_	000	ļ	Return of Organization Exempt	From	Income a	x	OMB No. 1545-0047
Forn	990	Under s	aection 501(c), 527, or 4947(a)(1) of the Internal Rev benefit trust or private founda	enue Coo			2007
Depar	Iment of the Treasury						Open to Public
	Il Revenue Service	► The	organization may have to use a copy of this return	to satisfy	state reporting	requirements.	Inspection
1	For the 2007 cale	ndar year, or t	ax year beginning	, 200	7, and ending	····	, 20
6	Check if applicable;	Piese	C Name of organization			D Employer Identificat	on number
	Address change	use IRS label or	CABOODLE RANCH INC			20-54251	61
	Name change	print or type.	Number and street (or P.O. bx if mails not delivered to street	t address)	Room/suite	E Telephone number	
2	Initial return	See Specific	P.O. BOX 299			(904) 377	-1715
	, Termination	instruc-	City or town, state or country, and ZIP + 4			F Accounting method:	X Cash Acous
	Amended return	tions.	PONTE VEDRA BEACH FL 3	2004		Other (specify)	<u> </u>
	Application pending		501(c)(3) organizations and 4947(a)(1) renexempl charitable	H and	i i are not applicabl	e to secton 527 organiza	
			wet allach a completed Schedule A (Form 990 or 990-EZ).	H(a)	is this a group retu	m for effiliates?	Yes X No
				H(b)	lf "Yes," erler nur	nber of affilietes	• <u> </u>
g we				H(c)	Are al affiliates inc		Yes No
	anization type (check only		and the second	27     H(d)		st. See instructions.) return filed by an	
			ot a 509(a)(3) supporting organization and its gross		organization cover	return filed by an red by a group ruling?	Yes X No
			A return is not required, but if the organization chooses	- <u> </u>	Group Exemption		· · · · · · · · · · · · · · · · · · ·
	e a return, be sure to file a c		<b>b</b>			the organization is	
	ss recepts; Add ines 6b, 8t					B (Form 990, 990-	EZ, or 990-PF).
<u>Par</u>			and Changes in Net Asets or Fund Ba	lances	(See the ins	tructions.)	
	-	· • ·	d similar amounts received;				
	a Contributions to						
	b Direct public sup a ladianat autilia au		,		· · · · · · · · · · · · · · · · · · ·	60,010	
			uded on line 1a)				
			nts) (not included on line 1a)	• • • • •			
	e Total (add lines		· · · · · · · · · · · · · · · ·		_ ′	••••• <u>1e</u>	60,010
			ding government fees and contracts (from Part VII,	•			
	3 Membership due						
	4 Interest on savin		••••••	<u> </u>			
1	5 Dividends and in for Corporate state						
			• • • • • • • • • • • • • • • • • • • •		• 6a		
			• • • • • • • • • • • • • • • • • • •		• 6b		
R   e	<ul> <li>C Net rental income</li> <li>7 Other investment</li> </ul>		otract line 6b from line 6a · · · · · · · · · · · · · · · · · ·			••••• <u>6</u> c	
e			······································			) 7	
	8a Gross amount fro		·····	curities	<u>`</u>	B) Other	
e			ales expenses	· · ·	8a		
					8b		
			e 8c, columns (A) and (B)		8c		
	•		tach schedule). If any amount is from gaming, chec			••••••••••••••••••••••••••••••••••••••	
	a Gross revenue (n			k nere			
			of b)		- 9a		
			n fundraising expenses				
			al events. Subtract line 9b from line 9a · · · · ·			90	
1			eturns and allowances				
							ļ
			of inventory (attach schedule). Subtract line 10b fr ne 103)				
1							
1	2 Total revenue. Ad	id lines 1e, 2, 3	3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	• • • •	· · · · · · · · · · · · · · · · · · ·	···· 12	60,010
1			column (B)) • • • • • • • • • • • • • • • • • •				37,480
1			line 44, column (C)) • • • • • • • • • • • • • • • • • •				0
1			וח (D)) • • • • • • • • • • • • • • • • • •				0
10			hedule) • • • • • • • • • • • • • • • • • • •				
		dd lines 16 an				· · · · · · [ 17	
11			d 44, column (A)				
11	Excess or (deficit)	for the year. S	Subtract line 17 from line 12 • • • • • • • • •	• • • • •		• • • • • • 18	37,480 22,530
11	Excess or (deficit) Net assets or fund	for the year. S I balances at b	Subtract line 17 from line 12 • • • • • • • • • • • • • • • • • •	••••		· · · · · · 18 · · · · · 19	22,530
11	Excess or (deficit) Net assets or fund Other changes in	for the year. S balances at b net assets or f	Subtract line 17 from line 12 • • • • • • • • •	••••	· · · · · · · · · ·	· · · · · 18 · · · · · 19 · · · · · 20	

Aug 05 11 09:17a PJ Franzoni 904 220-4783 9043796843

p.2

Form 990 (2007)	CABOODLE	RANCH	INC
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	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule)	· · · · · · ·		36141065	and general	
	(cash \$ noncash \$					
	If this amount includes foreign grants, check here	22a				a de la composición d
2 b	Other grants and allocations (attach schedule)	·			-	
	(cash \$ noncash \$				a a second a	
	If this amount includes foreign grants, check here	226				
3	Specific assistance to individuals (attach					
	schedule)	23				
4	Benefits paid to or for members (attach					
	schedule) · · · · · · · · · · · · · · · · · · ·	24				tetta per terretaria. La terretaria de la terretari
5 a	Compensation of current officers, directors,					
	key employees, etc. listed in Part V-A	25a				
b	Compensation of former officers, directors,		·			
	key employees, etc. listed in Part V-B · · · · · · · · · · · ·	25b				
	Compensation and other distributions, not			<b></b>		
	included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons					
	described in section 4958(c)(3)(B)	25c	i			
	Salaries and wages of employees not included					
	on lines 25a, b, and c	26				
	Pension plan contributions not included on					
	línes 25a, b, and c	27				
	Employee benefits not included on lines					
	25a - 27 • • • • • • • • • • • • • • • • • •	28				
	Payroll taxes	29				
	Professional fundraising fees	30				
	Accounting fees	31				
	egal fees	32				
	Supplies ••••••••	33				
	elephone • • • • • • • • • • • • • • • • • • •	34			[-	
	Postage and shipping	35				
	Occupancy ••••••••••••••••••••••••••••••••••••	36	6,654	6,654		
	quipment rental and maintenance	37				<u> </u>
P	Printing and publications	38				
	ravel	39			·	
0	onferences, conventions, and meetings	40				
	iterest • • • • • • • • • • • • • • • • • • •	41		·		
	epreciation, depletion, etc. (attach schedule) · · · · ·	42		——————————————————————————————————————		
	ther expenses not covered above (itemize):					
_	VET FEES	43a	2,633	2,633		
-	UTILITIES	43b	3,611	3,611		
-	FUEL REIMBURSEMENT	43c	4,800	4,800	<u> </u>	
_	FOOD FOR ANIMALS	43d	16,399	16,399		
_	REPAIRS	43e	3,383	3,383		
		43f				
-		43g	<b>-</b>  -			······
	tal functional expenses. Add lines 22a					
	ough 43g. (Organizations completing					
	lumns (B)-(D), carry these totals to lines	1	j	l	Í	
13	-15) • • • • • • • • • • • • • • • • • • •	44	37,480	37,480	٢	-
Co	sts. Check     if you are following SOP 98-2.					

