Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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 and its instructions is at www.irs.gov/form990. For the 2014 calendar year, or tax year beginning 01/01 2014, and ending . 20 14 C Name of organization PEACE RIVER REFUGE & RANCH INC D Employer identification number В Check if applicable: Address change Doing business as Forest Animal Rescue 65-0864695 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 640 NE 170th Ct 352-625-7377 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Silver Springs, FL, 34488 G Gross receipts \$ 537,990 Amended return Application pending F Name and address of principal officer: Lisa Stoner H(a) Is this a group return for subordinates? Yes No 640 NE 170th Ct, Silver Springs, FL 34488 **H(b)** Are all subordinates included? Yes No If "No," attach a list. (see instructions) 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or Tax-exempt status: Website: ▶ http://ForestAnimalRescue.org **H(c)** Group exemption number ▶ Form of organization: Corporation Trust Association L Year of formation: M State of legal domicile: FΙ Part I 1 Briefly describe the organization's mission or most significant activities: A nonprofit wild animal sanctuary, dedicated to the rescue of abused, neglected, confiscated or surrendered wild animals. We are also focused on educating the public about the Activities & Governance issues that face wild animals in captivity and educating college students on proper and compassionate methods of husbandry. 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 1 6 6 Total number of volunteers (estimate if necessary) 186 Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,842 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h). 530,036 535,484 Revenue 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -165,484 12 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 9 2,331 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 364,561 537.827 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 25,102 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0 Total fundraising expenses (Part IX, column (D), line 25) ► 5,021 b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 583,403 527,061 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 583,403 552,163 19 Revenue less expenses. Subtract line 18 from line 12 -218,842 -14,336 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 407,336 399,965 21 Total liabilities (Part X, line 26) . 944.061 951,026 22 Net assets or fund balances. Subtract line 21 from line 20 -536,725 -551,061 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Lisa Stoner, Vice President/Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check if self-employed **Preparer** Firm's EIN ▶ Firm's name **Use Only** May the IRS discuss this return with the preparer shown above? (see instructions) . Yes No

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	A nonprofit wild animal sanctuary, dedicated to meeting the lifetime needs of abused, neglected, confiscated or surrendered wild
	animals. We are also focused on educating the public about the issues that face wild animals in captivity and educating college
	students on proper and humane methods of husbandry.
2	Did the every instance and eleminate program conjugated during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
40	(Code) \(\(\sum_{\text{Payenge}} \\ \(\text{Payenge} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
4a	(Code:) (Expenses \$ 291,341 including grants of \$ 0) (Revenue \$ 228,495)
	Animal-Related Programs, General/Other: Provide lifetime care for wild animals and educate the public about the issues facing wild animal in captivity. Also includes public education to help reduce human-wildlife conflicts (183 animals)
4b	(Code:) (Expenses \$ 247,004 including grants of \$ 0) (Revenue \$ 222,996)
	Postsecondary Education, General/Other: We provided full-time training of 186 students from 6 different countries in proper and
	humane husbandry methods. In our program, they also learn to understand the issues facing wild animals in captivity and how to
	educate others to help reduce these problems (9,687 hours)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Codd) (Expenses ψ
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
	(Expenses 4 0 including grants of 4 0) (not on as 4

Part	V Checklist of Required Schedules			. 490
	-		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	'	-
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	2	V	
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	3		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		~
Ü	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		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		,
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		,
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		~
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		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	,	
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		,
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		,
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		,
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		~
Т	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		_
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		,
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		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		,
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		,
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
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		,
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		,
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			
24a	employees? If "Yes," complete Schedule J	23		•
	through 24d and complete Schedule K. If "No," go to line 25a	24a		~
	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 to defease any tax-exempt bonds?	24b 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		,
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		,
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	,	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part III	27		,
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		,
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
29 30	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 conservation contributions? <i>If "Yes," complete Schedule M</i>	29	<i>'</i>	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30		<i>'</i>
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		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		,
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		,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			ر.
00	Part VI	37		~
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	~	

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Part '	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms 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	~	
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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
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		~
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).	-		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		'
b c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ou		
_	gifts were not tax deductible?	6b		
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		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g h	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		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	V	
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
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			

Gross income from other sources (Do not net amounts due or paid to other sources

If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Is the organization licensed to issue qualified health plans in more than one state?

the organization is licensed to issue qualified health plans

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

12a

13

12a

13a

14a

14b

11b

13b

13c

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a ~ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 1 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," V 12c 13 Did the organization have a written whistleblower policy? 13 1 14 Did the organization have a written document retention and destruction policy? 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 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 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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: > Peace River Refuge Ranch, (352)625-7377

Part VI

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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.

