştş	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	133,637	33	209,777
	34	Total liabilities and net assets/fund balances	1/3 526	34	215 925

Page **11** 

	1 990 (2017) TALL TALES RANCH	46-405	58828	3	Pa	age <b>1</b> 2
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					<u> - 🔲</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		2	04,0	12
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		1	.27,8	372
3	Revenue less expenses. Subtract line 2 from line 1	- 3			76,1	L <b>4</b> 0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	- 4		1	33,6	37
5	Net unrealized gains (losses) on investments	- 5				
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				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	- 10		2	09,7	777
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u> - 🗆</u>
			_		Yes	No
1	Accounting method used to prepare the Form 990:   Cash   Accrual   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?		[	2a	Χ	
	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:					
b	Were the organization's financial statements audited by an independent accountant?		[	2b		Χ
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	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?		[	2c	Χ	
	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?		[	3a		Χ
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			3b		

EEA

#### **SCHEDULE A**

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

**Employer identification number** 

OMB No. 1545-0047 2017

Open to Public Inspection

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

TALES RANCH 46-4058828 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 other support (see support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E) Total

90 or 990-EZ) 2017 TALL TALES RANCH 46-4058828
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990 or 990-EZ) 2017 Page 2

Part II

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d)</b> 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	<b>Total.</b> 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						
6	shown on line 11, column (f) · · · · · · · · · · · · · · · · · · ·						
6 Sec	tion B. Total Support						<u> </u>
	idar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	ζ- /	(-,	(-,	(-)	\-\(\frac{1}{2}\)	
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. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the corganization, check this box and stop here						▶ 🗌
	tion C. Computation of Public Su			0.)			0/
14 15	Public support percentage for 2017 (line 6, c Public support percentage from 2016 Sched			1))		15	%
	33 1/3% support test - 2017. If the organiz						%
ioa	box and <b>stop here</b> . The organization qualif						▶ □
b							
	this box and <b>stop here.</b> The organization qu						▶ 📋
17a	10%-facts-and-circumstances test - 2017						_
	10% or more, and if the organization meets	the "facts-and-circ	cumstances" test,	check this box and	stop here. Explain	ı in	
	Part VI how the organization meets the "fact	s-and-circumstanc	es" test. The orgar	nization qualifies as	a publicly supporte	ed	
	organization						▶ 🔲
b	10%-facts-and-circumstances test - 2016	<b>6.</b> If the organizatio	n did not check a	box on line 13, 16a	a, 16b, or 17a, and	line	
	15 is 10% or more, and if the organization r			•	•		
	Explain in Part VI how the organization meet						
	supported organization						· · · · ▶ ⊔
18	<b>Private foundation.</b> If the organization did						. $\Box$
	instructions	<del></del>	<del></del>				<u> ▶ ∐</u>

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

TALL TALES RANCH

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

**Employer identification number** 

46-4058828

Organi	ization type (check one):	
Filers	of:	Section:
Form 9	990 or 990-EZ	∑ 501(c)( 3 ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 9	990-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Chook	if your organization is covo	red by the Caparal Pula or a Special Pula
	Only a section 501(c)(7), (8	red by the <b>General Rule</b> or a <b>Special Rule</b> .  ), or (10) organization can check boxes for both the General Rule and a Special Rule. See
Genera	al Rule	
	•	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 erry) from any one contributor. Complete Parts I and II. See instructions for determining a tions.
Specia	al Rules	
	regulations under sections 13, 16a, or 16b, and that s\$5,000 or <b>(2)</b> 2% of the ar	bed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line received from any one contributor, during the year, total contributions of the greater of (1) mount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.  bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
	contributor, during the year	ar, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, poses, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
	contributor, during the year contributions totaled more during the year for an exc General Rule applies to the	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such than \$1,000. If this box is checked, enter here the total contributions that were received clusively religious, charitable, etc., purpose. Don't complete any of the parts unless the his organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions ring the year ** ** ** ** ** ** ** ** ** ** ** ** **
990-EZ	Z, or 990-PF), but it <b>must</b> a	t covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, nswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its fy that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number

TALL TALES RANCH 46-4058828 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person 1 JOEL LEVITZ Payroll Noncash 20,000 6711 E CAMELBACK ROAD 58 (Complete Part II for Scottsdale, AZ 85251 noncash contributions.) (a) (b) (c) (d) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 2 CINDY YALLOP **Payroll** Noncash 5,500 6146 S NIAGARA CT (Complete Part II for noncash contributions.) CENTENNIAL, CO 80111 (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 3\_ JENNIFER LABERGE **Payroll** Noncash 1960 S PENNSYLVANIA ST 5,580 (Complete Part II for noncash contributions.) DENVER, CO 80201 (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 4 SCOT MIRINE **Payroll** Noncash 5,100 5375 HOYT ST (Complete Part II for noncash contributions.) DENVER, CO 80123 (a) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person X 5 KEYES-EZULWINI FOUNDATION **Payroll** Noncash 5770 SOUTH ASH COURT 5,000 (Complete Part II for noncash contributions.) Littleton, CO 80121 (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person X 6 SUZANNE MOONEY **Payroll** Noncash 1392 WEST CALEY AVENUE 5,000 (Complete Part II for

Littleton, CO 80120

noncash contributions.)

Name of organization Employer identification number 46-4058828

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 7 ERNEST MATHIS Payroll Noncash 300 RANGEVIEW DRIVE 5,250 (Complete Part II for Littleton, CO 80120 noncash contributions.) (a) (b) (c) (d) Total contributions Νo. Name, address, and ZIP + 4 Type of contribution Person 8 TOM ROGERS **Payroll** Noncash 5,000 7001 SOUTH NEWPORT STREET (Complete Part II for noncash contributions.) Englewood, CO 80112 (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

# SCHEDULE D (Form 990)

Department of the Treasury

**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.

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

Name of the organization

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

46-4058828 TALL TALES RANCH 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 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? 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? ..... Yes Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements ....... Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sched	ule D (Form 990) 2017 TALL TALES RANG				46-40588	
Pa	t III Organizations Maintaining C	collections of A	Art, Historical T	reasures, or Otl	ner Similar Ass	ets (continued)
3	Using the organization's acquisition, accession, a	and other records, o	check any of the follo	wing that are a signific	ant use of its	
	collection items (check all that apply):					
а	Public exhibition	_	an or exchange prog	rams		
b	Scholarly research	<b>e</b> ∐ Otl	ner			
С	Preservation for future generations					
4	Provide a description of the organization's collec	tions and explain ho	ow they further the or	rganization's exempt p	urpose in Part	
_	XIII.		a teleparation and the control of			
5	During the year, did the organization solicit or rec					. ☐ Yes ☐ No
Pai	assets to be sold to raise funds rather than to be t IV Escrow and Custodial Arrange		or the organization s	s collection?		·   res   NO
ı a	Complete if the organization ar		on Form 990 Pa	art IV line 9 or re	oorted an amour	nt on Form
	990, Part X, line 21.	15W0100 105 0	)	art 1 <b>v</b> , mile 5, 61 fo	ported air airiodi	11 011 1 01111
1a	Is the organization an agent, trustee, custodian of	or other intermediar	v 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 follow	ving table:			
	•	·	· ·		Amo	unt
С	Beginning balance			1	С	
d	Additions during the year			1	d	
е	Distributions during the year			1	е	
f	Ending balance			<u>1</u>	f	
2a	Did the organization include an amount on Form					· · 🗌 Yes 📙 No
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the expla	anation has been pro	vided on Part XIII		
Pal	t V Endowment Funds.	owered "Vee" o	n Form 000 Da	ort IV line 10		
	Complete if the organization ar				1.0	1
1a	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
b	Contributions					
c	Net investment earnings, gains, and					
·	losses · · · · · · · · · · · · · · · · · ·					
d	Grants or scholarships					
е	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 (I	ine 1g, column (a)) h	neld as:		
а	Board designated or quasi-endowment	%				
b	Permanent endowment • %					
С	Temporarily restricted endowment	%				
	The percentages on lines 2a, 2b, and 2c should	•				
3a	Are there endowment funds not in the possession	n of the organizatio	n that are held and a	dministered for the		[
	organization by:					Yes No
	(-)					3a(i)
<b>L</b>	(ii) Totatou organizationo					3a(ii)
b ⊿	If "Yes" on 3a(ii), are the related organizations lis Describe in Part XIII the intended uses of the org	•				3b
Pai			iont iunus.			

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				
b	Buildings				
С	Leasehold improvements				
d	Equipment				
е_	Other · · · · · · · · STMD1E · ·		36,236	14,664	21,572
Total	. Add lines 1a through 1e. (Column (d) must equal Fo.	rm 990, Part X, column (	B), line 10c.)		21,572
EEA					Schedule D (Form 990) 2017

#### **SCHEDULE G** (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Na

Name of the organization					Employer ide	ntification number
TALL TALES RANCH				1 113 / 11	46-40	
Part I Fundraising Activities	-	_		iswered "Yes" on	Form 990, Part IV	, line 17.
Form 990-EZ filers are no	t required to co	mplete this	part.			
1 Indicate whether the organization rais	sed funds through	any of the fo	llowing activ	ities. Check all that ap	pply.	
a Mail solicitations		е 🗌	Solicitation	of non-government gra	ants	
<b>b</b> Internet and email solicitations		f 🗌	Solicitation	of government grants		
c Phone solicitations		g 🗌	Special fund	draising events		
d In-person solicitations						
2a Did the organization have a written or	r oral agreement w	vith any indivi	idual (includi	ng officers, directors,	trustees,	
or key employees listed in Form 990,	-	-		-	_	es No
<b>b</b> If "Yes," list the 10 highest paid individ	duals or entities (fu	undraisers) p	ursuant to a	greements under which	ch the fundraiser is to be	<del></del>
compensated at least \$5,000 by the		, ,		-		
	· ·					
		(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual	(ii) Activity		r control of	(iv) Gross receipts	(or retained by)	(or retained by)
or entity (fundraiser)	(, /)		utions?	from activity	fundraiser listed in col. (i)	organization
		Yes	No		coi. (i)	
1		100	1.0			
•						
2	1					
2						
3						
3						
4						
*						
5						
3						
		+				
6						
		+				
7						
8						
9						
10						
			_			
Total						
3 List all states in which the organization	i is registered or lic	censed to so	licit contribu	tions or has been notif	lied it is exempt from	
registration or licensing.						