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PJ Franzoni 904 220-4783 9043796843

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orm 990 (2007) CABOODLE RANCH INC		20-5	425161	Page
Part III Statement of Program Service	Accomplishments (See the instructions.)			
orm 990 is available for public inspection and, for some	e people, serves as the primary or sole source of information about	ta		
articular organization. How the public perceives an org	anization in such cases may be determined by the information pre-	sented		
	complete and accurate and fully describes, in Part III, the organization	ion's		
rograms and accomplishments.				
/hat is the organization's primary exempt purpose?	TO SHELTER ABANDONED CATS		Program	Service
Il organizations must describe their exempt purpose ac	chievements in a clear and concise manner. State the number		Exper	16es
clients served, publications issued, etc. Discuss achie	evements that are not measurable. (Section 501(c)(3) and (4)		(Required for 5 (4) orgs., and	01(c)(3) and 4947(a)(1)
ganizations and 4947(a)(1) nonexempt charitable trust	ts must also enter the amount of grants and allocations to others.)		trusts; but op	lional for
See SERVICES			other	<u>s.)</u>
		<u>_</u>		
······································				
(Grants and ellocations \$				_
	) If this amount includes foreign grants, check here		<u> </u>	37,480
		·		
		-		
(Grants and allocations \$	) If this amount includes foreign grants, check here	<b>▶</b> []		
terretaria en en esta de la constata				
(Grants and allocations \$				
	) If this amount includes foreign grants, check here			···
·				
		]		
		[		
		[		
(Grants and allocations \$	) If this amount includes foreign grants, check here			
Other program services (attach schedule)		<u></u>		
(Grants and allocations \$	) If this amount includes foreign grants, check here			
Total of Program Service Expenses (should equal line	44 column (B) Program services)			37,480
- order of a rogination of a roben 363 (Shothan et mar inte				

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Form 990 (2007) CABOODLE RANCH INC

Page 4 20-5425161

	rt IV Note:		(A)	1	(B)
		column should be for end-of-year amounts only.	Beginning of year		End of year
	45	Cash - non-interest-bearing	4,165	45	26,695
	46	Savings and temporary cash investments	·····	46	
	47 -	Accounts receivable			
		Less: allowance for doubtful accounts		47.0	
	D			47c	
			1		
Ī		Pledges receivable			
		Less: allowance for doubtful accounts · · · · · · 48b		48c	
	49	Grants receivable		49	
	50 a	Receivables from current and former officers, directors, trustees, and			
		key employees (attach schedule)		50a	
A	b	Receivables from other disqualified persons (as defined under section			
6		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) · · · ·		50b	
s	<b>5</b> 1 a	Other notes and loans receivable (attach			
e		schedule) • • • • • • • • • • • • • • • • • • •			
t	Ь	Less: allowance for doubtful accounts		51c	
5	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
ľ		Investments - publicly-traded securities		54a	
		Investments - other securities (attach schedule)		54b	
		Investments - land, buildings, and	•	<u> </u>	
	<b>4</b> 0 u	equipment: basis • • • • • • • • • • • • • • • • • •			
	<b>۲</b>			·*••	
- 1	Û	Less: accumulated depreciation (attach schedule) 55b			
				55c	
	56	Investments - other (attach schedule)		56	
		Land, buildings, and equipment: basis · · · · · · 57a			
	b	Less: accumulated depreciation (attach			
		schedule) • • • • • • • • • • • • • • • • • • •		57c	
	58	Other assets, including program-related investments	•		
		(describe )		58	
	59	Total assets (must equal line 74). Add lines 45 through 58	4,165	59	26,695
,	60	Accounts payable and accrued expenses		60	
ī.	61	Grants payable		61	
a	62	Deferred revenue		62	
b	63	Loans from officers, directors, trustees, and key employees (attach			
		schedule)		63	
i	64 a	Tax-exempt bond liabilities (attach schedule)		64a	
t		Mortgages and other notes payable (attach schedule)		64b	
i	65	Other liabilities (describe >		65	
e		······································			
8	66	Total liabilities. Add lines 60 through 65	d	66	o
	Organ	izations that follow SFAS 117, check here 🕨 and complete lines			
		67 through 69 and lines 73 and 74.	·		
F	67	Unrestricted		67	
	68	Temporarily restricted • • • • • • • • • • • • • • • • • • •		68	· · · · · ·
n		Permanently restricted		69	
d		izations that do not follow SFAS 117, check here ►[X] and			
в		complete lines 70 through 74.			
3		Capital stock, trust principal, or current funds	d	70	. 0
		Paid-in or capital surplus, or land, building, and equipment fund	4,165		26,695
1		· · · · · · · · · · · · · · · · · · ·			0
		Retained earnings, endowment, accumulated income, or other funds	<u> </u>	72	
		Total net assets or fund balances. Add lines 67 through 69 or lines			
5		70 through 72. (Column (A) must equal line 19 and column (B) must			· · · · -
		equal line 21) • • • • • • • • • • • • • • • • • • •	4,165		26,695
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	4,165	74	26,695