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 no	r any relate	d org	aniz			ompe	nsa	ted any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos neck ss pe d a d	rson	e than o	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Kurt Stoner	45									
President	0	~		~				0	0	0
Lisa Stoner	45									
Treasurer	0	~		~				0	0	0
Lila Hepner	10									
Secretary	0	~		~				0	0	0

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	s, ar	nd F	lighe	st C	ompensated E	mployees (con	tinued)
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck s pe	rson	e than o	n an	(D) Reportable compensation	(E) Reportable compensation fro	(F) Estimated m amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	and Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC	other compensation
1b c d	Sub-total							> > >	0		0 0
2	Total number of individuals (including but reportable compensation from the organi	not limited	l to th				above	e) w		ore than \$100,	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s										
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	150,	000	? /:		s, "	complete Sch		
5	Did any person listed on line 1a receive of for services rendered to the organization										dual
Section	on B. Independent Contractors										1 - 1
1	Complete this table for your five highest compensation from the organization. Repyear.										
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensation
None											
2	Total number of independent contractor received more than \$100,000 of compens	•	_					o th	ose listed abo	ove) who	

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Part	VIII	Statement of Reve	enue					
		Check if Schedule C	contains a res	ponse or note to	any line in this			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	s 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		0				
ts, An	С	Fundraising events .		0				
ij gi	d	Related organizations		0				
ns, Sim	e	Government grants (con		0				
utio	f	All other contributions, g and similar amounts not inc		505 404				
를		Noncash contributions include		535,484				
ind Ind	g h	Total. Add lines 1a–1		331,374	E2E 404			
	- 11	Total. Add lines 1a-1	<u> </u>	Business Code	535,484			
eun	2a			240000 0040				
Program Service Revenue	b							
	C							
ē	d							
Ε	e							
gra	f	All other program ser						
P	g	Total. Add lines 2a-2		•	0			
	3	Investment income						
		and other similar amo	ounts)	▶	1	1	0	C
	4	Income from investment	t of tax-exempt b	ond proceeds ►	11	0	11	C
	5	Royalties	<u> </u>		0	0	0	C
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)	0	0				
	_d	Net rental income or	` 					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses .						
	С	Gain or (loss)	0	0				
	d	Net gain or (loss) .		▶				
4								
Other Revenue	8a	Gross income from fu events (not including \$	0					
er Re		of contributions reported See Part IV, line 18 .		160				
Ĕ	b	Less: direct expenses						
U		Net income or (loss) f		events . ►	-3		0	-3
		Gross income from gas See Part IV, line 19	aming activities.					
		Less: direct expenses Net income or (loss) f						
		Gross sales of in returns and allowance	ventory, less					
	h	Less: cost of goods s						
		Net income or (loss) f						
	-	Miscellaneous R		Business Code				
	11a							
	b							
	c							
	d	All other revenue .			2,334	503	1,831	(

2,334

537,827

12

Total. Add lines 11a-11d.

Total revenue. See instructions.

