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Form	990-EZ	

Short Form

OMB No. 1545-1150

2014

Return of Organization Exempt From Income Tax

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

Dipartment Reveal Information about Form 990-EZ and its instructions is at www.frs.gov/form900. Inspection A For the 2014 calendar year, or tax year beginning 01/01 .2014, and ending 12/31 .20 14 B Check application number C Nume of application number 20-16/21284 20-16/21284 20-16/21284 Marce Analy Nume of application C Number of application number 20-16/21284 20-16/21284 Marce Analy Number of application C Number of application 20-16/21284 20-16/21284 Marce Analy Number of application C Number of application 20-16/21284 C Number of application 20-16/21284 Marce Analy Number of application Control Application Proceeding Marce Proceeding Marce<				Do not enter social security numbers on this form as it may	ıy be made pu	ıblic.		Open to Public
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Present provide return Other of the argument of the a				5431 Montgomery Road			97	72-775-8966
Aggregatione proving Multiduthian, TX, 76065 Number ▶ C Accounting Method: C acta Accounting Method: C acta If the expanization is not required to attach Schedule B (form 990, 980-EZ, or 980-PF). I Website: www.PassForReflectionRanch.org If the expanization is not required to attach Schedule B (form 990, 980-EZ, or 980-PF). K Form of organization: C Corporation Trust Association Octowers, or 980-PF). L Add lines 5b, 6c, and 7 to line 9 to determine gross receipts at \$200,000 or more, or if total assets \$ 143,088 Varut II, column (b) belowy at SSch0000 or more, file Form 990 instal of orm 990-EZ. \$ 143,088 Varut II, column (b) belowy at SSch0000 or more, file Form 990 instal of or respond to any question in this Part I				City or town, state or province, country, and ZIP or foreign postal code		F Grou	ıp Exe	emption
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11Benefits paid to or for members11012Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors1392,65614Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping1532916Other expenses (describe in Schedule O)1532917Total expenses. Add lines 10 through 1617126,09718Excess or (deficit) for the year (Subtract line 17 from line 9)1815,45419Net 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)1915,57020Other changes in net assets or fund balances (explain in Schedule O)20021Net assets or fund balances at end of year. Combine lines 18 through 202131,024		10					10	
Section12Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors1392,65614Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping1532916Other expenses (describe in Schedule O)151617Total expenses. Add lines 10 through 16171618Excess or (deficit) for the year (Subtract line 17 from line 9)1815,45419Net 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)1915,57020Other changes in net assets or fund balances (explain in Schedule O)2002121Net assets or fund balances at end of year. Combine lines 18 through 202131,024		11					11	0
Yee13Professional fees and other payments to independent contractors1392,65614Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping151416Other expenses (describe in Schedule O)151617Total expenses. Add lines 10 through 161633,11218Excess or (deficit) for the year (Subtract line 17 from line 9)181819Net 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)1915,57020Other changes in net assets or fund balances (explain in Schedule O)2002121Net assets or fund balances at end of year. Combine lines 18 through 202131,024	ŝ	12					12	0
16 Other expenses (describe in Schedule O) 10 <	nse	13	Profession	al fees and other payments to independent contractors			13	92,656
16 Other expenses (describe in Schedule O) 10 <	be	14					14	
16 Other expenses (describe in Schedule O) 16 33,112 17 Total expenses. Add lines 10 through 16 17 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 15,454 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 15,570 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 31,024	Щ	15					15	329
17Total expenses. Add lines 10 through 161617126,09718Excess or (deficit) for the year (Subtract line 17 from line 9)181815,45419Net 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)1915,57020Other changes in net assets or fund balances (explain in Schedule O)2020021Net assets or fund balances at end of year. Combine lines 18 through 202131,024		16	Other expe	nses (describe in Schedule O)			16	33,112
18Excess or (deficit) for the year (Subtract line 17 from line 9)171815,45419Net 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)191920Other changes in net assets or fund balances (explain in Schedule O)2020021Net assets or fund balances at end of year. Combine lines 18 through 202131,024		17	Total expe	nses. Add lines 10 through 16		. 🕨	17	
19Net 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)1915,57020Other changes in net assets or fund balances (explain in Schedule O)2020021Net assets or fund balances at end of year. Combine lines 18 through 202131,024	s	18					18	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	set	19						
21 Net assets or fund balances at end of year. Combine lines 18 through 20	As						19	15,570
21 Net assets or fund balances at end of year. Combine lines 18 through 20	et	20	Other chan	ges in net assets or fund balances (explain in Schedule O) .			20	
	z	21					21	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2014)