Aug 05 11 09:18a PJ Franzoni 904 220-4783 9043796843

	m 990 (2007) CABOODL						20-542	
( <u>Pa</u>	Instruction						Revenue per R	eturn (See the
a	Total revenue, gains, ar	nd other support per a	udited fina	ncial statem	ents ·····	* * * * * * * * *	•••• a N/	A
b	Amounts included on lin						19 A. 19	
_	Net unrealized gains on							
	Donated services and u					1		
3	Recoveries of prior year	r grants	• • • • •	• • • • • -	•••• <b>b</b> 3			
4	Other (specify):	<u> </u>						
		<u>.</u>			b4	1		
	Add lines b1 through b4		• • • • •	• • • • • •			b	
C	Subtract line b from line	-	• • • • •	• • • • • • •			· · · · · c	
d	Amounts included on Pa							
1	investment expenses no	ot included on Part I, Ii	ne 6b 🕠		•••••  d1			
2	Other (specify):	· · · · · · · · · · · · · · · · · · ·						
					d2		1. Sec. 1	
	Add lines d1 and d2 · ·						d	
e	Total revenue (Part I, line	e 12). Add lines c and	d				· · • • •	····
Pa	rt IV-B Reconcilia	ation of Expense	s per A	dited Fir	ancial Stater	nents Wth Ex	pansas par P	
a	Total expenses and loss	es per audited financia	al stateme	nts • • •	· · · · · · · · · ·	•••••••••		
b	Amounts included on line	e a but not on Part I, lin	e 17:					•
	Donated services and us				· · · · ·   61		1	
	Prior year adjustments re					<u> </u>		
	Losses reported on Part							
	Other (specify):	•						
					b4			
	Add lines b1 through b4		· · · · · · ·					
	Subtract line b from line a				* * • • • • • •		· · · · b	
	Amounts included on Par		•••••	• • • • • •	•••••		•••• с	
	nvestment expenses not	included on Part I, lin	e 60 · ·	• • • • • •	••••• d1		and the second se	
<u> </u>	Other (specify):							
-					d2	<u> </u>		
		• • • • • • • • • • •		• • • • • •	• • • • • • • • •	* * * * * * * * *	•••• d	
	otal expenses (Part I, lin							
Par	tV-A Current Of	ficers, Directors	, Trustee	es, and K	evEmployees	(List each pers	on who was an off	cer, director, trustee
	or key employe	ee at any time during t	he year e	en if they w	ere not compensa	ited.) (See the ins	tructions.)	
					<b>(B)</b>	(C) Compensation	(D) Contributions to	(E) Expense account
		e and address		Title and av week devo	erage hours per ited to position	(If not paid, enter -0)	plans & deferred compensation plans	and other allowances
	G A GRANT			DIRECTO	R	STMA01	Compensation plans	
11 :	SE BENCHMARK	LEE	FL	32871	40		a	4,800
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Form 990 (2007)

GRANT/CABOODLE RANCH 180 of 225

Aug 05 11 09:19a PJ Franzoni 904 220-4783 9043796843

Form 990 (2007) CABOODLE RANCH INC 20-54251	.61	Page 6
Part V-A Current Officers, Directors, Trustees, and KeyEmployees (continued)	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) • • • • • • • • • • • • • • • • • • •	••• <b>75</b> b	
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	· ► 75c	
d Does the organization have a written conflict of interest policy?	• • • 75d	

Part V-B	Former Officers, Directors, Tustees, and KeyEmployees That Received Compensation or Other
	Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below)
	during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column.
	See the instructions.)

	(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benafit plans & deferred companisation plans	acco	E) Expendence allowance	other
		_					
<u> </u>		-					
			<u> </u>				
•		-					
		-					
		1					
	· · · · · · · · · · · · · · · · · · ·						
		_					
	and the second						
		_					
	art VI Other Information (See the instructions.)					<u> </u>	1
76	Did the organization make a change in its activities or method	s of conducting activities?	If "Ves " attach a			Yes	No
	detailed statement of each change				76		v
77	Were any changes made in the organizing or governing docum		RS?		77		X
	If "Yes," attach a conformed copy of the changes.	•					
78 a	Did the organization have unrelated business gross income of	\$1,000 or more during th	e year covered by				1
	this return? • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • •		78a	]	x
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?				78b	N/A	ļ
79	Was there a liquidation, dissolution, termination, or substantial	contraction during the ye	ar? if "Yes," attach	1			
	a statement	• • • • • • • • • • • • • •	•••••	• • • • • • • • • • •	79		x
80 a	Is the organization related (other than by association with a sta					- · .	
	common membership, governing bodies, trustees, officers, etc	., to any other exempt or	nonexempt		· •	•	
L	organization? ••••••••••	••••••		• • • • • • • • • • •	80a		<u>X</u>
D	If "Yes," enter the name of the organization			······			
81 -	Enter direct and indirect political autor diverse (Dec. 11 - 24)	and check whether it is		nonexempt	· · · · ·	·	: : :
	Enter direct and indirect political expenditures. (See line 81 ins Did the organization file Form 1120-POL for this year?	tructions.}	••••- <u>8</u> 1a			3 <sup>1</sup>	
	and the organization me normal izo-POL for this year?			· · · · · · · · · · · ·	81b		X
		EEA			Form	990 (2	2007)

	990 (2007) CABOODLE RANCH INC 20	-5425161		D
	TVI Other Information (continued)			Pa Yeş
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?		82a	
Ь	If "Yes," you may indicate the value of these items here. Do not include this	H		<u>,</u>
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.) 82b			1
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	· · · · · · · · · · · · · · · · · · ·	3a	v l
Ь	Did the organization comply with the disclosure requirements relating to guid pro guo contributions?	-	13b	<u>x</u> x
84a	bit the organization solicit any contributions or gifts that were not tax deductible?		4a	
Ь	in res, do the organization include with every solicitation an express statement that such contributions or			
_	gins were not tax deductible?		46 N	1/7
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		5a N	
Ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		56 N	
	Tes was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			(/ <u>H</u>
	received a waiver for proxy tax owed for the prior year.		<b>`</b> .] -	
c	Dues, assessments, and similar amounts from members			
a	Section 162(e) lobbying and political expenditures			
е. •	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b></b> ; , ``	``.	
	Faxable amount of lobbying and political expenditures (line 85d less 85e)	<b></b>	·   ·	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			7
	in section 6033(e)(T)(A) dues notices were sent, does the organization arres to add the amount on line 855			<u>/ A</u>
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the		· .	
	onowing tax year?		h N	
6 5	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a	00		
D (	Gross receipts, included on line 12, for public use of club facilities	<u> </u>		
1 5	501(c)(12) orgs. Enter: a Gross income from members or shareholders			
D	pross income from other sources. (Do not net amounts due or paid to other			
S	ources against amounts due or received from them.)			
a A	It any time during the year, did the organization own a 50% or greater interest in a taxable composition or	<b></b>		
p	artnership, or an entity disregarded as separate from the organization under Regulations sections			
3	01.7701-2 and 301.7701-3? If "Yes," complete Part IX		d la c	
bΑ	t any time during the year, did the organization, directly or indirectly, own a controlled entity within the	88	a	<u> </u>
п	rearing of section 512(b)(13)? If "Yes," complete Part XI			
a 50	01(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	· · • • 881	0	-   X
51	section 4912 Section 4912			
b 50	U1(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess honost transaction	<b></b> [		
dı	uring the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach		. [	
a	statement explaining each transaction	201		
e Er	nter: Amount of tax imposed on the organization managers or disqualified	· · · · 89b		<u> </u>
pe	ersons during the year under sections 4912, 4955, and 4958			
a Fi	nter; Amount of tax on line 89c, above, reimbursed by the organization	<u> </u>		
al 🗧	l organizations. At any time during the fax year, was the organization a party to a prohibited tax shelter	<u> </u>		
tra	Insaction7 · · · · · · · · · · · · · · · · · · ·			•
All	l organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? • • •	· · · · 89e	·   · · _	X
, ,,,	a supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	•••• 891		<u> </u>
su	pporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			· .
φι	any time during the year?			
Lis	t the states with which a copy of this return is filed 🕨	· · · 89g	L	X
Nu	mber of employees employed in the pay period that includes March 12, 2007 (See			
ins	(ructions) · · · · · · · · · · · · · · · · · · ·			
	e hooks are in care of h & CRATC & CRAWE	No		
The	compliance by the second by th	17-1715		
The				
The Loc				
The Loc At a	any time during the calendar year, did the organization have an interest in or a signature or other authority		·····	
The Loc At a ove	any time during the calendar year, did the organization have an interest in or a signature or other authority or a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
The Loc At a ove acc	any time during the calendar year, did the organization have an interest in or a signature or other authority or a financial account in a foreign country (such as a bank account, securities account, or other financial sount)?	· · · 91b	Yes	No X
The Loc At a ove acc If "Y	any time during the calendar year, did the organization have an interest in or a signature or other authority or a financial account in a foreign country (such as a bank account, securities account, or other financial	• • • 91b	Yes	