504

1,842

0

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		🔲
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	24,000	24,000	0	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	1,102	1,102	0	0
11	Fees for services (non-employees):				
а	Management	0	0	0	0
b	Legal	545	545	0	0
С	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17		_	_	
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	0
g	(A) amount, list line 11g expenses on Schedule O.)				
10	- 1	808	808	0	0 (00
12 13	Advertising and promotion	119,084	116,476	0 F 401	2,608
14	Office expenses	15,598 1,325	7,694 589	5,691 736	2,213 0
15	Royalties	1,323	0	0	0
16	Occupancy	15,587	15,532	55	0
17	Travel	380	319	61	0
18	Payments of travel or entertainment expenses	300	317	01	
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	250	250	0	0
20	Interest	31,848	31,478	370	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	5,540	3,726	1,814	0
23	Insurance	18,735	18,735	0	0
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Animal care and habitats	274,642	274,642	0	0
b	Facility expenses	42,449	42,449	0	0
C	Registration fees	270	0	70	200
d	All all				
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	552,163	538,345	8,797	5,021
26	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	11,019	1	9,828
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	-400	4	1,100
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
S	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	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	764	9	804
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 496,426			
	b	Less: accumulated depreciation 10b 108,193	395,953	10c	388,233
	11	Investments—publicly traded securities	0	11	
	12	Investments – other securities. See Part IV, line 11	0	12	
	13	Investments – program-related. See Part IV, line 11	0	13	
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	407,336		399,965
	17	Accounts payable and accrued expenses	20,105		13,487
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
iab		disqualified persons. Complete Part II of Schedule L	710,154		729,286
_	23	Secured mortgages and notes payable to unrelated third parties	213,802		208,253
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	
	26	Total liabilities. Add lines 17 through 25	944,061		951,026
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and	944,061	20	951,026
es		complete lines 27 through 29, and lines 33 and 34.			
uc	27	Unrestricted net assets	-536,725	27	-551,061
Sale	28	Temporarily restricted net assets	0	28	0
d E	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
let	33	Total net assets or fund balances	-536,725	33	-551,061
_	34	Total liabilities and net assets/fund balances	407,336	34	399,965

Form 990 (2014) Page **12**

Part	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		53	7,827
2	Total expenses (must equal Part IX, column (A), line 25)	2		55	2,163
3	Revenue less expenses. Subtract line 2 from line 1	3		-1	4,336
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-53	6,725
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
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		-55	1,061
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\sqcup
				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," ex Schedule O.	plain	in		
_					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				~
	If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:	ollea	or		
	·				
	Separate basis Consolidated basis Both consolidated and separate basis		Oh		_
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit		. 2b		
	separate basis, consolidated basis, or both:	a on	a		
	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 o	versia	ht		
C	of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O.	piairi			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		
ou	the Single Audit Act and OMB Circular A-133?		 . 3a		_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	rgo th		1	-
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
				<u> aan</u>	(004.4)

Form **990** (2014)

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.

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► 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 Pu<u>blic</u>

Inspection

Name of the organization **Employer identification number** PEACE RIVER REFUGE & RANCH INC 65-0864695 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) 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.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. 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. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . 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 1-9 listed in your governing support (see other support (see document? above or IRC section instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 498,162 451,508 949,670 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 3. . . . 4 0 0 0 498,162 451,508 949,670 5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0 **Public support.** Subtract line 5 from line 4. 949,670 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total 7 Amounts from line 4 0 0 0 498,162 451,508 949,670 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 0 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.) 2,331 2,331 **Total support.** Add lines 7 through 10 11 952,001 Gross receipts from related activities, etc. (see instructions) 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) 14 99.76 % Public support percentage from 2013 Schedule A, Part II, line 14 15 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. 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 10%-facts-and-circumstances test - 2013. 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

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.)

Secti	on A. Public Support			•	·	,	
Calen	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.")	585,637	460,228	427,582	549,911	535,484	2,558,842
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	195	0	0	0	0	195
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	11	11
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	585,832	460,228	427,582	549,911	535,495	2,559,048
<i>1</i> a	received from disqualified persons .	1,540	300	1 420	1 575	482	E 217
h	Amounts included on lines 2 and 3	1,540	300	1,420	1,575	402	5,317
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
С	Add lines 7a and 7b	1,540	300	1,420	1,575	482	5,317
8	Public support (Subtract line 7c from	·		·	·		·
	line 6.)						2,553,731
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	585,832	460,228	427,582	549,911	535,495	2,559,048
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	26	0	0	0	1	27
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
•	Add lines 10a and 10b	0	0	0	0	0	0
С 11	Net income from unrelated business	26	U	U	U	1	27
•••	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	7,580	3,199	2,062	9	1,831	14,681
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	593,438	463,427	429,644	549,920	537,327	2,573,756
14	First five years. If the Form 990 is for the	•			•		. , . ,
	organization, check this box and stop he						▶ 🗌
	on C. Computation of Public Suppor			- (0)		T .= T	
15	Public support percentage for 2014 (line 8		•			15	99.22 %
16 Cooti	Public support percentage from 2013 Sch					16	98.66 %
	on D. Computation of Investment In			ulino 12 polici	nn (fl)	17	2 0/
17 18	Investment income percentage for 2014 (Investment income percentage from 2013			-		18	0.02 %
19a	33 ¹ / ₃ % support tests—2014. If the organ						
134	17 is not more than 33 ¹ / ₃ %, check this box						
b	331/3% support tests—2013. If the organiz	_	_	-		-	_
D	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di						