**b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2017 TALL TALES RANCH 46-4058828 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col. (a) through HOEDOWN CONCERT None col. (c)) (total number) (event type) (event type) Revenue Gross receipts 7,375 141,999 134,624 Less: Contributions Gross income (line 1 minus 134,624 7,375 141,999 Cash prizes Noncash prizes Rent/facility costs . . . . . . 2,894 2,894 Expenses Food and beverages 5,707 5,707 Direct Entertainment Other direct expenses . . . . 17,388 1,185 18,573 Direct expense summary. Add lines 4 through 9 in column (d) 27,174 Net income summary. Subtract line 10 from line 3, column (d) 114,825 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue . . . . . . . . Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) · · · · · · · · · · · ▶ Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

EEA Schedule G (Form 990 or 990-EZ) 2017

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

# **SCHEDULE 0**

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TALL TALES RANCH

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

Employer identification number

46-4058828

01. Officer, directors, etc. family relationship (Part VI, line 2)
THE EVEROUS OF DEPENDENCE OF THE WOOMEN TO MARRIED TO GO DESCRIPTION DANGED OF DANGED OF THE TAXABLE PARTIES.
THE EXECUTIVE DIRECTOR, SUSAN MOONEY IS MARRIED TO CO-PRESIDNET PARTRICK R MOONEY.
02. Form 990 governing body review (Part VI, line 11)
A COPY OF THE RETURN WAS EMAILED TO EACH BOARD MEMBER FOR REVIEW PRIOR TO FILING THE
RETURN. THE GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UNPON REQUEST
03. Conflict of interest policy compliance (Part VI, line 12c)
BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT EACH YEAR INDICATING
THEY DO NOT HAVE A CONFICT OF INTEREST OR IF THEY THINK THERE MIGHT BE CONFLICT OF
INTEREST TO REVEAL THE POTENTIAL CONFLICT OF INTEREST
04. CEO, executive director, top management comp (Part VI, line 15a)
THE BOARD REVIEWED THE COMPENSATION OF EX. DIRECTORS IN SIMILIAR SIZED NON-PROFITS
05. Other officer or key employee compensation (Part VI, line 15b
THERE ARE NO OTHER OFFICERS OR KEY EMPLOYEES EXCEPT FOR THE EX. DIRECTOR
THERE ARE NO OTHER OFFICERS OR RET BAT BOTHES BROWN TOR THE BR. DIRECTOR
06. Governing documents, etc, available to public (Part VI, line 19)
THE GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

#### Form **990**

Department of the Treasury

Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

Ection 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

Open to Public Inspection

Α	For the	2018 calend	lar year, or ta	ax year beginr	ning		, 2018, and	ending			, 20
В	Check if a	pplicable:	C Name of orga	anization <b>TALL</b>	TALES RANCH	I				D	Employer identification no.
	Address c	hange	Doing busine	ess as <b>TALL</b>	TALES RANCH	I				4	46-4058828
	Name cha	ange	Number and	street (or P.O. box	if mail is not delivered t	o street address)		Roon	n/suite	E	Telephone number
	Initial retu	rn	6311 S	GRANT DE	<b>ર</b>						(303) 994-8532
	Final retur	rn/terminated	City or town,	state or province,	country, and ZIP or fore	ign postal code		•			Gross receipts
$\overline{}$	Amended				80121-2224						\$ 383,973
Π.	Applicatio	n pending		ddress of principal				H(	(a) Is this a group	return for s	
_		, ,							(b) Are all subo		
	Tax-exemp	ot status:	501(c)(3)	501(c) (	) <b>(</b> insert no.)	4947(a)(1) or	527	`			ist. (see instructions)
		▶ N/A			, . ()			— н	(c) Group exer		` <u>'</u>
		rganization:	Corporation	Trust Asso	ociation X Other	NONPROFIT	L Year of formation:		M State		
	rt I	Summar			oution <u>EL</u> oution				iii Gtato	or rogar t	
	1		•	ization's missio	on or most significa	nt activities: TAT	T. TALES RAN	ICH CC	NTINUES	тол	BRING AWARENESS
a)		•	•		•	INDIVIDUALS L					
Activities & Governance		101( 11111	11000	DOILD IIII	o nom rok .	INDIVIDONIE II	VINO WIIII I		J1 11111111111111111111111111111111111	<u> </u>	
r		-									
Š	2	Check this b	ox ▶ ☐ if the	e organization	discontinued its or	perations or disposed	of more than 25%	6 of its n	et assets.		
Ğ	3			-	ning body (Part VI,	· · · · · · · · · · · · · · · · · · ·				3	14
ο O	4		Ü	Ü	• • • •	oody (Part VI, line 1b)				4	13
i≟	5		-	-	calendar year 2018					5	4
₹	6			s (estimate if n	,					6	
¥				•		s), line 12				7a	0
					rom Form 990-T, li					7b	0
	<del>                                     </del>	Trot amolato	a baomioco ta	Addio into into i	10 1 0 000 1, 11	110 00			Prior Year		Current Year
	8	Contributions	s and grants (	Part VIII, line	1h)					, 012	383,973
ē	9		•		,				204	, 012	0
en	10	_				d) • • • • • • •					0
Revenue	11					oc, and 11e)					0
ш.	12					I, column (A), line 12)			204	, 012	383,973
	13				· · · · · · · · · · · · · · · · · · ·	s 1-3) • • • • • •			204	, 012	383,973
	14					.)					0
	15	-				column (A), lines 5-10				050	
es						)			00	, 850	98,340
Expenses			_		ımn (D), line 25)		43,218				0
ğ.			• .	•	es 11a-11d, 11f-24				F.0	000	01 120
ш		-			es 11a-11u, 111-24 equal Part IX, colur	-/				, 022	81,138
	19				•					, 872	179,478
		i tevenue ies	a expenses.	Subtract line 1	O II O III III II I I I I					, 140	204,495
tso	20	Total accets	(Part X, line 1	16)				Begiiii	ning of Current	, 925	End of Year
\sse	21		es (Part X, line	,							425,298
Net Assets or	22		•	,	ne 21 from line 20					, 148 , 777	11,026
	rt II		re Block	cs. Oubtract ii	TIC 21 HOITI IIIC 20				209	, , , , ,	414,272
_	_			examined this retu	rn, including accompany	ing schedules and stateme	nts, and to the best of	my knowle	dge and belief.	it is	
						rmation of which preparer h					
		ם ייי גם	TOW D MO	ONEV							
Sig	n		ICK R MOO	ONEI						Date	
Hei	۾ ا			ONEY CO	DDECTDENM						
			print name and tit		PRESIDENT						
		<del>,</del>	•		Proporario sissatur-		Date		Chast:	it   D2	TIN
Pai	d		eparer's name		Preparer's signature			1	Check		
	u parer		G RODIN	•	CEODCE CO		11-06-2019		self-employe	eu [	P01064098
	Only	_	. •		GEORGE CO				s EIN		
USI	. Omy	Firm's addres	SS F	6762 WRI				Phon	ne no.	12 42	00 2244
Mari	the IDC	diagues this	roturn with th	ARVADA C		actructions)			30	J3-42	20-3244 · · · ☐ Yes 🔀 No
iviay	trie IKS	uiscuss this	return with th	e preparer sho	own above? (see ir	ISH UCHONS) • • •					· · ·     Yes   X  No

4e

Page 3

### 8) TALL TALES RANCH Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? • • • • • • • • • • • • • • • • • • •	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			,,
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١,		37
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		v
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		X
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		21
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V · · · · · · · · · · · · · · · · · ·	10		Х
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.			
á				
	complete Schedule D, Part VI	11a	Х	
ŀ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
(	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	l		,,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44.4		37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
f		11e		Х
	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses  the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a				21
124	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E · · · · · · · · · · · · · · · · · ·	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.	17	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		177
20 -	If "Yes," complete Schedule G, Part III	19 20a		X
20 a		20a 20b		Х
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

8) TALL TALES RANCH
Checklist of Required Schedules (continued) Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		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? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			3.7
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		v
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>			- /1
32	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		- 21
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			- 21
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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.	38	Χ	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			丄丄
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	

### 18) TALL TALES RANCH Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return ••••• 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? •••••••	4a		Χ
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Χ	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Χ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		3.7
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			3.7
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	V	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	X	
h 8	the organization received a continuous of care, seate, angularies, or care, remotes, and the organization me a continuous of	711	Λ	
0	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	36		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans ••••••••••••••••••••••••••••••••••••			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018) TALL TALES RANCH Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Enter the number of voting members of the governing body at the end of the tax year 14 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. 1b h Enter the number of voting members included in line 1a, above, who are independent 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? 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? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Χ Χ . . . . . . . . . . . . . . . . . . . 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a **10a** Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10h 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? 11a Χ **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 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • • 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," C describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? . . . . . . . . . . . . . 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a Χ **b** Other officers or key employees of the organization 15b 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? 16a 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X 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: Form 990 (2018) TALL TALES RANCH 46-4058828 Page 7

# 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 re	lated organization	comp	ensa	ated	any	currer	nt off	ficer, director, or tru	istee.	
(A) Name and Title	(B)  Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck m ss per	rson is	nan one s both a Highest compensated employee	n	(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
(1) PATRICK R MOONEY	20.00_									
CO-PRESIDENT		Х		Х				0	0	0
(2) CATHY K LAW	0.50_	<sub>V</sub>		\ <sub>37</sub>				_	_	_
CO-PRESIDENT		Х		Χ				0	0	0
(3) JULIE BUTSCHWE	0.50_	v								•
VICE PRESIDENT	0.50	Х						0	0	0
(4) GERI M JOHNSON	0.50_	Х						0	0	0
BOD MEMBER	0.50	Λ						0	0	U
(5) AMY VOSSEN VUKELIC SECRETARY	0.50_	Х						o	0	0
(6)	0.50	21								•
(º) DAVID CARLSON TREASURER		Х		Х				0	0	0
(7) DAPHYNE REIFF	0.50								Ĭ	
BOD MEMBER		Х						o	0	0
(8) LLOYD LEWIS	0.50							,		-
MEMBER		X						0	0	0
(9) WENDY WANGER	0.50									
MEMBER		Χ						0	0	0
(10)VANNESSA GATES										
MEMBER		Х						0	0	0
(11)SARA RANDOLPH										
MEMBER`		Χ						0	0	0
(12)JONAH BERGER										
MEMBER		Χ						0	0	0
(13)TIM BATZ	0.50_									
VICE PRESIDENT		Х		Χ				0	0	0
(14)WENDY_WANGER	0.50_									
MEMBER		Х						0	0	0