•

Form 990 (2007)

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Par	t VI Other Information (con	linued)				20-5425161	······································
	At any time during the calendar year, did	the organization	n maintain an office out	side of the United	Ciata-D		Yes
	If "Yes," enter the name of the foreign co			side of the United	States / · ·	• • • • • • • • • •	• • [91c ]
2	Section 4947(a)(1) nonexempt charitable			44			
-	and enter the amount of tax-exempt inte	rausis ming For	In ago in lieu of Form 10	41 - Check here			· • • • • • • • •
						92	
	t VII Analysis of Income-Pro						
	ated.		ted business income		section 512, 513	or 514	(E)
3	Program service revenue:	(A) Business code	(B) Amount	(C)		(כ	Related or exempt function
а			Angoat	Exclusion code			income
ь							
с			······································		<del> _</del>		
ď	<b></b>				<u> </u>		
e					<u>+</u>		
f	Medicare/Medicaid payments						
9	Fees and contracts from government agencies				<u> </u>		<b>m</b>
	Membership dues and assessments • •	+	· · · · · · · · · · · · · · · · · · ·	1	<u> </u>		
	Interest on savings & temporary cash investments	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
	Dividends and interest from securities -						· <u> </u>
	Net rentat income or (bas) from realestate;			•			
8	debt-financed property					·····	
	not debt-financed property						
	Net rental income or (bss) from personal property						
	Other investment income						
	Net income or (loss) from special events						•••••••
	Gross profit or (bss) from sales of inventory						
	Other revenue: a						
5							
2 1			<u> </u>				
	Subtotal (add onlympa (B) (D) and (D)						
	Subtotal (add columns (B), (D), and (E))			<u> </u> ]			
	Total (add line 104, columns (B), (D), and interaction (B), (D), and interaction (B), (D), and (B), (D), (D), (D), (D), (D), (D), (D), (D				• • • • • • •	· · •	
	ine 105 plus line 1e, Part I, should equal th						
	VIII Relationship of Activities	to the Acco	mplishment of Ex	empt Purpos	es (See the in	structions.)	
V	No. Explain how each activity for which of the organization's exempt purpor	income is repoi	nee in column (E) of Par by providing funds for su	t VII contributed i	mportantly to i	the accomplishment	nt
			by providing failes for su	cir purposes).	······································		,
				· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · ·				
t	X Information Regarding Ta	vahle Subei	disting and Distor		- (See the in	tructions )	
	(A) Name, address, and EIN of corporation		(B)	C)	BRIODE INC III	(D)	
	partnership, or disregarded entity	٦,	Percentage of ownership interest	(C) Nature of a	ctivities	Total income	(E) End-of-year
			Whership Interest %			- <del>[</del>	assets
			%				
_			%		······		
		···	%			· · · · · · · · · · · · · · · · · · ·	<u> </u>
			/0				
t)	Information Regarding Tra	nsfere Aeer	riated with Dama	nal Benefit O	-	as the instruction	<u> </u>

Form 990 (2007)

Part )		Regarding 1	Fansfers To and Fro efined in section 512(b)(13	m Controll	ed Entities.	Complete only if the	ne organization		Pag
				· · · · · · · · · · · · · · · · · · ·				/es	
106 [	Did the reporting organiz	ation <b>make a</b> ny ti	ransfers to a controlled ent	ity as defined in	section 512(b)(1	13) of			
	(A)	plete the schedul	e below for each controlled	d entity.				·	
	(A) Name, address controlled (		(B) Employer Identifi Number	cation	(C) Descriptio transfe		(D) Amount of tra	ansf	er
a	······································	······································							
ь —							 		-
	Tot	als							
07 D	id the reporting organiza	lion receive anv	transfers from a controlled	entity as define	d in section		Ye	es	N
5	12(b)(13) of the Code? It	f "Yes," complete	the schedule below for ea	ich controlled e	ntity.				
	(A)		(B)		(C)				-
	Name, actiress, controlled er		Employer Identifica Number	ation	Description		(D) Amount of trai	nsfe	r
					transfer				
•	· · · ·	······							
_									
'									
						······			
	·····					ĺ			
	· · · · · · · · · · · · · · · · · · ·								
	Tota	ls	ing in the second s Second second		n an				
							Ye	s	No
B Dic	I the organization have :	a binding written	contract in effect on Augus	st 17, 2006, cov	vering the interes	t,			
	ts, royaltles, and annuit	les described in d	question 107 above?			<u> </u>			
	and belief, it is true, correct	, and complete. Decla	xamined this return, including account in the office of preparer (other than office	mpanying schedule r) is besed on all in	s and statements, and formation of which pre	l to the best of my know sparer has any knowled	vledge Iga.		
ease							I		
gn	Signature of officer			<u> </u>			Date		
ere									
	Type or print name an	d litle.							
id	Preparer's signature			Date	Check if self-		N or P1N (See Gen I	nst. X	0
	Signatu e	XPRESS F	-FILE, INC.		employed				
eperer's	Firm's name (or yours		TIME, INC.			EIN 🕨 🏲			
•		1511-R T	ENMAN RD						
eparer's e Only	if self-employed), address, and ZIP + 4		ENMAN RD. Ille Beach, fl 322	250		Phone no.	499399		