Form	990-EZ (2014)					Page 2
Ра	rt II Balance Sheets (see the instructions f	for Part II)				
	Check if the organization used Schedule	O to respond to an	ny question in this I	Part II....		🗸
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[1,311	22	2,916
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[14,259	24	28,108
25	Total assets			15,570		
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			15,570		
Par		<u> </u>	,			
	Check if the organization used Schedule	• •		·		Expenses
Wha		See Schedule O, Sta			(Re	equired for section
						1(c)(3) and 501(c)(4)
	ribe the organization's program service accompli-					ganizations; optional for hers.)
	neasured by expenses. In a clear and concise month of the		e services provided	, the number of		1613.)
<u> </u>						
28	We offer private and group Therapeutic Horseback R		ay through Friday, th	roughout the		
	year. We provided a minimum of 588 therapeutic ridi	ng lessons in 2014.				
	(Grants \$ 0) If this amount	includes foreign gra	ints, check here .	🕨 🗌	28	a 31,443
29	Counseling programs include traditional, animal-ass	sisted,equine-assisted	d counseling in group	o or individual		
	formats, as well as, play therapy. Clients include you	uth-at-risk, children, a	ind others who seek	counseling.		
	(Grants \$ 0) If this amount	includes foreign gra	ints, check here .	🕨 🗌	29	a 12,543
30	We offer free services to all honorably discharged ve	eterans and their dep	endents. Services inc	lude		
	counseling programs, therapeutic horseback riding					
	(Continued on Schedule O, Statement 2)					
	(Grants \$ 19,332) If this amount	includes foreign gra	ints check here	▶ □	30	a 25,049
31	Other program services (describe in Schedule O)					20,047
0.		includes foreign gra			31	a 8,066
32	Total program service expenses (add lines 28a t				32	
Par						
rai					ISU	
	Check if the organization used Schedule	U to respond to an	(c) Reportable	(d) Health benefits.	•	<u> []</u>
		(b) Average	compensation	(.)	ee (e	e) Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and		other compensation
			(if not paid, enter -0-)	deferred compensation	n	
Melo	de Seremet	40	0		0	0
Pres	ident					
Stan	ley Seremet	20	0		0	0
Vice	President					
Kath	i Perry	2	0		0	0
	etary					
Eliza	ibeth Dubuis	2	0		0	0
	rd member	-				
	y Hillyard	4	0		0	0
	d member		Ŭ		Ĭ	Ŭ
DUa	umember				-	
		-				
					-	
		-				
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]				
		1				

Form 99	90-EZ (2014)		Р	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this		ie V	
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	Yes	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		~
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		~
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		~
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		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 Did the organization file Form 1120-POL for this year?	37b		r
38a	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		~
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(2) organizations. Enter: 39b	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \triangleright			
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		~
c d	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			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ►			
42a	The organization's books are in care of ► Melode Seremet Telephone no. ► Located at ► 5431 Montgomery Road, Midlothian, TX 76065 ZIP + 4 ►	72-77 76		6
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	/00	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ►	42b		~
_	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	40-		
	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c		
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	•••	. Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	162	NO V
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		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		~
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
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 990-EZ (see instructions)	45b		~

Form 990-EZ (2014)

	90-EZ (2014)					F	Page 4			
						Yes	No			
46	Did the organization engage, directly or in									
	to candidates for public office? If "Yes," of		, Part I		· 46		~			
Part	VI Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.		stions 47–49b and	52, and complete the	e tables	for lin	es			
	Check if the organization used Sc	hedule O to respond	I to any question in tl	nis Part VI						
						Yes	No			
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par			n in effect during the			~			
48	Is the organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes," complete S	Schedule E	. 48		~			
49a	Did the organization make any transfers t	o an exempt non-cha	ritable related organiz	ation?	. 49a	1	~			
b	If "Yes," was the related organization a se	ection 527 organizatio	on?		. 49)				
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, t employees) who each received more than \$100,000 of compensation from the organization. If there is none, en									
		(b) Average	(c) Reportable	(d) Health benefits, contributions to employee	(a) Eatima	ted amo				
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other co					
None		hours per week		benefit plans, and deferred						
Vone		hours per week		benefit plans, and deferred						
None		hours per week		benefit plans, and deferred						

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		_	
		-	
		-	
		-	
		-	
d	Total number of other independent contractors each receiving	over \$100,000 ►	
52	Did the organization complete Schedule A? Note . All se completed Schedule A	ction 501(c)(3) organizations n	nust attach a · · · · .▶ ☑ Yes □ No

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

Sign Here	Signature of officer Melode Seremet, President			Date		
	Type or print name and title					
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if if self-employed	PTIN
Use Only	Firm's name 🕨			Firm's	s EIN ►	
	Firm's address ►			Phon	e no.	
May the IRS	discuss this return with the preparer	shown above? See instructions			🕨 [🗌 Yes 🗌 No

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.

► Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

2014

Department of the Treasury	Attach to Form 990 or Form 990-EZ.	Open to Publ
	► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	Inspection

Name of the organization	Employer identification number
PAWS FOR REFLECTION RANCH	20-1621284
Part I Reason for Public Charity Status (All organizations must complete this pa	art.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 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 organization that normally receives: (1) more than 331/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/₃% 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - **d Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f	Enter the number of supported of	organizations .					
g	Provide the following information	n about the supp	ported organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							0

	lle A (Form 990 or 990-EZ) 2014						Page 2
Part	II Support Schedule for Organiza (Complete only if you checked th Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	-
Sect	ion A. Public Support	yquality ana					
	dar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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.						
	ion B. Total Support	() 00 (0	(1) 0044	() 00 (0	()) 00 (0)	() 00 (((0
	Indar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	-				12	
13	First five years. If the Form 990 is for th	•			•		
0	organization, check this box and stop he						🕨 🗋
	on C. Computation of Public Suppor			11 oolump (f)		14	%
14 15	Public support percentage for 2014 (line 6 Public support percentage from 2013 Sch		-			14	<u>~~~</u> %
16a	33 ¹ / ₃ % support test—2014. If the organize box and stop here. The organization qual	zation did not	check the box	on line 13, an	d line 14 is 33 ¹	¹ /3% or more, c	heck this
b	33 ¹ / ₃ % support test -2013. If the organic check this box and stop here. The organic					e 15 is 33¹/₃%	or more, ► □
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization mee Part VI how the organization meets the "factor organization .	ets the "facts- acts-and-circu	and-circumstaumstances" te	ances" test, ch	eck this box a	nd stop here. I	Explain in
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizat Explain in Part VI how the organization m supported organization	tion meets the leets the "fact	e "facts-and-c s-and-circums	ircumstances"	test, check th	his box and st	op here.
18	Private foundation. If the organization di				a, or 17b, chec	k 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.)

	ON A PUDIIC SUDDORT						
	on A. Public Support dar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2010	(0) 2011	(0) 2012	(u) 2013	(e) 2014	(1) 101ai
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities	14,650	24,544	42,025	49,566	91,566	222,351
3	furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an	14,944	17,960	11,515	28,493	51,942	124,854
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5.	29,594	42,504	53,540	78,059	143,508	347,205
	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	5,678	10,500	18,719	30,800	63,334	129,031
с	Add lines 7a and 7b	5,678	10,500	18,719	30,800	63,334	129,031
8	Public support (Subtract line 7c from line 6.)	3,010	10,300	10,717	30,000	03,034	218,174
Secti	on B. Total Support						210,171
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	29,594	42,504	53,540	78,059	143,508	347,205
10a	Gross income from interest, dividends,	27,071	12,001	00,010	10,007	110,000	011/200
	payments received on securities loans, rents, royalties and income from similar sources .	0	0	0	0	0	0
b	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses						
	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses						
с	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets	0	0	0	0	0	0 0
с 11	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11,	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
с 11 12	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	0 0 0 29,594 ne organization	0 0 0 42,504 's first, second	0 0 0 53,540 1, third, fourth,	0 0 0 0 78,059 0r fifth tax ye	0 0 0 143,508 ear as a sectior	0 0 0 0 347,205 0 501(c)(3)
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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 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 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 Part VI.*
- 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 9(a)) 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 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* **Part VI.**
- **10a** 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.*
 - **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

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Schedu	le A (Form 990 or 990-EZ) 2014		F	Page 5
Part	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		
Secti	ion 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on 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		
Secti	on 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> " <i>Yes</i> ," <i>describe in</i> Part VI <i>the role the organization's supported organizations played in this regard.</i>	3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c
 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **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* **Part VI** *the role played by the organization in this regard.*

Yes No

2a

2b

3a

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
			/

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3	8) Supporting Organi	zations (continued)	Page
	on D - Distributions	b) Supporting Organi		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		Ourrent real
	Amounts paid to perform activity that directly furthers exe		ortod	
2	organizations, in excess of income from activity	sinpl pulposes of suppl	n leu	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2014 from Section C, line 6			
 10	Line 8 amount divided by Line 9 amount			
10			(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	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 required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
с	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 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Part VI

Part III, line 12. Also complete this part for any additional information. (See instructions.) _____ _____ _____ _____ _____ _____