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

			Yes	No
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.	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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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.	3b		
С	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.	3c		
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		
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.	4b		
С	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)			
5а	purposes. 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).	4c		
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?	5b		
6	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 (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? <i>If</i> "Yes," <i>provide detail in Part VI.</i>	5c		
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 I 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 Part VI.	9a		
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.	9b		
С	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.	9c		
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.	100		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
	determine whether the organization had excess business holdings.)	10b	l	1

Part	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		
	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	on 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? 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		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on 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 i	nstru	ction	 s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
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 Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
а	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
2	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		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
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>	За		
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.	3b		

Page **6**

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
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-functional	ly-in	tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions	,	,	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	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 which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection 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 required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
е	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>i</u> _	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	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
	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				
С				
d	Excess from 2013			
е	Excess from 2014			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
Schedule A	A, Part II, Line 10 - Casualty insurance proceeds, reimbursement for tree work, cashback bonus
Schedule A	A, Part III, Line 12 - Casualty insurance proceeds

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

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

Name o	the organization		Employer identification number
PEAC	RIVER REFUGE & RANCH INC		65-0864695
Par	Organizations Maintaining Donor Adv	vised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered	"Yes" to 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 funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?	efit of the donor or donor advisor, or f	nt funds can be used or any other purpose
Part			
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	= : : : : : : : : : : : : : : : : : : :	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 h	eld a qualified conservation contribution	on in the form of a conservation
	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	Total acreage restricted by conservation easemen	ts	2b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not	on a
3	Number of conservation easements modified, tran	sferred, released, extinguished, or terr	minated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, in		
U	Starr and volunteer flours devoted to morntoning, in	rispecting, and emorcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation ease	ements during the year
•	►\$	othing, and emoroting conservation case	sments during the year
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easeme	ents.	
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF	FAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar	r assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the	footnote to its financial statements tha	t describes these items.
b	If the organization elected, as permitted under S works of art, historical treasures, or other simila public service, provide the following amounts related	r assets held for public exhibition, ed	
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(i) Revenue included in Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art following amounts required to be reported under S	t, historical treasures, or other similar	assets for financial gain, provide the
а	Revenue included in Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		• \$

Schedu	le D (Form 990) 2014				Page 2
Par	Organizations Maintaining Co	ollections of Art, His	torical Treasures	s, or Other Similar <i>A</i>	Assets (continued)
3	Using the organization's acquisition, according to collection items (check all that apply):	ession, and other reco	rds, check any of th	ne following that are a	significant use of its
а	☐ Public exhibition	d	☐ Loan or exchange	ge programs	
b	Scholarly research				
c	☐ Preservation for future generations	v			
4	Provide a description of the organization	's collections and eval	ain how they further	the organization's ev	amnt nurnaea in Par
7	XIII.	s collections and expi	ani now they further	the organization's ext	empt purpose in r ar
5	During the year, did the organization sol assets to be sold to raise funds rather tha				
Part	IV Escrow and Custodial Arrang	ements.			
	Complete if the organization an 990, Part X, line 21.			·	
1a	Is the organization an agent, trustee, cu				
	included on Form 990, Part X?				
b	If "Yes," explain the arrangement in Part	XIII and complete the fo	ollowing table:		
	ii res, explain the arrangement iii r arr.	Am and complete the K	mowing table.		Amount
	De alemin a le aleman				7 tillouit
C	Beginning balance			1c	
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount o	n Form 990, Part X, line	e 21, for escrow or c	sustodial account liabili	ity? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part				•
	t V Endowment Funds.	Tim Oncol noto in the o	Apianation nao boon	provided in real viiii	<u> </u>
ı aı	Complete if the organization an	owered "Vee" to For	m 000 Part IV line	10	
	· · · · · · · · · · · · · · · · · · ·		for year (c) Two year		nale (a) Faurryaara baale
_	<u> </u>	a) Current year (b) Pr	lor year (C) Two yea	ars back (d) Three years ba	ack (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and				
	losses				
d	Grants or scholarships				
e	Other expenditures for facilities and				
·	programs				
	· -				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the	current year end baland	ce (line 1g, column (a	a)) held as:	
а	Board designated or quasi-endowment	> %			
b	Permanent endowment ▶	%			
C	Temporarily restricted endowment ▶	%			
·	The percentages in lines 2a, 2b, and 2c s				
20	Are there endowment funds not in the per		zation that are hold	and administered for	tho.
3a		ossession of the organ	zation that are neid	and administered for	
	organization by:				Yes No
	(i) unrelated organizations				. 3a(i)
	(ii) related organizations				. 3a(ii)
b	If "Yes" to 3a(ii), are the related organizat				. 3b
4	Describe in Part XIII the intended uses of	the organization's end			
Part	, , , , , , , , , , , , , , , , , , , ,				
	Complete if the organization an	swered "Yes" to For	m 990, Part IV, line	e 11a. See Form 990), Part X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	
12	Land	366,087	0		366,087
b	D " "	21,329			
	Buildings	21,329		· · · · · · · · · · · · · · · · · · ·	15,166 0
C	LEGSERORU HUDIOVERHEIUS	1	i n	i ni	n