· · ·

SCHEDULE A	Organization	Exempt Under S	ection 501(d	:)(3)	OMP No. 4545 co.
(Form 990 or 990-EZ)	(Except Privati	e Foundation) and Section 501( or 4947(a)(1) Nonexempt Charit	e), 501(f), 501(k), Ši	D1(n	OMB No. 1545-004
Department of the Treasury		ry Information (See s		ctions.)	2007
nternal Revenue Service 🌔 🕨	MUST be completed by th	e above organizations and atta	ched to their Form !	990 a 990-EZ	
Name of the organization				Employer Identification	number
	tion of the Eile High	heat Daid Englands		20-5425161	
(See page 1 o	f the instructions. List each	hest Paid Employees Of h one. If there are none, enter	"None.")	ers, Directors, ar	nd Tustees
(a) Name and address ofe CONE than \$5	ach employee paid more	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and oth
				deisner compensation	<u>Allowances</u>
······					
		<u>-/</u>			
					+
		-L			
		!	l		
otal number of other employ					- <b>1</b>
art II-A Compensat	tion of the Five High	est Paid Independent C	ontractors for	Professional Se	rices
	the instructions. List each	000 hubothor individuale es 6			
ONE (a) Name and address	Ofeach independent contractor m	one (whether individuals or firr	ns). If there are nor	e, enter "None.")	
ONE (a) Name and address	of each independent contractor pa	id more than \$50,000		e, enter "None.") of service	(c) Compensation
ONE (a) Name and address	of each independent contractor pa	id more than \$50,000			(c) Compensation
ONE (a) Name and address	ofeach independent contractor pa	id more than \$50,000			(c) Compensation
(a) Name and address	ofeach independent contractor pa	id more than \$50,000			(c) Compensation
ONE (a) Name and address	ofeach independent contractor pa	id more than \$50,000			(c) Compensation
ONE (a) Name and address	ofeach independent contractor pa	id more than \$50,000			(c) Compensation
(a) Name and address	ofeach independent contractor pa	id more than \$50,000			(c) Compensation
ONE (a) Name and address	of each independent contractor pa	id more than \$50,000			(c) Compensation
(a) Name and address	ofeach independent contractor pa	id more than \$50,000			(c) Compensation
(a) Name and address	ofeach independent contractor pa	id more than \$50,000			(c) Compensation
(a) Name and address (b) Name and address (c) Name and (c) Name and (c) Name address (c) Name and (c) Name address (c) Name addr	ofeach independent contractor ma	id more than \$50,000	(b) Туре	of service	(c) Compensation
tal number of others receiving ofessional services • • • • art II-B Compensati (List each contra	ofeach independent contractor main of each independent contractor main of the state of the service of the service serv	id more than \$50,000	(b) Type	of service	(c) Compensation
tal number of others receiving ofessional services • • • • • • • • • • • • • • • • • • •	ofeach independent contractor main of the state of the sector who performed service e none, enter "None." See	id more than \$50,000 est Paid Independent C res other than professional serv page 2 of the instructions.)	(b) Type	of service	(c) Compensation
tal number of others receiving ofessional services • • • • • • • • • • • • • • • • • • •	ofeach independent contractor main of each independent contractor main of the state of the service of the service serv	id more than \$50,000 est Paid Independent C res other than professional serv page 2 of the instructions.)	(b) Type	of service Differ Serices Julie or	(c) Compensation
tal number of others receiving pressional services art II-B Compensati (List each contra firms. If there are	ofeach independent contractor main of the state of the sector who performed service e none, enter "None." See	id more than \$50,000 est Paid Independent C res other than professional serv page 2 of the instructions.)	(b) Type	of service Differ Serices Julie or	
tal number of others receiving pressional services art II-B Compensati (List each contra firms. If there are	ofeach independent contractor main of the state of the sector who performed service e none, enter "None." See	id more than \$50,000 est Paid Independent C res other than professional serv page 2 of the instructions.)	(b) Type	of service Differ Serices Julie or	
tal number of others receiving pressional services art II-B Compensati (List each contra firms, If there are	ofeach independent contractor main of the state of the sector who performed service e none, enter "None." See	id more than \$50,000 est Paid Independent C res other than professional serv page 2 of the instructions.)	(b) Type	of service Differ Serices Julie or	
tal number of others receiving tel number of others receiving of essional services • • • • • • • • • • • • • • • • • • •	ofeach independent contractor main of the state of the sector who performed service e none, enter "None." See	id more than \$50,000 est Paid Independent C res other than professional serv page 2 of the instructions.)	(b) Type	of service Differ Serices Julie or	
tal number of others receiving ofessional services • • • • • • • • • • • • • • • • • • •	ofeach independent contractor main of the state of the sector who performed service e none, enter "None." See	id more than \$50,000 est Paid Independent C res other than professional serv page 2 of the instructions.)	(b) Type	of service Differ Serices Julie or	
tal number of others receiving pressional services art II-B Compensati (List each contra firms, If there are	ofeach independent contractor main of the state of the sector who performed service e none, enter "None." See	id more than \$50,000 est Paid Independent C res other than professional serv page 2 of the instructions.)	(b) Type	of service Differ Serices Julie or	
tal number of others receiving pressional services art II-B Compensati (List each contra firms. If there are	ofeach independent contractor main of the state of the sector who performed service e none, enter "None." See	id more than \$50,000 est Paid Independent C res other than professional serv page 2 of the instructions.)	(b) Type	of service Differ Serices Julie or	
tal number of others receiving tal number of others receiving ofessional services • • • • art II-B Compensati (List each contra firms. If there are NE (a) Name and address of (a) Name and address of (a) Name and address of (b) Name and address of (b) Name and address of (b) Name and (b) Name and (b) Name and (b) Name and (c) Name and	ofeach independent contractor main of the Five Higher actor who performed service none, enter "None." Sea feach independent contractor main teach independent contractor main te	id more than \$50,000 est Paid Independent C res other than professional serv page 2 of the instructions.)	(b) Type	of service Differ Serices Julie or	
al number of other contracto	ofeach independent contractor main of the Five Higher actor who performed service e none, enter "None." Sea feach independent contractor paid	id more than \$50,000 est Paid Independent C res other than professional serv page 2 of the instructions.)	(b) Type	of service Differ Serices Julie or	