EEA

(A) Name and title		(B) Average hours per week (list any hours for related organizations below dotted line)	(do no	f ot check unless p	(C) Position k more t person is	nan one both an /trustee)	Forme	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	ar com f orç ar	(F) stimated mount of other npensatio from the ganization d relatec janization	n I
Name and title    SUSAN MOONEY		Average hours per week (list any hours for related organizations below dotted line)	box, u	ot check unless p r and a	k more toperson is director Key employee	both an /trustee)	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	ar com f orç ar	stimated mount of other npensatio from the ganization of related	n I Is
EXECUTVE DIRECTOR  (i)  (i)  (ii)  (i		hours per week (list any hours for related organizations below dotted line)	box, u	ınless p r and a	oerson is director Key employee	both an /trustee)	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	ar com f orç ar	mount of other opensation of the ganization of related	n I Is
EXECUTVE DIRECTOR  ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )		week (list any hours for related organizations below dotted line)	office	r and a	director Key employee Officer	/trustee)	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com f orç ar	other npensation of the state o	n I Is
EXECUTVE DIRECTOR		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	nployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org ar	npensation from the ganization and related	n I Is
EXECUTVE DIRECTOR  ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )		related organizations below dotted line)	dividual trustee director	stitutional trustee	nployee	ghest compensated ployee	ormer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	f org ar	from the ganization nd related	n I Is
EXECUTVE DIRECTOR  (i) (i) (i) (ii) (iii) (iii) (iii) (iii) (iiii) (iii)			ual trustee ctor	ional trustee	nployee	st compensated yee	- (		0	an	nd related	l IS
EXECUTVE DIRECTOR  ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )		40.00	rustee	l trustee		mpensated		41,670	0	1		ıs
EXECUTVE DIRECTOR  )  )  )  )  )  )  )  1b Sub-total			36	stee	X	nsated		41,670	0			0
EXECUTVE DIRECTOR  ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )					X	86		41,670	0			0
EXECUTVE DIRECTOR  (i)  (i)  (ii)  (i					X			41,670	0			0
b)  Sub-total  Total from continuation sl d Total (add lines 1b and 1c Total number of individuals reportable compensation fro  Did the organization list any employee on line 1a? If "Ye: For any individual listed on l					X			41,670	0			_0
b)  Sub-total  Total from continuation sl d Total (add lines 1b and 1c Total number of individuals reportable compensation fro  Did the organization list any employee on line 1a? If "Ye: For any individual listed on l												
3)  1b Sub-total												
b)  Sub-total						1 1						
2)  1)  1)  2)  3)  1b Sub-total												
b)  Sub-total												
1b Sub-total												
2)  1b Sub-total		1										
1b Sub-total · · · · · · · · · · · · · · · · · · ·												
1)  1b Sub-total												
1b Sub-total												
<ul> <li>Sub-total</li></ul>												
<ul> <li>Total from continuation sl</li> <li>Total (add lines 1b and 1c</li> <li>Total number of individuals or reportable compensation from</li> <li>Did the organization list any employee on line 1a? If "Yes</li> <li>For any individual listed on line</li> </ul>												
<ul> <li>Total from continuation sl</li> <li>Total (add lines 1b and 1c</li> <li>Total number of individuals or reportable compensation from</li> <li>Did the organization list any employee on line 1a? If "Yes</li> <li>For any individual listed on line</li> </ul>							_					
d Total (add lines 1b and 1c  Total number of individuals or reportable compensation from 1 bit and 1 bit												
reportable compensation from the reportable compensation from the reportation list any employee on line 1a? If "Yes for any individual listed on list."						,	. $ au$	41,670	0			0
<ul> <li>Did the organization list any employee on line 1a? If "Ye.</li> <li>For any individual listed on line 1a? If "Ye.</li> </ul>	(including but not limited	to those liste	ed abov	/e) wł	no rece	eived mo	re tha					
employee on line 1a? If "Yes 4 For any individual listed on I	om the organization								0			
employee on line 1a? If "Yes  For any individual listed on I											Yes	No
4 For any individual listed on I				-			-					
•										3		X
organization and related org												
	-									_		
individual • • • • • • • •										4		Χ
5 Did any person listed on line				-		-				_		
for services rendered to the ection B. Independent Co		complete Scr	nedule .	J for s	uch pe	erson	• •			5		Χ
Complete this table for your		ed independ	ent con	tracto	rs that	receive	d mor	e than \$100 000	of			
compensation from the orga												
year.								(B)			(C)	
	<b>(A)</b>							Description of s	services		(C) pensation	
	(A)							กระบาทแดน ณ ส	DOI VICES	Comp	rensalion	
	(A) Name and business address											

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

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

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Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in thi	s Part VIII • •			🗌
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
- O (0	1a	Federated campaigns 1	a				
Contributions, Gifts, Grants and Other Similar Amounts	b		b				
	C	·	c 226,443				
	d		d				
	e		e				
	f	All other contributions, gifts, grants,					
			f 157.530				
	_	Noncash contributions included in lines 1a-1f:					
S E	g	Total. Add lines 1a-1f	• ———	202 072			
	h	Total. Add lines ra-11		383,973			
e	0-		Business Code				
ven	2a						
Be .	b	·	<b>I</b>				
ζ	C .						
Se	d		_				
ram	е		_				
Program Service Revenue		All other program service revenue • • • • • •					
	g	Total. Add lines 2a-2f	· · · · · · • •				
	3	Investment income (including dividends, interest and other similar amounts)	st,				
	4	Income from investment of tax-exempt bond pr					
	5	Royalties · · · · · · · · · · · · · · · · · · ·					
		(i) Real	(ii) Personal				
	6a	Gross rents	(II) I GISOIIAI	-			
		Less: rental expenses • • • •					
		Rental income or (loss)					
		Net rental income or (loss)					
		` ' '					
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
Other Revenue	b	Less: cost or other basis and sales expenses					
	С	Gain or (loss)					
		Net gain or (loss)					
		Gross income from fundraising					
		events (not including \$ 226, 443					
ě		of contributions reported on line 1c).					
<u> </u>		See Part IV, line 18 · · · · · · · · · · ·	<u> </u>				
Othe	h	Less: direct expenses					
		Net income or (loss) from fundraising events	·				
		Gross income from gaming activities.					
	Ju	See Part IV, line 19 · · · · · · · · · · ·	<u> </u>				
	h	Less: direct expenses		-			
		-	·				
		Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold	b				
	С	Net income or (loss) from sales of inventory	<b>.</b>				
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
		Total. Add lines 11a-11d					
		Total revenue. See instructions		383,973	0	0	0

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#### 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 a	any line in this Part IX			
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	<b>(D)</b> Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	41,670		41,670	
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	50,228		50,228	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes • • • • • • • • • • • • • • • • • • •	6,442		6,442	
11	Fees for services (non-employees):				
а	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal				
С	Accounting	2,382		2,382	
d	Lobbying · · · · · · · · · · · · · · · · · · ·				
е	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 Schedule O.)				
12	Advertising and promotion	8,924		4,884	4,040
13	Office expenses · · · · · · · · · · · · · · · · · ·	5,098		3,348	1,750
14	Information technology	2,660		2,660	
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	28,102		1,800	26,302
17	Travel	106		106	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,559		4,392	167
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	2.066		2 266	
23	Insurance	3,866		3,866	
23 24	Other expenses. Itemize expenses not covered	4,069		4,069	
24	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.)				
а	Subcontractors	12,269		3,085	9,184
b		4,895			9,104
C	Processing Credit Cards Supplies	4,895		4,895 2,433	1,775
d	pubbites	4,206		2,433	1,775
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	179,478	0	136,260	43,218
<del>2</del> 3	Joint costs. Complete this line only if the	113,410	<u> </u>	130,200	43,216
-	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)				

TALL TALES RANCH 46-4058828

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
	1	Cash - non-interest-bearing	190,175	1	390,862
	2	Savings and temporary cash investments	190,173	2	390,802
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4 170	4	1 200
	5	Loans and other receivables from current and former officers, directors,	4,178	7	1,288
	,	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6			,	
	0	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 instructions). Complete Part II of Schedule L		6	
şts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 7,462			
	b	Less: accumulated depreciation	21,572	10c	5,132
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14	28,016
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	215,925	16	425,298
	17	Accounts payable and accrued expenses	641	17	11,026
	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	
ies	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	5,507	23	
	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	6,148	26	11,026
<b>(</b> 0		Organizations that follow SFAS 117 (ASC 958), check here ► 🗵 and			
ĕ		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	209,777	27	405,389
Ba	28	Temporarily restricted net assets		28	8,883
Fund Balances	29	Permanently restricted net assets		29	
Ţ		Organizations that do not follow SFAS 117 (ASC 958), check here 🕒 🗌 and			
s or		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ē	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances	209,777	33	414,272
	34	Total liabilities and net assets/fund balances	215.925	34	425.298

Page **11** 

		<u>46-40</u>	<u> 58828</u>	3	Pa	ige 12
Pa	rt 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		3	83,9	73
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		1	79,4	178
3	Revenue less expenses. Subtract line 2 from line 1	. 3		2	04,4	195
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	- 4		2	209,777	
5	Net unrealized gains (losses) on investments	- 5				
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				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	- 10		4	14,2	272
Pa	rt 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:   Cash   Accrual   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?			2a	Χ	
	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:					
	☑ Separate basis  ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		• • •	2b		Χ
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	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?			2c	Χ	
	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?			3a		Χ
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			3b		

EEA

### **SCHEDULE A**

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

**Employer identification number** 

2018

OMB No. 1545-0047

Open to Public Inspection

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

TALES RANCH 46-4058828 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 other support (see support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E) Total

Page 2 Schedule A (Form 990 or 990-EZ) 2018

90 or 990-EZ) 2018 TALL TALES RANCH 46-4058828
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.)

Sec	tion A. Public Support	<u>, , , , , , , , , , , , , , , , , , , </u>		, ,		, ,	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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 • •						
	tion B. Total Support		T	_	_	T	T
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4						
	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. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Su	• •					
14	Public support percentage for 2018 (line 6, c		•			14	%
15	Public support percentage from 2017 Sched						%
16a	33 1/3% support test - 2018. If the organiza			•			. $\square$
	box and <b>stop here.</b> The organization qualifie						▶ ⊔
b	33 1/3% support test - 2017. If the organiza						
	this box and <b>stop here</b> . The organization qua						▶ ⊔
17a	10%-facts-and-circumstances test - 2018.						
	10% or more, and if the organization meets t				•		
	Part VI how the organization meets the "facts						, n
	organization						▶ ⊔
b	10%-facts-and-circumstances test - 2017.	ŭ				ie	
	15 is 10% or more, and if the organization m				•		
	Explain in Part VI how the organization meet						. $\Box$
10	supported organization						· · · · ▶ ⊔
18	<b>Private foundation.</b> If the organization did n						, n
	instructions						•••• □