109,010

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

0

6,980

388,233

0

102,030

. ▶

0

Part VII	Investments - Other Securities.					
	Complete if the organization answ	vered "Yes" to For	m 990	D, Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		hod of valuation: -of-year market value
(1) Financial	derivatives					
(2) Closely-h	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII	Investments—Program Related		004			000 5 13/11 40
	Complete if the organization answ	vered "Yes" to For				
	(a) Description of investment		(b) Book value		thod of valuation: -of-year market value
					OUST OF EIG	-or-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	o) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.					
- GIVI	Complete if the organization answ	vered "Yes" to For	m 990). Part IV. line	11d. See Form	990. Part X. line 15.
	· · · · · · · · · · · · · · · · · · ·) Description		.,		(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)			<i>.</i> ▶	
Part X	Other Liabilities.					
	Complete if the organization answ	vered "Yes" to For	m 990), Part IV, line	11e or 11f. See	Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book value				
(1) Federal in	come taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	America Constant Cons					
	n) must equal Form 990, Part X, col. (B) line 25.)	do do do de de 18 - 18 - 1	-1- 1-	Alan annuni enter 1	financial -t-t-	under Albert wern even der
2. Liability for	uncertain tax positions. In Part XIII, provide	ue the text of the footh	ote to	trie organization's	i inancial stateme	ents 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) 2014 Page **4**

Part		Reconciliation of Revenue per Audited Financial Stateme			Retur	n.
		Complete if the organization answered "Yes" to Form 990, P				
1		evenue, gains, and other support per audited financial statements			1	
2		nts included on line 1 but not on Form 990, Part VIII, line 12:		1		
а		realized gains (losses) on investments	2a			
b	Donate	ed services and use of facilities	2b			
С	Recov	eries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes 2a through 2d			2e	
3	Subtra	ct line 2e from line 1			3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а		ment expenses not included on Form 990, Part VIII, line 7b				
b	Other	(Describe in Part XIII.)				
С		nes 4a and 4b			4c	
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part		Reconciliation of Expenses per Audited Financial Statem			er Ret	urn.
		Complete if the organization answered "Yes" to Form 990, P				
1		expenses and losses per audited financial statements			1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:		ı		
а		ed services and use of facilities	2a			
b	-	ear adjustments	2b			
С		losses	2c			
d		(Describe in Part XIII.)				
е		nes 2a through 2d			2e	
3		ct line 2e from line 1			3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
a		ment expenses not included on Form 990, Part VIII, line 7b			_	
b		(Describe in Part XIII.)				
с 5		nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			4c	
		Supplemental Information.	5 10.)	 	5	
		escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4 1 · D	art IV lines 1h and 2h	· Dort	V line 4: Part V line
		escriptions required for Part II, lines 3, 3, and 9, Part III, lines 1a and s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part is				
۲, ۱ ai	. 70, 11110	3 24 and 45, and 1 art An, intes 24 and 45. Also complete this part	to pic	wac arry additional in	iioiiiiai	ion.