	art III       Statements About Activities (See page 2 of the instructions.)       21	0-542!	5161	1	Page
1				Yes	N
'	During the year, has the organization attempted to influence national, state, or local legislation, including any				
	attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid				
	or incurred in connection with the lobbying activities <b>&gt;\$</b> (Must equal amounts on line 38,			1	ľ
	Part VI-A, or line i of Part VI-B.)		1		
				· · ·	1
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other				1 :
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of				1.
	the lobbying activities.				
				]	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any				
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or				· .
	with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority				
	owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the				•
	transactions.)				
а	Sale, exchange, or leasing of property?		2.		
		• • •	2a	├───┤	X
þ	Lending of money or other extension of credit?		25		
	· ,	•••	120		<u>X</u>
с	Furnishing of goods, services, or facilities?		2c		
		•••			<u>X</u>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		2d		х
e	Transfer of any part of its income or assets?		2e		х
			<b>-</b>		
а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation			ĺ	
	of how the organization determines that recipients qualify to receive payments.)		3a		v
					<u>X</u>
b	Did the organization have a section 403(b) annuity plan for its employees?		3ь		v
					X
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open				
	space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		2	1	٩,
		• • •	3¢		Х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?				
	and a subsection provide choice and a dependence, credit repair, or dept negotiation services?	•••	3d		X
a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete				
	lines 4f and 4g				
b	Did the organization make any taxable distributions under section 4966?		<u>4a</u>	-	X
~		•••	4b		X
с	Did the organization make a distribution to a donor, donor advisor, or related person?				
-		•••	4c		<u>X</u>
d	Enter the total number of donor advised funds owned at the end of the tax year	⊾			
8	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	•••			
		·			
	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised				
	funds included on line 4d) where donors have the right to provide advice on the distribution or investment of				
	amounts in such funds or accounts	•			
		•	-		
ł	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	• •			
	EEA Schedule			30-EZ) 2	

· · · · ·

Schedule A	(Form 990 or 990-EZ) 2007 CABOODLE RANCH INC	20-5425161	Page
Part IV	Reason for Non-Private Foundation Status (See pages 4 through 8 of the instruction	IS.)	
certify that	the organization is not a private foundation because it is: (Please check only ONE applicable box.)		
5   A	church, convention of churches, or association of churches. Section 170(b)(1)(A)(I).		
6     A	school. Section 170(b)(1)(A)(ii). (Also complete Part V.)		
7 <sub>1 .</sub> A	hospital or a cooperative hospital service organization, Section 170(b)(1)(A)(iii).		
B []   A	federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).		
9 ¦   A ar	medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the state	e hospital's name, city,	
10 i ¦ Ar (A	n organization operated for the benefit of a college or university owned or operated by a governmental lso complete the Support Schedule in Part IV-A.)	unit. Section 170(b)(1)(4	4)(iv).
1a     Ar 17	o organization that normally receives a substantial part of its support from a governmental unit or from (0(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)	the general public. Secti	ion

- 11b | ] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 [X] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	orted organizations. (See (c) Type of organization (described in lines 5 through 12 above or IRC section)	is the su organizatio the sup organiz gove	n listed in porting	(e) Amount of support
			Yes	No	
	• • • • • • • • • • • • •				