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## Part III

## 90 or 990-EZ) 2018 TALL TALES RANCH Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	57,795	95,857	112,821	177,811	81,123	525,407
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	31,133	30,00.	111,011	26,201	32,123	26,201
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •			30,404		302,850	333,254
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	<b>Total.</b> Add lines 1 through 5	57,795	95,857	143,225	204,012	383,973	884,862
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	18,000			20,000		38,000
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						
С	Add lines 7a and 7b · · · · · · · · ·	18,000			20,000		38,000
	Public support. (Subtract line 7c from line 6.)	, , , , ,			.,		846,862
Se	ction B. Total Support						040,002
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6 • • • • • • • • • • • •	57,795	95,857	143,225	204,012	383,973	884,862
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on • • •						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	57,795	<b>95,85</b> 7	143,225	204,012	383,973	884,862
14	First five years. If the Form 990 is for the organization, check this box and stop here						▶ 🏻
Se	ction C. Computation of Public Su	• •					
15	Public support percentage for 2018 (line 8, co	* * * * * * * * * * * * * * * * * * * *			1	15	%
16	Public support percentage from 2017 Schedu					16	%
	ction D. Computation of Investme				1	17	
17 18	Investment income percentage for <b>2018</b> (line Investment income percentage from <b>2017</b> Sc		-		1	17 18	% %
19a	<b>33 1/3% support tests - 2018.</b> If the organization is not more than 33 1/3%, check this box at						▶ 📋
b	33 1/3% support tests - 2017. If the organization 18 is not more than 33 1/3%, check this b						▶ □
20	Private foundation. If the organization did no	ot check a box on lir	ne 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

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

		Yes	No
	1		
	2		
	3a		
	3b		
)			
	3с		
	4a		
	4b		
	4c		
	-		
	F		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	iva		
	10h		
	10b		
A (Fo	rm 990 (	or 990-E	Z) 2018

Par	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion 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? If "No," describe in <b>Part VI</b> 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	4		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the examination energia for the hanefit of any supported examination other than the supported			l
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</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	.o. o. type ii eapperting etganizatione		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)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion 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			l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			l
	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			l
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
•				
3	By reason of the relationship described in (2), did the organization's supported organizations have a			l
	significant voice in the organization's investment policies and in directing the use of the organization's			l
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	etruc	tione	
a	The organization satisfied the Activities Test. <i>Complete line 2</i> below.	3ti ac	110113	<i>)</i> .
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see ir	nstruc	ctions
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			l
	how the organization was responsive to those supported organizations, and how the organization determined			l
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2018

TALL TALES RANCH

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 instructions. All other Type III non-functionally integrated supporting organi			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount	,	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</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 <b>Part VI</b> ):			
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		ated Type III supportin	ng organization (see
instructions).			.55 (000

EEA Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 TALL TALES RANCH 46-4058828 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sec	Current Year						
1	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	s of supported organizat	tions				
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	<b>Total annual distributions.</b> Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	e organization is respons	sive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018			
	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
	Excess distributions carryover, if any, to 2018						
	From 2013						
	From 2014						
	From 2015						
	From 2016						
	From 2017						
	Total of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount						
<u>į</u>	Carryover from 2013 not applied (see instructions)						
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from						
	Section D, line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount						
_	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in <b>Part VI</b> . See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c.						
	Breakdown of line 7:						
	Excess from 2014 · · · ·						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						

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

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

**Employer identification number** 

TALL TALES RANCH 46-4058828 Organization type (check one): Filers of: Section: X 501(c)( 3 Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number
TALL TALES RANCH 46-4058828

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_1_	GALENA FOUNDATION  4725 S MONACO ST  DENVER, CO 80237	\$65,000	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_2_	KENNETH SIMPSON  13909 E CHENANGO DR  AURORA, CO 80015	\$10,000	Person    Payroll   Noncash   Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3_	JOHN AND KARI ALEXANDER  864 CHAMBERLAIN WAY  HIGHLANDS RANCH, CO 80216	\$10,000	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	DEVELOPMENTAL PATHWAYS GRANT  325 INVERNESS DR S  ENGLEWOOD, CO 80112	\$10,860	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	SAHM FOUNDATION  16400 MIDWAY ROAD  ADDISON, TX 75001	\$10,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person

### **SCHEDULE D** (Form 990)

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.

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

46-4058828 TALL TALES RANCH 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 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? 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? ..... Yes Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements ....... Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sched	ule D (Form 990) 2018 TALL TALES RANG	СН			46-40588	328	Page 2
Pai	t III Organizations Maintaining C	ollections of A	rt, Historical Tre	easures, or Otl	her Similar Asse	<b>ts</b> (contin	ued)
3	Using the organization's acquisition, accession, a	and other records, ch	neck any of the follow	ing that are a signifi	cant use of its		
	collection items (check all that apply):	_					
а	Public exhibition	_	n or exchange progra	ams			
b	Scholarly research	e U Oth	er				
С	Preservation for future generations						
4	Provide a description of the organization's collec-	tions and explain how	w they further the org	anization's exempt <sub>ا</sub>	ourpose in Part		
	XIII.						
5	During the year, did the organization solicit or rec						
Da	assets to be sold to raise funds rather than to be		of the organization's o	collection? •		· Yes	U No
Pai	t IV Escrow and Custodial Arrang			+ I\	and an amazin	.t an Faun	_
	Complete if the organization ar	iswered "Yes" of	n Form 990, Par	t IV, line 9, or re	eported an amour	it on Form	1
_	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodian of	-				□ v	П.
	included on Form 990, Part X?					· Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII and	complete the followi	ng table:		Δ		
_	Beginning balance			<u>.</u>	Amo	uni	
C C					1c   1d		
d e	raditions daming the year			-	1e		
f	Ending balance			<u> </u>	1f		
2a	Did the organization include an amount on Form			<u> </u>		· · Yes	No
b	If "Yes," explain the arrangement in Part XIII. Che			•		_	.ቨ
	t V Endowment Funds.	son here in the explai	idion nas been provi	idea on rait xiii			
	Complete if the organization ar	nswered "Yes" o	n Form 990, Par	t IV, line 10.			
-		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	rs back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						
е	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 (lir	ne 1g, column (a)) he	ld as:			
а	Board designated or quasi-endowment	%					
b	Permanent endowment \( \bigs\) %						
С	Temporarily restricted endowment	%					
_	The percentages on lines 2a, 2b, and 2c should	•					
3a	Are there endowment funds not in the possessio	n of the organization	that are held and ad	ministered for the			<del></del>
	organization by:					Ye	s No
	(-)					3a(i)	+
L	(ii) Tolatod organizationo					3a(ii)	+
b 4	If "Yes" on line 3a(ii), are the related organization					3b	
4 Pai	Describe in Part XIII the intended uses of the orget VI Land, Buildings, and Equipm		ent lunus.				
ı aı	Complete if the organization ar		n Form 990 Pari	t IV line 11a S	ee Form 990 Par	t X line 1	0

	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value		
	Becompton of property	(investment)	(other)	depreciation	(a) Book value		
1a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment		7,462	2,330	5,132		
е	Other · · · · · · · · · · · · · STMD1E · ·						
Total	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						
EEA					Schedule D (Form 990) 2018		

46-4058828 Schedule D (Form 990) 2018 TALL TALES RANCH

Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answere	ed "Yes" on Form 990, I	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 valuat Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		D . N. II	
Complete if the organization answere	ed "Yes" on Form 990, I	Part IV, line 11c. See Form 990	), Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year marke	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	LUN U	D . IV. II . 44 L O . E	N D 1 V II 45
Complete if the organization answere	ed "Yes" on Form 990, I	Part IV, line 11d. See Form 990	), Part X, line 15.
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			+
(8)			
(9) Takel (Column (b) must equal Form 000, Part V, col. (P) line 15	1		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.			
Complete if the organization answere line 25.	ed "Yes" on Form 990, I	Part IV, line 11e or 11f. See For	rm 990, Part X,
1. (a) Description of liability	(h) Rock value		
(1) Federal income taxes	(b) Book value		
(2)			
(3)			
(4)			
(5)			
<u>'</u>			

1.	(a) Description of liability	(b) Book value	
(1) Feder	ral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Columi	n (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. Schedule D (Form 990) 2018 TALL TALES RANCH 46-4058828 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a Net unrealized gains (losses) on investments Donated services and use of facilities . . . . . . . 2b b 2c d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 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. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2b C 2c Other (Describe in Part XIII.) 2d е Add lines 2a through 2d ...... 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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.

EEA Schedule D (Form 990) 2018

## **SCHEDULE G** (Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

TALL TALES RANCH					46-4	058828			
	<b>Part I</b> Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
Indicate whether the organization rais     Mail solicitations     Internet and email solicitations     Phone solicitations	sed funds through	e 🗌 f 📗	Solicitation Solicitation	ities. Check all that ap of non-government gra of government grants draising events					
<ul> <li>d In-person solicitations</li> <li>2a Did the organization have a written of or key employees listed in Form 990.</li> <li>b If "Yes," list the 10 highest paid indivision.</li> </ul>	d								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
1		Yes	No		(/				
2									
3									
5									
6									
7									
8									
9									
Total				tions or has been notif	fied it is exempt from				

**b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2018 TALL TALES RANCH Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col. (a) through HOEDOWN CONCERT col. (c)) (total number) (event type) (event type) Revenue Gross receipts . . . . . . . 160,650 50,060 15,733 226,443 Less: Contributions Gross income (line 1 minus 160,650 50,060 15,733 226,443 Cash prizes Noncash prizes Rent/facility costs . . . . . . . 25,101 25,101 Expenses Food and beverages 1,013 555 1,568 Direct Entertainment Other direct expenses . . . . . 11,882 1,164 835 13,881 Direct expense summary. Add lines 4 through 9 in column (d) 40,550 Net income summary. Subtract line 10 from line 3, column (d) 185,893 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue . . . . . . . . Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) · · · · · · · · · · · ▶ Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

EEA Schedule G (Form 990 or 990-EZ) 2018

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

## **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

### 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

**Open to Public** Inspection

Employer identification number

46-4058828 TALL TALES RANCH 01. Officer, directors, etc. family relationship (Part VI, line 2) THE EXECUTIVE DIRECTOR, SUSAN MOONEY IS MARRIED TO CO-PRESIDNET PARTRICK R MOONEY 02. Form 990 governing body review (Part VI, line 11) A COPY OF THE RETURN WAS EMAILED TO EACH BOARD MEMBER FOR REVIEW PRIOR TO FILING THE RETURN. THE GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UNPON REQUEST 03. Conflict of interest policy compliance (Part VI, line 12c) BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT EACH YEAR INDICATING THEY DO NOT HAVE A CONFICT OF INTEREST OR IF THEY THINK THERE MIGHT BE CONFLICT OF INTEREST TO REVEAL THE POTENTIAL CONFLICT OF INTEREST 04. CEO, executive director, top management comp (Part VI, line 15a) THE BOARD REVIEWED THE COMPENSATION OF EX. DIRECTORS IN SIMILIAR SIZED NON-PROFITS 05. Other officer or key employee compensation (Part VI, line 15b THERE ARE NO OTHER OFFICERS OR KEY EMPLOYEES EXCEPT FOR THE EX. DIRECTOR 06. Governing documents, etc, available to public (Part VI, line 19) THE GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

## Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A	For	the	2019 calendar y	ear, or tax year begin	ning		, 2019, a	nd endi	ng		, 20
В	Chec	k if ap	oplicable:	C Name of organization TA	LL TALES RANCH					D Empl	oyer identification number
	Addr	ess ch	nange	Doing business as TA	LL TALES RANCH						46-4058828
	Name	e char	nge	Number and street (or P.0	O. box if mail is not delivered to street addre	ss)		Room/sui	te	E Telep	hone number
	Initia	l retur	n	6311 S GRANT DI	R						(303) 994-8532
	Final	returr	n/terminated	City or town, state or prov	vince, country, and ZIP or foreign postal code	.e				<b>G</b> Gros	s receipts
	Amer	nded r	return	CENTENNIAL, CO	80121-2224					\$	398,366
	Appli	cation	pending	F Name and address of pri					H(a) Is this a	group return	for subordinates? Yes X No
									H(b) Are all s	subordinat	es included? Yes No
ī .	Тах-є	exemp	t status: X 501	(c)(3) 501(c) (	) <b>4</b> (insert no.) 4947(a)(1) or	52	27		If "No,"	attach a lis	st. (see instructions)
J	Webs	site:	► N/A								n number
ĸ	Form	of org	ganization: Cor	poration Trust Ass	ociation X Other NONPROFI	T L	Year of formation	n: <b>201</b>	.3 м s	State of leg	gal domicile: CO
Pa	art l	_	Summary						'		
		1	Briefly describe t	the organization's missi	on or most significant activities:	TALL	TALES R	ANCH	IS DEDI	CATED	TO PROVIDING A
Ф			LIFE SHARIN	NG COMMUNITY WH	ERE BOTH PEOPLE WITH						
Governance					NVIRONMENT THAT HONOR						
rns					TO REACH THEIR FULL				,		
ove					discontinued its operations or disp			5% of its	s net assets	S.	
Ğ		3	Number of voting	g members of the gover	rning body (Part VI, line 1a)					. 3	12
Š				-	s of the governing body (Part VI, lir	ne 1b)				4	12
iŧi		5	Total number of i	individuals employed in	calendar year 2019 (Part V, line 2	a) .	. <b></b> .			. 5	8
Activities &				volunteers (estimate if r	·	. <b></b> .	. <b></b> .			6	85
Ř		7a	Total unrelated b	ousiness revenue from F	Part VIII, column (C), line 12		. <b></b> .			7a	0
		b	Net unrelated bu	siness taxable income	from Form 990-T, line 39					7b	0
									Prior Year	•	Current Year
		8	Contributions an	d grants (Part VIII, line	1h)	. <b></b> .	. <b></b> .		383	, 973	395,957
e				• ,	2g)	. <b></b> .	. <b></b> .			,	2,062
/en	1		· ·	•	(A), lines 3, 4, and 7d)						347
Revenue	1			, , ,	es 5, 6d, 8c, 9c, 10c, and 11e)						0
	1		•	, ,	must equal Part VIII, column (A), li				383	, 973	398,366
	1				X, column (A), lines 1-3)					,	0
	1			• •	(, column (A), line 4)						0
	1		•	ompensation, employee		98	,340	105,365			
Expenses	1			draising fees (Part IX, c			. <b></b> .			•	0
Sen .		b	Total fundraising	expenses (Part IX, colu	umn (D), line 25)		49,474				
ă	1	17	Other expenses	(Part IX, column (A), lin	nes 11a-11d, 11f-24e)				81	,138	126,383
	1	18	Total expenses.	Add lines 13-17 (must	equal Part IX, column (A), line 25)				179	,478	231,748
	1	19	Revenue less ex	penses. Subtract line 1	18 from line 12					, 495	166,618
	ses							Begir	ning of Curre	ent Year	End of Year
ets		20	Total assets (Par	rt X, line 16)					425	,298	614,897
Ass	Fund Balances	21	Total liabilities (P	art X, line 26)					11	,026	34,007
	듄 2	22	Net assets or fur	nd balances. Subtract l	ine 21 from line 20	<u></u>			414	,272	580,890
Pa	art l	I	Signature	Block							
					rn, including accompanying schedules and sicer) is based on all information of which pre			of my kno	wledge and be	elief, it is	
	, 0011	1	na complete. Bediara	tion of proparor (other than on	isor) is based on an information of which pro	-parer rias	any knowleage.				
Ci.				L MOONEY							
Siç			Signature of o	officer						Da	te
He	re		SUSAN I	L MOONEY, EXECU	TIVE DIRECTOR						
			Type or print	name and title							
_			Print/Type prepare	r's name	Preparer's signature		Date		Check	if	PTIN
Pa			RICHARD G	RODING		r	9-08-20	20	self-em	ployed	P01064098
	epa		Firm's name	RICHARD	GEORGE CO			F	irm's EIN 🕨		
Us	e O	nly	Firm's address	1440 CLU	BHOUSE DR			Р	hone no.		
				WIGGINS						601-	716-3084
May	the	<b>IRS</b>	discuss this retu	irn with the preparer sho	own above? (see instructions)						Yes X No

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

by increasing their overall physical health, learning new skills and techniques to remain healthy and reduce stress and being able to socialize with peers. The caregiving families were given some respite each week, which also helped to reduce their own stress and increase well-being for them.

9) TALL TALES RANCH
Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? • • • • • • • • • • • • • • • • • • •	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١,		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		<b></b>
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		Х
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		_ ^
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	_		
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
á				
	complete Schedule D, Part VI	11a	х	
ŀ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
(	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
(	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	l		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
		11e		Х
1	· · · · · · · · · · · · · · · · · · ·	444		
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  Schedule D, Parts XI and XII	120		.,
b		12a		Х
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional • • • • • • • • • • • • • • • • • • •	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E · · · · · · · · · · · · · · · · · ·	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? • • • • • • • • • • • • • • • • • • •	14a		Х
b				- 21
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · ·	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a		20a		х
. l		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	l	X

Form 990 (2019) TALL TALES RANCH 46-4058828 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х 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 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 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? 25b Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II 26 х 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Х 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b Х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
complete Schedule N, Part II · · · · · · · · · · · · · · · · · ·	32		Х
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
or IV, and Part V, line 1- · · · · · · · · · · · · · · · · · ·	34		Х
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  complete Schedule N, Part II	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  complete Schedule N, Part II