SCHEDULE L (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name	of the organization		•					Employ	er ider	ntificati	ion nu	mber		
PEAC	CE RIVER REFUGE & R	RANCH INC								65-0	08646	95		
Par								1(c)(29) organiza a or 25b, or For				V, line	40b.	
1	(a) Name of diagnalified	norson	(b) Relationship between disqualified person and					(a) Description	of tran	onnotio			(d) Corr	rected?
1 (a) Name of disqualified person			(organiz	ation			(c) Description	i oi trai	isaction	.1		Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
2	Enter the amount	of tax incurred	by the organ	nizatio	n manag	gers or dis	qualifi	ed persons dur	ring t	he ye	ar			<u> </u>
	under section 4958					=	-		_	!	▶ 9	\$		
3	Enter the amount of	f tax. if anv. on	line 2. above.	reimb	oursed by	the organi	izatior	1		1	▶ {	\$ \$		
			=, 0.0010,		,	, and organi						*		
Par	Loans to and	/or From Inter	ested Persons	S.										
ı aı					Form 99	0-EZ, Part	V, line	38a or Form 99	0, Pa	rt IV,	line 2	26; or i	f the	
			ount on Form 9						,	,		·		
		1												
(a) N	lame of interested person	(b) Relationship with organization	(c) Purpose of loan		(d) Loan to or (e) Original (f) Balai from the principal amount		(f) Balance due	ue (g) In default? (h) Appro						
		, mar organization		ı	nization?	pinioipai an					committee?		0	
				То	From	1			Yes	No	Yes	No	Yes	No
(1)	Lisa Stoner	officer	land purchase	~		31	3,675	338,377		V	~		~	
	Lisa Stoner	officer	deferred intere			1	0,832	210,832		1	1		~	
	Lila Hepner	officer	cash flow	~		1	0,400	9,640		1	1		~	
	Lisa Stoner	officer	cash flow	~			5,013	170,437		1	1		~	
(5)	LISA STOTICI	Officer	Casimow			- ''	3,013	170,437		<u> </u>	<u> </u>			
(6)														
(7)														
(8)														
(9)														
(10)														
Total							_	\$ 729.286						
Part			fiting Intereste				.▶	\$ 729,286						
Fart			answered "Yes			0 Part IV I	ine 27	,						
	<u>-</u>													
(a)	Name of interested persor		ship between intere and the organizatio		(c) Amount	t of assistance	(d) Type of assistance	е	(e)) Purpo	ose of a	ssistan	ce
/4\		pordon	and the organizatio							_				
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(4 O)							I			1				

	_ (Form 990 or 990-EZ) 2014				F	Page 2
Part IV	Business Transactions Invol Complete if the organization a	lving Interested Persons. answered "Yes" on Form 990	, Part IV, line 28a, 2	8b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
<u>(7)</u>						
(8)						
(9)						
(10) Part V	Supplemental Information					
Part v	Provide additional information	n for responses to questions o	on Schedule L (see	instructions).		
		4				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

PEACE RIVER REFUGE & RANCH INC

Employer identification number 65-0864695

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate - Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	~	468	110,940	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (Google AdWords)	~	12	116,411	FMV			
26	Other ► ()							
27	Other ► ()							
28	Other ► (<u> </u>						
29	Number of Forms 8283 received	by the org	ganization during the tax y	ear for contributions for				
	which the organization completed	FORM 8283	s, Part IV, Donee Acknowled	agement	29		V	0
							Yes	No
30a	During the year, did the organizat							
	28, that it must hold for at least the							
1.	to be used for exempt purposes t		e notaling penda!			30a		
	If "Yes," describe the arrangemen		tongo policy that was the	on the review of and an	n otonda			
31	Does the organization have a contributions?				n-standard	0.4		
220						31	~	
32a	Does the organization hire or use contributions?		les or related organization			20-		.,
l_						32a		
33	If "Yes," describe in Part II. If the organization did not report as	n amount in	column (c) for a type of pro	operty for which column (a)	is checked			
	describe in Part II.		22.3 (5) .51 a typo of pro		,			

Schedule M (Form 990) (2014) Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE 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

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/form990.

Open to Public Inspection

Employer identification number Name of the organization PEACE RIVER REFUGE & RANCH INC 65-0864695 Form 990, Part VI, Section A, Line 2 - Kurt Stoner and Lisa Stoner are married Lila Hepner is the mother of Lisa Stoner Form 990, Part VI, Section B, Line 11b - All officers review the form together before filing Form 990, Part VI, Section B, Line 12c - Any potential conflict of interest is to be disclosed immediately to the board of directors for review. Form 990, Part VI, Section C, Line 19 - All publicly available information is provided upon request as well as published on Guidestar.org