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

ÉEA

Schedule A (Form 990 or 990-EZ) 2007 CABOODLE RANCH INC

15	te: You may use the worksheet in the instructions ( endar year (or fiscal year beginning in)	(a) 2006	(b) 2005				
	Gifts, grants, and contributions received. (Do		(0) 2005	(c) 200	<u>4 (d</u>	) 2003	(e) Tote
	not include unusual grants. See line 28.)	• [	0				
16	Membership fees received					Q	
17	Gross receipts from admissions, merchandian					Q	
	sold or services performed, or furnishing of facilities in any activity that is related to the				}	ł	
	organization's charitable, etc., purpose		0	4		1	
8	Gross income from interest, dividends					Q	
	amounts received from payments on securities						
	loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated			}	[		
	business taxable income (less section 511						
	taxes) from businesses acquired by the						
	organization after June 30, 1975	1	a	4		-	
9	Net income from unrelated business				— · · · · · · · · · · · · · · · · · · ·		
	activities not included in line 18 · · · · · ·		0				
D	Tax revenues levied for the organization's				<u> </u>	q	
	benefit and either paid to it or expended on	1		1			
	its behalf	1	o	0			
	The value of services or facilities furnished to		·		<u> </u>	q	<u> </u>
	the organization by a governmental unit without charge. Do not include the value of						
	services or facilities generally furnished to the		1			]	
	public without charge	1	o	d			
	Other income. Attach a schedule. Do not	<u> </u>		- <u>-</u>	<u> </u>	Q	
	include gain or (loss) from sale of capital assets		a	4			
	Total of lines 15 through 22		0	<u> </u>	<u> </u>	Q	
	Line 23 minus line 17		o	<u> </u>	- <u>u</u>	0	<u> </u>
	Enter 1% of line 23 • • • • • • • • • • • • • • • • • •	<u> </u>		<u></u>	_ <u>q</u>	q	
I	Organizations described on lines 10 or 11: a E	I of amount		Ч		q	
-	r repare a list for your records to show the name of	of and amount con	fributed by each a		••••	26a	
. •	so, chancenta, unit of publicly supported organizati	OD) whose total ai	Be for 2002 Hanne	1 0000			
	amount shown in line 26a. Do not file this list with	VOUr return Ente	r the total of all the	iii 2006 exceede	d the	negel (m. e. )	· · · ·
			r and total of all und	ese excess amol	ints 🔸 🕨	26b	
	i oral support for section sus(a)(1) test: Enter line	24. column (e)					<u> </u>
	i oral support for section sus(a)(1) test: Enter line	24, column (e)	• • • • • • • • •	• • • • • • • • •	• • • • • •	266	
	Add: Amounte from as ( ) a ( ) test: Enter line	24, column (e)	19	•••••••••••	• • • • • •	26c	
1 A	Add: Amounts from column (e) for lines: 18	24, column (e)	• • • • • • • • •		•••••	26c 26d	
1 4 9 F	Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total)	24, column (e)	19 26b	 	· · · · · · · •	26c 26d 26e	
1 / P F F	Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (rumerator) d Drganizations described on line 12: a For amount	24, column (e)	19 26b (denominator))	· · · · · · · · · · · · · · · · · · ·		26c 26d 26e 26f	
1 4 - F - F - C	Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) d Progenizations described on line 12: a For amount erson, " prepare a list for your recorde to show the	24, column (e)	19 26b (denominator)) \$ 15, 16, and 17 ft	· · · · · · · · · · · · · · · · · · ·		26c 26d 26e 26f	
1 4 - F - F - C	Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) d Progenizations described on line 12: a For amount erson, " prepare a list for your recorde to show the	24, column (e)	19 26b (denominator)) \$ 15, 16, and 17 ft	· · · · · · · · · · · · · · · · · · ·		26c 26d 26e 26f	son."
F F C D (2	Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) d Drganizations described on line 12: a For amount erson, " prepare a list for your records to show the to not file this list with your return. Enter the sum 2006) (2005)	24, column (e) ivided by line 26c its included in line name of, and tota of such amounts	19 26b (denominator)) s 15, 16, and 17 th amounts receive for each year;	nat were received	from a "disq om, each "dis	26c 26d 26e 26f Ualified squalified per	son."
τ τ τ τ τ τ τ τ τ τ τ τ τ τ	Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) d Drganizations described on line 12: a For amount erson, " prepare a list for your records to show the to not file this list with your return. Enter the sum 2006) (2005) 00 any amount included in line 17 that was appring	24, column (e) ivided by line 26c its included in line name of, and tota of such amounts	19 26b (denominator)) s 15, 16, and 17 th amounts receive for each year; (2004)	nat were received	from a "disg om, each "dis (2003)	26c 26d 26e 26f Ualified equalified per	
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F F C P C P C P C F S i (1) th ar (2) Ac	Add: Amounts from column (e) for lines:       18         22       22         Public support (line 26c minus line 26d total)       10         Public support percentage (line 26e (numerator) d)       10         Progenizations described on line 12: a For amount erson," prepare a list for your records to show the lo not file this list with your return. Enter the sum 2006)       (2005)         00 or any amount included in line 17 that was receive how the name of, and amount received for each year nclude in the list organizations described in lines 5 e difference between the amount received and the mounts) for each year:         006)       (2005)	24, column (e) ivided by line 26c its included in line name of, and tota of such amounts ed from each perse ar, that was more through 11b, as w larger amount de	19 26b (denominator)) s 15, 16, and 17 th amounts receive for each year; (2004) on (other than "dis than the larger of rell as individuals.) scribed in (1) or (2 (2004)	nat were received in each year fr qualified person: (1) the amount o Do not file this ), enter the sum	from a "disq orn, each "dis (2003) s"), prepare a n line 25 for th <b>list with your</b> of these differ (2003)	26c 26d 26e 26f ualified peri list for your r he year or (2) return. After ences (the ex	son." ecords to
Find the set of the se	Add: Amounts from column (e) for lines:       18         22       22         Public support (fine 26c minus line 26d total)       22         Public support percentage (line 26e (numerator) d       20         Proprint support percentage (line 26e (numerator) d       2005)         (2005)       (2005)         or any amount included in line 17 that was received for each year       2006)         noclude in the list organizations described in lines 5       6         Proprint be list organizations described in lines 5       6         Proprint support percent the amount received and the mounts) for each year:       2006)         1006)       (2005)         11       17       20         12       17       20         13       17       20         14: Line 27a total       18	24, column (e) ivided by line 26c ints included in line name of, and tota of such amounts ar, that was more through 11b, as w arger amount de	19 26b (denominator)) s 15, 16, and 17 th amounts receive for each year: (2004) on (other than "dis than the larger of rell as individuals.) scribed in (1) or (2 (2004) 16 21	nat were received in each year fr qualified person: (1) the amount o Do not file this ), enter the sum	from a "disq om, each "disq (2003) s"), prepare a n line 25 for th list with your of these differ (2003)	26c 26d 26e 26f 26f 26f 26f 26f 26f 26f 26f 26f 26f	son." ecords to
FFC FC FC F Sh (lin th ar (2 Ac Ac Ac	Add: Amounts from column (e) for lines:       18         22       22         Public support (line 26c minus line 26d total)       22         Public support percentage (line 26e (numerator) d       20         Organizations described on line 12: a For amount erson," prepare a list for your records to show the to not file this list with your return. Enter the sum (2006)       (2005)         or any amount included in line 17 that was received for each year include in the list organizations described in lines 5 e difference between the amount received for each year:       006)         006)       (2005)       15         17       20       20         id: Amounts from column (e) for lines:       15         17       20         id: Line 27a total       -	24, column (e) ivided by line 26c ints included in line name of, and tota of such amounts ar, that was more through 11b, as w arger amount de larger amount de	19 26b (denominator)) s 15, 16, and 17 th amounts receive for each year; (2004) on (other than "dis than the larger of rell as individuals.) scribed in (1) or (2 (2004) 16 21	nat were received in each year fr qualified person: (1) the amount o Do not file this ), enter the sum	from a "disq om, each "disq (2003) s"), prepare a n line 25 for th list with your of these differ (2003)	26c 26d 26e 26f 26f 26f 26f 26f 26f 26f 27c 27c 27c 27c	son." ecords to
FFC C C C C C C C C C C C C C C C C C C	Add: Amounts from column (e) for lines:       18         22       22         Public support (line 26c minus line 26d total)       •         Public support percentage (line 26c (numerator) d)       •         2006)       (2005)       •         006)       (2005)       •         006)       (2005)       •         006)       (2005)       •         17       20       •         18       •       •       •         17       20       •       •         18       •       •       •         19       •       •       •         10       •       •       •         11       •	24, column (e) ivided by line 26c is included in line name of, and tota of such amounts ed from each persu ar, that was more through 11b, as we larger amount de and line 27b total of from line 23 column	19 26b (denominator)) s 15, 16, and 17 th amounts receive for each year; (2004) on (other than "dis than the larger of rell as individuals.) scribed in (1) or (2 (2004) 16 21 	nat were received in each year fr qualified person: (1) the amount o Do not file this ), enter the sum	from a "disq om, each "disq (2003) s"), prepare a n line 25 for th list with your of these differ (2003)	26c         26d         26e         26f         26f         ualified         qualified per         list for your r         ne year or (2)         refurn. After         ences (the e)         27c         27d         27e	son." ecords to
FFC FC C C C C C C C C C C C C C C C C	Add: Amounts from column (e) for lines:       18         22       22         Public support (line 26c minus line 26d total)       •         Public support percentage (line 26e (numerator) d)       •         Public support percentage (line 27e (numerator) d)       •         Public support percentage (line 27e total minus line 27d total)       •         Public support percentage (line 27e (numerator) d)       •         Public support percentage (line 27e (numerator) d)       •         Public support percentage (line 27e (numerator) d)       •	24, column (e) ivided by line 26c is included in line name of, and tota of such amounts ed from each perso ar, that was more through 11b, as w larger amount de ind line 27b total of from line 23, col ided by line 27f (c	19 26b (denominator)) s 15, 16, and 17 th amounts receive for each year; (2004) on (other than "dis than the larger of rell as individuals.) scribed in (1) or (2 (2004) 16 21 	at were received in each year fr qualified person (1) the amount o Do not file this ), enter the sum	from a "disq om, each "disq (2003) s"), prepare a n line 25 for th list with your of these differ (2003)	26c         26d         26e         26f         26f         ualified squalified person         list for your r         return. After         ences (the ex)         27c         27d         27e	son." ecords to \$5,000. computing (cess
FFC FC C C C C C C C C C C C C C C C C	Add: Amounts from column (e) for lines:       18         22       22         Public support (line 26c minus line 26d total)       22         Public support percentage (line 26e (numerator) d       20         Organizations described on line 12: a For amount erson," prepare a list for your records to show the to not file this list with your return. Enter the sum (2006)       (2005)         or any amount included in line 17 that was received for each year include in the list organizations described in lines 5 e difference between the amount received for each year:       006)         006)       (2005)       15         17       20       20         id: Amounts from column (e) for lines:       15         17       20         id: Line 27a total       -	24, column (e) ivided by line 26c its included In line name of, and tota of such amounts ed from each perse ar, that was more through 11b, as we larger amount de ind line 27b total of from line 23, col ided by line 27f (columnation)	19 26b (denominator)) s 15, 16, and 17 th amounts receive for each year: (2004) (2004) (2004) 16 21 (2004) 16 21 (2004) 16 (21 (2004)	at were received in each year fr qualified person (1) the amount o Do not file this ), enter the sum	from a "disq orn, each "dis (2003) s"), prepare a n line 25 for th <b>list with your</b> of these differ (2003) (2003)	26c         26d         26e         26f         26f         ualified person         list for your r         return. After         ences (the ex)         27c         27d         27g	son." ecords to \$5,000. computing (cess