19? Note: All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

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

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

37

38

38

## 19) TALL TALES RANCH Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

2a Elete the number of employees reported on Form W.3. Transmittal of Wage and Tax Slatements, fold or the calendary wear ending with or within the year covered by this refurm  b I at least one is reported on line 2a, did the organization fill all required federal employment tax returns?  About I the sum of lines 1 and 62 as greater than 26,000 cum by the regular of the federal employment tax returns?  3b Did the organization have unrelated business gross income of 31,000 or more during the year?  3c Did the organization have unrelated business gross income of 31,000 or more during the year?  3c Did the organization federal propert of the year? With 7c fine 480, provide an explanation to Schedule O  3c Did any toxable post youth year, a financial account in a foreign country (such as a bank about on the year of Foreign Bank and Financial Accounts (FBAR).  5c Did any toxable post youth; the organization that it was or a a party to a prohibited tax shellor transaction?  5c Did any toxable post youth; the organization fill be missed to the toxable transaction at any time during the tax year?  5c Did only toxable post youth; the organization fill be missed to the toxable transaction or a significant organization are prohibited tax shellor transaction?  5c Did only toxable post youth; the organization fill be missed to the properties of the organization fill be missed to the toxable transaction at any time during the tax year?  5c Did be the organization have annual gross receipts that are normally greater than \$100,000, and did the organization societis any contribution at the wind the properties of the organization receive a promise that were not as deductible as charbaled contributions or glits were not tax deductible?  6c Did the organization shall may receive deductible as charbaled contributions or glits were not tax deductible?  6c Did the organization receives a polyment in excess of 35 made party as a contribution and party for goods and services provided to the payor?  7c Did The organization receives a pa				Yes	No
b If a least one is reported on line 2s, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1s and 2s greater than 250, your may be required to e-file (see instructions)  30 Did the organization have unrelated business gross income of \$1,000 or more during the spear?  31 A any time during the calendary early of the 70°C for fire 30, provide an explanation in Schedule C  32 A any time during the calendary early differed prograzation have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  32 If 10°Cs; Tiss If filed a from 890°C file for filed Park and 10°Cs filed Park and	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b II a least one is reported on line 2a, dot the organization file all required leaferst employment its returne?  Note: If the sum off lines 1 and 2a is greater than 250, you may be required to effect eight entructions)  3a Out the organization have unrelated business gross income of \$1,000 or more during the year?  3b Out the organization have unrelated business gross income of \$1,000 or more during the year?  4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a taxin account, securities account, or other financial account)?  5a If 1'Yes; 'not the name of the foreign country   Such as a taxin account, securities account, or other financial account)?  5b If 'Yes in the first the rame of the foreign country   Such as a taxin account, securities account, or other financial account)?  5c Was the organization a foreign country   Such as a taxin account, securities account, or other financial account)?  5c Was the organization foreign country   Such as a taxin account, securities account, or other financial account)?  5c Was the organization foreign country   Such as a taxin account, securities account, or other financial account)?  5c Was the organization foreign greater financial account, or other financial account, (FBAR).  5c If 'Yes in the say of by did the organization that It was or is a party to a prohibited tax shotler financial account, (FBAR).  5c Description and the say of by did the organization fine from 8866-7?  5c Description and the say of by did the organization fine from 8867-7.  5c Description and the say of by did the organization fine from 8867-8.  5c Description and the say of by did the organization fine from 8867-8.  5c Description and the say of by did the organization fine from 8868-7.  5c Description and the organization foreign say of the say of the goods or services provided?  5c Description and the say of the say of the goods or services provided?  5c Description and		Statements, filed for the calendar year ending with or within the year covered by this return 2a 8			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to re-fie (see instructions)  3	b		2b	х	
3a					
b If "Yes," has it field a form 990-T for this year? If 'No' to line' 5b, provide an explanation in Schedule O  a flandation account in a foreign country (such as a bank account, securities account, or other financial account()?  b If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxoble party notify the organization file Form 8886 1?  5c If "Yes" to line 5a or 5b, did the organization file Form 8886 1?  6c If "Yes" to line 5a or 5b, did the organization file Form 8886 1?  6c If "Yes" to line 5a or 5b, did the organization file Form 8886 1?  6c If "Yes" to line 5a or 5b, did the organization file Form 8886 1?  6c If "Yes" to line 5a or 5b, did the organization file Form 8886 1?  6c If "Yes" to line 5a or 5b, did the organization file Form 8886 1?  6c If "Yes" to line 5a or 5b, did the organization file Form 8886 1?  6c If "Yes" to line 5a or 5b, did the organization file Form 8886 1?  6c If "Yes" to line 5a or 5b, did the organization file Form 8886 1?  6c If "Yes" to line 5a or 5b, did the organization file Form 8886 1?  6c If "Yes" to line 5a or 5b, did the organization file Form 8886 1?  6c If "Yes" to line 5a or 5b, did the organization neaver a payment in excess of \$75 made parity as a contributions or gifts were not tax deductible?  6c If "Yes" to line file organization neally the donor of the value of the goods or services provided?  6c If "Yes", "findicate the number of Forms 8882 filed during the year  6c If "Yes", "findicate the number of Forms 8882 filed during the year  6c If "Yes", "findicate the number of Forms 8882 filed during the year  6c If "Yes", "findicate the number of Forms 8882 filed during the year  6c If "Yes", "findicate the number of Forms 8882 filed during the year  7d If the organization received a contribution or qualified intellectual property, did th	3a		3a		x
4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  b If "Yes," enter the name of the foreign country  15 Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction?  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  16 "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization in the organization that it was or is a party to a prohibited tax shelter transaction?  5c Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  7 Organizations oblical any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 Organization service provided to the payor?  7 Organization service provided to the payor?  7 Organization service payor great that service provides that the service payor great than \$100 the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization life form 8899 as required?  9 If the organization received a contribution of case, beats, ariphanes, or the vehicles, did the organization li	_				
a financial accourt in a foreign country (such as a bank accourt, securities account, or other financial account)?  b If "Yes," reter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5b Did any actable party notify the organization in the road passed of the organization of the organization for the organization for the organization for the organization for the organization for the organization for the organization for the organization for the organization for the organization for the organization solicit any contributions and the organization solicit any contributions and services provided to the payor?  7 Organization stant many receive deductible contributions under section 170(c).  8 Did the organization enceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  8 Did the organization enceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  9 Did the organization enceive a polyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  9 Did the organization enceived a contribution of the value of the goods or services provided?  9 Did the organization received a contribution of qualified intellectual property, did the organization file form 8282?  16 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required to 18 Form 8282?  17 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required to 18 Form 8282?  18 Sponsoring organization make a distribution to a donor, droor advised fund maintained by the sponsoring organization file property and the payor and property of the payor and property of the	_				
b If "Yes," either the name of the foreign country ► See instructions for filling organization in Expert of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Use the organization aparty to a prohibited tax shelter transaction?  5c If "Yes' is one Sea of Se, did the organization life foreign 888-17.  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization life foreign 888-17.  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles contributions under section 170(c).  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles contributions under section 170(c).  6c If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7c Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7d If "Yes," did the organization notify the donor of the value of the goods or services provided?  7d If "Yes," did the organization state and the services provided to the payor?  7d If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If Yes, and the payor of the payor			4a		v
See instructions for filming requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  1 "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5	h		-Tu		
58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 C T See the organization have annual gross receipts that are normally greater than \$100,000, and did the organization social any contributions that were not tax deductible as charabtate contributions? 50 C T Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charabtate contributions or gifts were not tax deductible as charabtate contributions or gifts were not tax deductible? 70 Organizations that may receive deductible contributions under section 170(c). 81 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 71 P'ves.* did the organization notify the donor of the value of the goods or services provided? 72 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 73 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 74 Did the organization received accontribution of cars, botts, airplanes, or other vehicles, did the organization file a form 1088 C P P P P P P P P P P P P P P P P P P	D				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes" to line 5s or 5b, did the organization file Form 8886-T?  6 Does the organization selicit any contributions that were not tax deductible as charitable contributions?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gills were not tax deductible, so that the such contributions or gills were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization notify the done or the value of the goods or services provided?  9 Did the organization notify the done of the value of the goods or services provided?  70 Did the organization notify the done of the value of the goods or services provided?  71 Did the organization sell, exchange, or otherwise dispose of langible personal property for which it was required to file Form 8282?  8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  9 Did the organization received a contribution of case, boats, arplanes, or other vehicles, did the organization file a Form 1898 as required?  9 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make a distribution in under section 4966?  9 Sponsoring organization make a distribution to a donor, donor advised fund funds.  10 Did the sponsoring organization make a distribution in under section 4966?  9 Section 501(c)(29) qualified nonprofit health insurance issuers.  11 In "Yes," enter the	E0		E0		••
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  B If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?  C Organizations that may receive deductible contributions under section 170(c).  D Id the organization such as a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a	_				
Sea Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file. Form 82822?  6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file. Form 8899 as required?  8 Diff the organization received a contribution of qualified intellectual property, did the organization file. Form 8899 as required?  9 Sponsoring organization make access business holdings at any time during the year?  8 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  10 Did the sponsoring organization make any taxable distributions under section 4966?  10 Did the org					<u>X</u>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a	_		5C		
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? • • • • • • • • • • • • • • • • • • •		excess parachute payment(s) during the year?	15		х
		If "Yes," see instructions and file Form 4720, Schedule N.			
	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x

Form 990 (2019) TALL TALES RANCH Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Enter the number of voting members of the governing body at the end of the tax year 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 1b h Enter the number of voting members included in line 1a, above, who are independent 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Х 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 x 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? Х 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? 7a Х Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х . . . . . . . . . . . . . . . . . . . Each committee with authority to act on behalf of the governing body? 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a **10a** Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10h 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? 11a 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 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • • 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," C describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? . . . . . . . . . . . . . 13 х Did the organization have a written document retention and destruction policy? 14 14 Х 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? The organization's CEO, Executive Director, or top management official 15a Х **b** Other officers or key employees of the organization 15b Х 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? 16a 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

and financial statements available to the public during the tax year.
 State the name, address, and telephone number of the person who possesses the organization's books and records

State the name, address, and telephone number of the person who possesses the organization's books and records PATRICK R MOONEY (303) 994-8532, 6311 S GRANT DR, CENTENNIAL, CO 80121-2224

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# 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.

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

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

			•		(C)	,				
(A)	(B)	Position (do not check more than one		(D)	(E)	(F)				
Name and title	Average hours					s both a		Reportable compensation	Reportable compensation	Estimated amount of other
	per week	offic	er and	d a dii	rector	/trustee	)	from the	from related	compensation
	(list any	0 =	=	0	_	οт	П	organization	organizations (W-2/1099-MISC)	from the
	hours for	Individual trustee or director	Institutional trustee	Office	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(VV-2/1099-MISC)	organization and related organizations
	related organizations	dual ector	tion	Ä	mplo	st co	er			·
	below	trust	tru		уее	этре				
	dotted line)	ee	stee			ensat				
						ë				
(1) PATRICK R MOONEY	25.00									
BOD MEMBER		Х						0	0	0
(2) CATHY K LAW	0 .50									
PRESIDENT		Х		Х				0	0	0
(3) JULIE BUTSCHER	0 .50									
BOD MEMBER		Х						0	0	0
(4) GERI_M_JOHNSON	0 .50									
BOD MEMBER		Х						0	0	0
(5) AMY VOSSEN VUKELIC	0 .50									
SECRETARY		Х		Х				0	0	0
(6) MICHAEL YOURTZ	0.50									
BOD MEMBER		Х						0	0	0
(7) DAPHYNE REIFF	0 .50									
BOD MEMBER		Х						0	0	0
(8) LLOYD LEWIS	0 .50									
BOD MEMBER		Х						0	0	0
(9) SUSAN MOONEY	40.00									
EXECUTVE DIRECTOR		Х						48,921	0	0
(10)BOB_HERCHER	0 .50									
BOD MEMBER		Х						0	0	0
(11) TIM BATZ	0.50									
VICE PRESIDENT		Х		Х				0	0	0
(12)DAVID_CARLSON	0 .50									
TREASURER				Х				0	0	0
(13)										
<u>(14)</u>										

rait	Section A. Officers, Directors, Trustees	s, Key Empio	yees,	and	HIG	nes	t Com	pen	sated Employees	(continued	1)			
	(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both a officer and a director/trustee						(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations		(F) Estimated amount of other compensation		r
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099-		orga	rom the nization d organiz	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u> _														
<u>(18)</u>														
<u>(19)</u>														
(20)_														
<u>(21)</u>														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal		• • •	• •	• •			· •						
c d	Total from continuation sheets to Part VII, Sec Total (add lines 1b and 1c)							· •	48,921		0			0
2	Total number of individuals (including but not limite								- / -	:				
	reportable compensation from the organization	<u> </u>												0
3	Did the organization list any <b>former</b> officer, directo	or tructoo ko	v omo	lovor	o or	hiah	oct oc	mne	ancatod				Yes	No
3	employee on line 1a? If "Yes," complete Schedule			-		_						3		х
4	For any individual listed on line 1a, is the sum of re				anc	d oth	er con	nper	nsation from the					
	organization and related organizations greater that													
	individual • • • • • • • • • • • • • • • • • • •											4		х
5	Did any person listed on line 1a receive or accrue	•		-			_							
Sacti	for services rendered to the organization? <i>If "Yes,"</i> on B. Independent Contractors	" complete Si	chedul	e J t	or si	uch p	oerson	1			<u> </u>	5		Х
1	Complete this table for your five highest compensations	ated indenen	dent c	ontra	actor	's th	at rece	ivec	more than \$100.0	00 of				
•	compensation from the organization. Report comp	•									ax vear.			
	(A)	70.104.1011 101			<u> </u>	<u> </u>			(B)		, you	(C)		
	Name and business addres	SS							Description of service	es		Compens	ation	
2	Total number of independent contractors (including	a but not limi	ted to t	those	e list	ed a	bove)	who	)					
_	received more than \$100,000 of compensation fro	-			• •		)							

Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a response or	r note	e 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
	1a	Federated campaigns 1	а					
	b		b					
nts nts		· —	-	255 226				
G D II	C.		C .	257,226				
ts, Απ	d		d					
Contributions, Gifts, Grants and Other Similar Amounts	е		е					
J. J.	f	All other contributions, gifts, grants,						
Ėέ		and similar amounts not included above 11	f	138,731				
혈美	g	Noncash contributions included in						
2 Z		lines 1a-1f	g s	6				
ΩÆ	h	Total. Add lines 1a-1f			395,957			
				Business Code	333,331			
•	20	VOCA EIM AND ELOW	<u>_</u>	00099	1 000	1 000		
<u>.</u>		YOGA FIT AND FLOW			1,000	1,000		
Program Service Revenue		LASSO		00099	1,062	1,062		
S L		YOUNG PROFESSIONAL	_ 9	00099				
ev an	d		_					
<u>6</u>	е		_ L					
7	f	All other program service revenue • • • • •	- L					
	g	Total. Add lines 2a-2f			2,062			
	3	Investment income (including dividends, interes	st. an	d				
		other similar amounts) • • • • • • • • •			347	347		
	4	Income from investment of tax-exempt bond pro						
	5	Royalties · · · · · · · · · · · · · · · · · · ·						
			Т					
	6-	(i) Real		(ii) Personal				
		Gross rents · · · · · · 6a	_					
		Less: rental expenses · · 6b	_					
		Rental income or (loss) 6c						
	d	Net rental income or (loss)	• •					
	7a	Gross amount from (i) Securities		(ii) Other				
		sales of assets						
	h	other than inventory Less: cost or other basis						
ne		and sales expenses 7b						
Revenue	С	Gain or (loss) · · · · · 7c						
ě		Net gain or (loss)		▶				
ē		Gross income from fundraising	1	r				
Ŏ D	- Oa	events (not including \$ 257,226						
O								
		of contributions reported on line						
	_	,	8a					
			8b					
			• •					
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities •						
		Gross sales of inventory, less						
	iva	•	I0a					
	h		10b					
		_						
	C	Net income or (loss) from sales of inventory •	<del>· ·</del>	· · · · · •				
<b>"</b>	1.		$\vdash$	Business Code				
e e	11a		_					
an	b		_					
₩ %	С		_ L					
Miscellanous Revenue	d	All other revenue						
2	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			398,366	2,409	0	0