00115		Suppleme	ntal Informatio	on Regardi	ing Fundra	nising or Gaming	Activities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)		the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.					2014	
Departn	nent of the Treasury			tach to Form				Open to Public
			out Schedule G (Fo	rm 990 or 990)-EZ) and its i	nstructions is at www		Inspection
	of the organization						Employer identif	
PAW	S FOR REFLECT		Complete if th	o organiza	tion anew	vered "Ves" to F	orm 990, Part IV,)-1621284 line 17
Par		0-EZ filers are n	•	•			onn 990, Fait IV,	
1						wing activities. Cl	neck all that apply.	
а	Mail solicita	0		e [on of non-governr		
b	Internet and	d email solicitatior	าร	f] Solicitati	on of government	grants	
с	Phone solid	citations		g 🗌] Special f	undraising events		
d	In-person s							
2a							cers, directors, tru	<u> </u>
ь				•		•	undraising services	
b		at least \$5,000 by			araisers) pl	irsuant to agreem	ents under which t	he fundraiser is to be
	(i) Name and addres or entity (fun		(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
				Yes	No			
1								
2								
3								
4								
-								
5								
6								
7								
8								
9								
10								
10								
Total		in which the organ	aization is regist	torod or lio			or has been noti	fied it is exempt from

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.

5

6

7

Other direct expenses

Volunteer labor .

Part II Fundraising Events. Complete if the organization answered "Yes" to 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.

		gross receipts greater tha	n \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Annual Round Up			(add col. (a) through col. (c))
Ø			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	11,765			11,765
Œ	2	Less: Contributions	2,900			2,900
	3	Gross income (line 1 minus line 2)	8,865			8,865
	4	Cash prizes	0			0
	5	Noncash prizes	0			0
səsu	6	Rent/facility costs	0			0
Direct Expenses	7	Food and beverages	979		0	979
Direo	8	Entertainment	800		0	800
	9	Other direct expenses .	178			178_
	10	Direct expense summary. Ad	ld lines 4 through 9 in c	olumn (d)		1,957
	11	Net income summary. Subtra	act line 10 from line 3, c	olumn (d)	🕨	6,908
Pa	rt III		e organization answei	red "Yes" to Form 99	0, Part IV, line 19, or r	eported more
		than \$15,000 on Form 99		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Reve	4					
	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				

	8 Net gaming income summary. Subtract line 7 from line 1, column (d)	
9	Enter the state(s) in which the organization conducts gaming activities:	
	Is the organization licensed to conduct gaming activities in each of these states?	🗌 Yes 🗌 No
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . If "Yes," explain:	🗌 Yes 🗌 No

%

Yes

No No

%

Yes

🗌 No

Yes

No No

Direct expense summary. Add lines 2 through 5 in column (d)

%

Schedu	lle G (Form 990 or 990-EZ) 2014 Page 3
11 12	Does the organization conduct gaming activities with nonmembers? Image: Constraint of the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Image: Constraint of the organization of the organiz
13 a b 14	Indicate the percentage of gaming activity conducted in: The organization's facility 13a An outside facility 13a Max 13b Max 13b Enter the name and address of the person who prepares the organization's gaming/special events books and
	records: Name ►Address ►
15a	
	revenue?
	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation \$
	Description of services provided
	Director/officer Employee Independent contractor
17 а	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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.	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/forms 	Open to Public ^{990.} Inspection
Name of the organization	Employer ider	ntification number
PAWS FOR REFLECTI	ION RANCH	20-1621284
Form 990-EZ, Part I, Li	ine 16 - Expenses include: Equine feed and care; Other animal feed and care; Office supplies;	Program supplies;
	plies; Credit card processing fees; Web site hosting and software; Liability Insurance.	
Form 990-EZ, Part II, L	ine 24 - Other Assets include: Accounts Receivable, Tack, Furniture & Equipment, Corrals, E	quipment.

Primary Exempt Purpose

Primary Exempt Purpose

To provide the community with animal and equine assisted activities and therapies, including Therapeutic Horseback Riding, Therapeutic Horsemanship, Counseling Services, Special Needs Programming, and Veteran Programming.

Third Program Service Accomplishments Description

Description

funded by a grant from the Texas Veterans Commission Fund for Veteran Assistance from July 2014-December 2014. They also paid 30% of certain allocated expenses. We provided services to more than 50 veterans and dependents in 2014.

Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
We host youth field trips for special needs classes from the surrounding nine school districts, private schools, and organizations. We provided 18 field trips in 2014, serving more than 185 children and 105 adults.	0		2,822
We offer after school children's programming with a focus on interactive learning about Ranch animals and other animals. We provided sixteen sessions serving more than fifty children.	0		1,637
We hold three annual community events for families with special needs children: Easter at the Ranch, Ranch Riders Horse Show, and Santa at the Ranch. Events are free and include entertainment, games, crafts, and refreshments.	0		3,607
Total:			8,066