## 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	•			
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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	48,921		48,921	
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	49,218	8,840	40,378	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	7,226	48	7,178	
11	Fees for services (nonemployees):				
а	Management				
b	Legal · · · · · · · · · · · · · · · · · · ·				
С	Accounting · · · · · · · · · · · · · · · · · · ·	3,438		3,438	
d	Lobbying · · · · · · · · · · · · · · · · · · ·				
е	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 Schedule O.) • •				
12	Advertising and promotion	13,685	188	12,431	1,066
13	Office expenses	10,146	1,605	7,480	1,061
14	Information technology	1,629		1,629	
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	4,000		3,000	1,000
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,769	205	2,912	652
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,938		2,938	
23	Insurance	6,788		6,788	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Subcontractors	23,579	350	18,955	4,274
b	Food and Beverage	22,806	324	507	21,975
C	Supplies	8,193	38	5,907	2,248
d	Action Items	15,227			15,227
е 25	All other expenses	10,185	44	8,214	1,971
25 26	Total functional expenses. Add lines 1 through 24e · ·  Joint costs. Complete this line only if the	231,748	11,598	170,676	49,474
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
	10110Willing 001 00 2 (700 000-120)				

Page **11** 

Part X B

Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	390,862	1	225,644
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,288	4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons · · · · · · · · · · ·		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) • • • • •		6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D · · · · · · · 10a 30,056			
	b	Less: accumulated depreciation · · · · · · · · · · 10b 5,268	5,132	10c	24,788
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	250,347
	14	Intangible assets	28,016	14	114,118
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	425,298	16	614,897
	17	Accounts payable and accrued expenses	11,026	17	34,007
	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	
Liabilities	22	Loans and other payables to any current or former officer, director,			
oilit		trustee, key employee, creator or founder, substantial contributor, or 35%			
-ia		controlled entity or family member of any of these persons · · · · · · · · · · · · · · · · · · ·		22	
_	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · ·		23	
	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	11,026	26	34,007
Ś		Organizations that follow FASB ASC 958, check here			
nce	07	and complete lines 27, 28, 32, and 33.		07	
ala	27	Net assets without donor restrictions	405,389	27	580,890
В	28	Net assets with donor restrictions	8,883	28	
ŭ		Organizations that do not follow FASB ASC 958, check here			
Ϋ́	20	and complete lines 29 through 33.		20	
ts c	29	Capital stock or trust principal, or current funds		29	
sse	30 31	Paid-in or capital surplus, or land, building, or equipment fund		30 31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	414 070	32	E00 000
Ne	33	Total liabilities and net assets/fund balances	414,272	33	580,890
	JJ	Iotal nadinties and het assets/tund datances	425,298	JJ	614,897

		<u>46–40.</u>	5882	3	Pa	ige 12
Pa	rt 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			398,	366
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			231,	748
3	Revenue less expenses. Subtract line 2 from line 1	. 3			166,	618
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			414,	272
5	Net unrealized gains (losses) on investments	- 5				
6	Donated services and use of facilities	- 6				
7	Investment expenses	. 7				
8	Prior period adjustments	- 8				
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			580,	890
Pa	rt 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:   Cash X Accrual 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?			2a	х	
	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:					
	X Separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		х
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	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?			2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	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?			3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

EEA

### **SCHEDULE A**

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust Attach to Form 990 or Form 990-EZ.

2019

Open to Public

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Name of the organization Employer identification number TALES RANCH 46-4058828 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2019 Page 2 TALL TALES RANCH 46-4058828 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in)▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (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 ..... 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)▶ **(b)** 2016 (d) 2018 (a) 2015 (c) 2017 **(e)** 2019 (f) Total Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources ....... Net income from unrelated business activities, whether or not the business 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... 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) ▶ □ Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))...... % 15 Public support percentage from 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this П b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check П 17a 10%-facts-and-circumstances test - 2019. 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  $\perp$ b 10%-facts-and-circumstances test - 2018. 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 

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

## 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	95,857	112,821	177,811	81,123	139,079	606,691
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			26,201			26,201
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513 •		30,404		302,850	258,941	592,195
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						
6	organization without charge			221 212			
6 72	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3	95,857	143,225	204,012	383,973	398,020	1,225,087
<i>i</i> a	received from disqualified persons			00.000			00 000
h	Amounts included on lines 2 and 3			20,000			20,000
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			20,000			20,000
8	Public support. (Subtract line 7c from			20,000			20,000
	line 6.)						1,205,087
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016	(c) 2017	( <b>d</b> ) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6	95,857	143,225	204,012	383,973	398,020	1,225,087
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources • •					347	347
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b					347	347
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						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	95,857	143,225	204,012	383,973	398,367	1,225,434
14	First five years. If the Form 990 is for the or						
	organization, check this box and stop here	-			-	,	
Se	ction C. Computation of Public Suppo						<u>_</u>
15	Public support percentage for 2019 (line 8, o	column (f), divid	ded by line 13,	column (f)) .		15	98.34 %
16	Public support percentage from 2018 Scheo	lule A, Part III, I	ine 15			16	95.71 %
Se	ction D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2019 (line					17	0.00 %
18	Investment income percentage from 2018 S					18	0.00 %
19a	33 1/3% support tests - 2019. If the organize						
	17 is not more than 33 1/3%, check this box	-	-	•			_
b	33 1/3% support tests - 2018. If the organiz						
20	line 18 is not more than 33 1/3%, check this	•	_	•	•		- =
<b>4</b> 0	<b>Private foundation.</b> If the organization did r	IUL CHECK a DOX	. 011 11110 14, 19	a, or 190, cite	วง แบร มอง สบอ	266 HISHINCHOL	13 · · · 🟲 📙

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization TALL TALES RANCH

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

**Employer identification number** 

46-4058828

Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 🗷 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number
TALL TALES RANCH 46-4058828

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_1_	KENNETH SIMPSON  3909 E CHENANGO DR  AURORA, CO 80015-3909	\$	Person Rayroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	JOEL LEVITZ  6711 E CHAMELBACK RD  SCOTTSDALE, AZ 85251-2066	\$ 20,000	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_3_	NAYANTARA ERSEK  25 GLENMOOR DR  ENGLEWOOD, CO 80112	\$6,000	Person Rayroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_4_	SCHOELZEL FAMILY FOUNDATION  3033 EAST 1ST AVE STE 415  DENVER, CO 80206-5604	\$15,000	Person Rayroll Dayroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	TOPPER SWANSON  50 BROOKHAVEN LN  LITTLETON, CO 80123-6685	\$10,000	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person

## SCHEDULE D (Form 990)

## **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.

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Em

OMB No. 1545-0047

2019

Open to Public Inspection

Name	of the organization		Employer identification number
TAL	TALES RANCH		46-4058828
Pa	t I Organizations Maintaining Donor Advised F	unds or Other Similar Funds or Acco	ounts.
	Complete if the organization answered "Yes" o	n 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 w		
	funds are the organization's property, subject to the organization	on's exclusive legal control?	· · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the done		
	conferring impermissible private benefit?		
Pa			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu	<u> </u>	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of a co	onservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements · · · · · · · · · · · · · · · · · · ·		· · 2a
b			· · 2b
С	Number of conservation easements on a certified historic stru		· · 2c
d	Number of conservation easements included in (c) acquired a		
_	······································		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	anization during the
	tax year •		
4	Number of states where property subject to conservation easi		
5	Does the organization have a written policy regarding the peri violations, and enforcement of the conservation easements it		· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
O	Stan and volunteer flours devoted to monitoring, inspecting, in	andling of violations, and emorcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conservation e	easements during the year
•	► \$	ing or violations, and officioning contentation of	nacomonia damig inc year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4	.)(B)(i)
9	In Part XIII, describe how the organization reports conservation		——————————————————————————————————————
	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	Ü	
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	s, not to report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in further	rance of public
	service, provide, in Part XIII the text of the footnote to its finan	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	s, to report in its revenue statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	ice 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		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treat	sures, or other similar assets for financial gai	n, provide the
	following amounts required to be reported under FASB ASC 9		
а	Revenue included on Form 990, Part VIII, line 1		· · · · · · ▶ \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

 Schedule D (Form 990) 2019
 TALL
 TALES
 RANCH
 46-4058828
 Page 2

Pai	t III Organizations Maintaining Co	llections of A	rt, Histor	ical T	reasures,	or Oth	ner Similar A	ssets (cc	ntinu	ıed)
3	Using the organization's acquisition, accession, an	d other records, cl	heck any of	the follo	wing that ma	ke signifi	cant use of its			
	collection items (check all that apply):									
а	Public exhibition		d 🗌	Loan c	r exchange p	orograms	3			
b	Scholarly research		е 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organization's collection	ons and explain ho	w they furth	er the or	ganization's	exempt p	ourpose in Part			
	XIII.									
5	During the year, did the organization solicit or recei	ive donations of ar	rt, historical	treasure	s, or other si	milar				
	assets to be sold to raise funds rather than to be m		of the organ	ization's	collection?			· Yes	; <u> </u>	No
Pai	t IV Escrow and Custodial Arrange									
	Complete if the organization ans	wered "Yes" o	n Form 9	90, Pa	rt IV, line	9, or re	ported an am	ount on I	orm=	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian or								_	
	•							· · L Yes	; <u> </u>	No
b	If "Yes," explain the arrangement in Part XIII and co	omplete the follow	ing table:							
							Ar	nount		
С	Beginning balance									
d	Additions during the year									
е	zionibano daring nio you									
f	Ending balance									
2a	Did the organization include an amount on Form 99					-			=	No
b	If "Yes," explain the arrangement in Part XIII. Chec	k here if the expla	nation has b	een pro	vided on Par	t XIII •		<u> </u>	· <u> </u>	
Pai		ad "Vaa" a	ю Гоимо O	00 Da	مصال / السم	10				
	Complete if the organization ans									
		a) Current year	(b) Prior y	ear	(c) Two years	back	(d) Three years back	(e) Four	years b	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses	+								
d	Grants or scholarships	+								
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	,	ar and balance (li		an (a)) h	ald an					
2	Provide the estimated percentage of the current yes  Board designated or quasi-endowment		ne 1g, colur	nn (a)) n	ieid as:					
a	Permanent endowment  %	%								
D										
С	Term endowment ▶ %  The percentages on lines 2a, 2b, and 2c should ec	rual 1009/								
3a	Are there endowment funds not in the possession	-	that are he	ld and a	dministored	for the				
Ja	organization by:	or the organization	i iliai ale ile	iu aiiu a	ummstered	ioi tile		ļ	Yes	No
	(i) Unrelated organizations							. 3a(i)	163	NO
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizations	listed as required	on Schedule	B? .				. 3b		
4	Describe in Part XIII the intended uses of the organ	•		, , , , ,				- 05		
_	t VI Land, Buildings, and Equipme		one rando.							
- 0	Complete if the organization ans		n Form 9	90. Pa	rt IV. line	11a. Se	ee Form 990.	Part X. li	ne 10	).
	Description of property	(a) Cost or other			other basis		Accumulated	(d) Bool		
	err in error	(investment	`		other)		preciation	(., _ 50.		
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment				30,056		5,268		24,7	188
е	Other									
Total	Add lines 1a through 1a (Column (d) must equal	Form 990 Part Y	column (B)	line 100	.)				24 7	700

Schedule D (Form					46-	-4058828	Page 3
Part VII	Investments - Other Securities.		000 D . I		0 5	000 D 11	" 40
	Complete if the organization answered	d "Yes" on For	m 990, Part IV	', line 11b	. See Form	1 990, Part X,	line 12.
	<ul><li>(a) Description of security or category (including name of security)</li></ul>		(b) Book value			c) Method of valuation r end-of-year market va	
(1) Financial d	erivatives						
(2) Closely-he	ld equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	(b) must equal Form 990, Part X, col. (B) line 12.)	▶					
Part VIII	Investments - Program Related.						
	Complete if the organization answered	d "Yes" on For	m 990, Part IV	<u>/, line 11c</u>	. See Form	1 990, Part X,	line 13.
	(a) Description of investment		(b) Book value		•	c) Method of valuation rend-of-year market va	
(1)CHARLES	SCHWAB & CO INC		250,3	47 FMV		·	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.)		250,3	47			
Part IX	Other Assets.  Complete if the organization answered	d "Yes" on For	m 990 Part I\	/ line 11d	See Form	n 990 Part X	line 15
		escription	000, 1 4.111	,	. 000 1 0111	(b) Boo	
(1)	(a) De	SCIIPIIOII				( <b>b</b> ) Boo	ik value
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(b) must equal Form 990, Part X, col. (B) line 15.)				🕨		
Part X	Other Liabilities.					Į.	
	Complete if the organization answered	d "Yes" on For	m 990, Part IV	<sup>7</sup> , line 11e	or 11f. Sec	e Form 990, P	art X,
	line 25.					•	
1.	(a) Description of liability	(b) Book v	alue				
(1) Federal in	ncome taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2019 TALL TALES RANCH 46-4058828 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a b 2b 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) c Add lines 4a and 4b ..... 4c 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. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a а 2b b 2c C Other (Describe in Part XIII.) 2d е 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b · · · · 4a **b** Other (Describe in Part XIII.) 4b c Add lines 4a and 4b ..... Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18:) 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.

EEA Schedule D (Form 990) 2019

## **SCHEDULE G** (Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization						Employer ide	ntification number
TALL TALES RANCH						46-40	58828
Part I Fundraising Activities Form 990-EZ filers are no	•	-		wered "Yes" on	Form 99	0, Part IV,	line 17.
1 Indicate whether the organization rais				es. Check all that a	oplv.		
a Mail solicitations	ou rannad am dag.	_	-	non-government gr			
<b>b</b> Internet and email solicitations				government grants			
c Phone solicitations				aising events			
d In-person solicitations		<b>∍</b> □ `	spoolal larial	aloning overtice			
2a Did the organization have a written or	oral agreement w	ith any individ	lual (includin	a officers directors	trustees		
or key employees listed in Form 990,	-	-		_		□ <b>v</b>	es 🗌 No
<b>b</b> If "Yes," list the 10 highest paid individ			-	_		_	_
compensated at least \$5,000 by the o		maraisers) pa	i suam to agi	diaci wiii	on the rand	i alber la to be	,
compensated at least 40,000 by the o	rgamzanom.						
		(III) P. I. (			( <b>v</b> ) Am	ount paid to	
(i) Name and address of individual	(ii) Activity		draiser have r control of	(iv) Gross receipts	(or re	tained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(II) Activity		utions?	from activity		ser listed in	organization
		Yes	No		C	ol. <b>(i)</b>	
4		162	NO				
1							
2							
2							
3							
4							
5							
6							
7							
8							
9							
10							
10							
			1				
Total · · · · · · · · · · · · · · · · · · ·							
3 List all states in which the organization				ne or hae boon noti	fied it is ev	ampt from	1
registration or licensing.	is registered or no	crisca to som	on continuation	ons of has been hou	iled it is ex	silipt iroili	
registration of noonsing.							

46-4058828

		gross receipts greater than	\$5,000			
		gross receipts greater triali	(a) Event #1 HOEDOWN	(b) Event #2 YEAR END CAM	(c) Other events	(d) Total events (add col. (a) through col. (c))
		-	(event type)	(event type)	(total number)	coi. ( <b>c</b> ))
Revenue	1	Gross receipts · · · · · · · ·	194,199	28,621	34,406	257,226
	2	Less: Contributions · · · · · · · Gross income (line 1 minus				
		line 2) • • • • • • • • • • • • • • • • • •	194,199	28,621	34,406	257,226
	4	Cash prizes				
	5	Noncash prizes	15,228			15,228
sesu	6	Rent/facility costs	1,000			1,000
Direct Expenses	7	Food and beverages	20,710		1,265	21,975
Dire	8	Entertainment				
	9	Other direct expenses	5,924	1,734	3,613	11,271
	10 11	Direct expense summary. Add lines				49,474 207,752
Pa	rt I		•	'Yes" on Form 990, Part	IV, line 19, or reported	
		\$15,000 on Form 990-EZ,	line 6a.			
ne			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Crace revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue · · · · · · · · ·	(a) Bingo		(c) Other gaming	
	1 2	Gross revenue · · · · · · · · · · · · · · · · · · ·	(a) Bingo		(c) Other gaming	
Expenses			(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
ct Expenses	2	Cash prizes	(a) Bingo		(c) Other gaming	
ct Expenses	2 3 4	Cash prizes	(a) Bingo  Yes%  No		(c) Other gaming  Yes% No	
ct Expenses	2 3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo		
ct Expenses	2 3 4 5	Cash prizes	Yes % No 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes % ☐ No	
<b>6</b> Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, colur	bingo/progressive bingo  Yes %  No  nn (d)	☐ Yes% No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Er	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, colur	bingo/progressive bingo  Yes %  No  nn (d)	☐ Yes % ☐ No	
Direct Expenses	2 3 4 5 6 7 8 Er	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, colur on conducts gaming activition aming activities in each of	bingo/progressive bingo  Yes %  No  nn (d)	☐ Yes% No	col. (a) through col. (c)
Direct Expenses	2 3 4 5 6 7 8 Err I Is Is If I	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, colur on conducts gaming activities in each of	bingo/progressive bingo  Yes %  No  nn (d)		col. (a) through col. (c)

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

#### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization TALL TALES RANCH

### **Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2019 Open To Public

Inspection Employer identification number

46-4058828

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3) Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written from the with organization principal amount by board or agreement? loan organization? committee? From Yes No Yes No Yes No (1)

Part III **Grants or Assistance Benefiting Interested Persons.** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance				
(1)								
(2)								
(3)								
(4)								
(5)	line to the leading of the Francisco	000 000 F7		School   1 / Faura 000 av 000 F7) 2010				

(2)

(3)

(4)

(5) Total

interested person and the organization organization organization Yes N					(a) Cha	orina -
(1) SUSAN MOONEY EXCUTIVE DIRECTOR 48,921 SALARY 3  (2)  (3)  (4)  (5)  Supplemental Information.	Complete if the organization (a) Name of interested person		(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization	
(2) (3) (4) (5) Part V Supplemental Information.		organization	Organizanon		-	
(3) (4) (5) Part V Supplemental Information.	(1) SUSAN MOONEY	EXCUTIVE DIRECTOR	48,921	SALARY		х
(4) (5) Part V Supplemental Information.	(2)					
(4) (5) Part V Supplemental Information.						
(5) Part V Supplemental Information.						
Part V Supplemental Information.						
	Part V Supplemental Information		on Schedule I. (see	instructions)	·	
	Trovide additional informa	tion for responses to questions t	on ochedule L (see	e matructiona).		-

EEA Schedule L (Form 990 or 990-EZ) 2019

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

## 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

Open to Public

Inspection
Employer identification number

TALL TALES RANCH 46-4058828 01. Officer, directors, etc. family relationship (Part VI, line 2) THE EXECUTIVE DIRECTOR, SUSAN MOONEY IS MARRIED TO BOAD OF DIRECTORS MEMBER PATRICK MOONEY 02. Form 990 governing body review (Part VI, line 11) A COPY OF THE RETURN WAS EMAILED TO EACH BOARD MEMBER FOR REVIEW PRIOR TO FILING THE RETURN. THE GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UNPON REQUEST 03. Conflict of interest policy compliance (Part VI, line 12c) BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT EACH YEAR INDICATING THEY DO NOT HAVE A CONFICT OF INTEREST OR IF THEY THINK THERE MIGHT BE CONFLICT OF INTEREST TO REVEAL THE POTENTIAL CONFLICT OF INTEREST 04. CEO, executive director, top management comp (Part VI, line 15a) THE BOARD REVIEWED THE COMPENSATION OF EX. DIRECTORS IN SIMILIAR SIZED NON-PROFITS 05. Other officer or key employee compensation (Part VI, line 15b THERE ARE NO OTHER OFFICERS OR KEY EMPLOYEES EXCEPT FOR THE EX. DIRECTOR 06. Governing documents, etc, available to public (Part VI, line 19) THE GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST 07. Part III, response or note to any other line in Part III YOUNG PROFESSIONAL BOARD and a social gathering out in the community, which provides exposure and new experiences

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization Employer identification number TALL TALES RANCH 46-4058828 for our group. The TTR Young Professional Board is beneficial to all who participate-creating an opportunity to learn from and work with people who are differently abled and bring a variety of skill sets to the cause. We have seen tremendous growth in all of our participants.