GRANT/CABOODLE RANCH 188 of 225

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Schedule A (Form 990 or 990-EZ) 2007

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		25161		Page
	art V         Private School Questionnaire (See page 9 of the instructions.)           (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	<u> </u>	1	
	other governing instrument, or in a resolution of its governing body?	. 29	Yes	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	23		┤━──
	brochures, catalogues, and other written communications with the public dealing with student admissions,			:
	programs, and scholarships?	. 30	: * * -	;
1	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	. 30	+	<u> </u>
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			ŀ
	that makes the policy known to all parts of the general community it serves?	24	· · · ·	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	• 31	<u> </u>	<b> </b>
	a roo, piense doochoe, in No, piense explaint (a you need mole space, altach a separate statement.)	197 - A		ŀ
		Lton	н I.	2 - A
		-		
		<b></b> [ •.	. • •	Ì
2	Does the organization maintain the following:	_ ***		
			1	- 24
	the state of the s	· 32a	ļ	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	1		
_		- 32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?			
d	Coples of all material used by the organization or on its behalf to solicit contributions?	- 32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			• .
				•
		- 10 1		• •
3	Does the organization discriminate by race in any way with respect to:	-	$\gamma = 5$	
			, 1 I	. '
a	Students' rights or privileges? • • • • • • • • • • • • • • • • • • •	33a	· ·	
b	Admissions policies?	- 33b		
		<b>-</b>		
С	Employment of faculty or administrative staff?	330		
d	Scholarships or other financial assistance?	33d		
е	Educational policies? • • • • • • • • • • • • • • • • • • •	33e		
f	Use of facilities? ••••••••••••••••••••••••••••••••••••	33f		
ġ	Athletic programs?	33g	1	
Ŭ		200		
h	Other extracurricular activities?	33h		
		331		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	n you answered thes to any of the above, please explain. (If you need note space, attach a separate statement.)			
		-	/	
		-		
				. ' •
9	Does the organization reactive any figurated aid as appletenes from a neuroperturbulance of			
a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the examination's right to such aid ever been very last as such as 1, 40			
5	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		···.	
		1		
	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

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Schedule A (Form 990 or 990-EZ) 2007

		E RANCH INC			20-5425	161 Page
Pi	To be completed ONLY by an eligible	Electing Publ	ic Charities (Se	e page 11 of the	instructions.)	
he	ck ▶ aif the organization belongs to an affilia			hecked "a" and '	limited control" prov	risions apply
	Limits on Lobby				(e) Affiliated group	(b) To be completed
	(The term "expenditures" mea	ans amounts paid	or incurred.)		totals	for all electing organizations
6	Total lobbying expenditures to influence public op	inion (grassroots	lobbying) • • • •	30	3	
7	Total lobbying expenditures to influence a legislat	ive body (direct lo	bbying) · · · ·	37	,	
}	Total lobbying expenditures (add lines 36 and 37)				3	<u>+</u>
	Other exempt purpose expenditures					
)	Total exempt purpose expenditures (add lines 38	and 39) • • • •		40		
	Lobbying nontaxable amount. Enter the amount for	om the following t	able-			a Charlan e an ca
	if the amount on line 40 is- The	lobbying nontaxa	ble amount is-			
	Not over \$500,000 · · · · · · · · · · · 20%	of the amount on	line 40 • • • • • •			
	Over \$500,000 but not over \$1,000,000 • • \$100	,000 plus 15% o	f the excess over \$	500,000	-	
	Over \$1,000,000 but not over \$1,500,000 • \$175	000 plus 10% of	the excess over \$1	.000.000 41		
	Over \$1,500,000 but not over \$17,000,000 - \$225	,000 plus 5% of	the excess over \$1	500 000		
	Over \$17,000,000 · · · · · · · · · · · · · \$1,00	00,000		••••		
	Grassroots nontaxable amount (enter 25% of line	41) • • • • • •				
	Subtract line 42 from line 36. Enter -0- if line 42 is	more than line 36	• • • • • • • • •	<u> </u>		
	Subtract line 41 from line 38. Enter -0- if line 41 is					
					<u> </u>	L
	Caution: If there is an amount on either line 43 or li	ine 44, you must fi	ile Form 4720.			
	4-Year Ave	raging Perio	d Under Sectio	on 501(h)		· · · · · · · · · · · · · · · · · · ·
	(Some organizations that made a sections See the instructions	s for lines 45 throi	n do not have to cor ugh 50 on page 13 d	nplete all of the i of the instruction:	ive columns below.	
			obbying Expenditur			
-	Calendar year (or	(a)	(b)	(C)	· · ·	(0)
	fiscal year beginning in) 🕨	2007	2006	2005	(d) 2004	(e) Total
					2004	
	Lobbying pontavable amount		1		1	

		L	obbying Expenditu	ses During 4-Year	Averaging	Period	
	Calendar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2006	(c) 2005	(d) 2004	ļ	(e) Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures						
48	Grassroots nontaxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						
50	Grassroots lobbying expenditures						
Pa	rt VI-B Lobbying Activity by Nonele (For reporting only by organizations th	cting Public C	<b>harities</b> : Part VI-A) (See p	age 14 of the instru	uctions.)		<u> </u>
Durii attor	ng the year, did the organization attempt to influence	e national, state or l	local legislation, in	cluding any	Yes	No	Amount
anei a	npt to influence public opinion on a legislative matter	r or reterendum, the	rough the use of:				
5 5	Paid staff or management (Include compensation in		• • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • •	••		
c	Media advertisements · · · · · · · · · · · · · · ·				· ·		1970 - <sup>17</sup>
d	Mailings to members, legislators, or the public · ·						<u>0</u>
e	Publications, or published or broadcast statements				•		
-	and a provide a provide a product a block of the state of	,			•		

f	Grants to other organizations for lobbying purposes		<b></b>		
g	Direct contact with legislators, their staffs, government officials, or a legislative body			• • <u>-</u>	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means				·
i	Total lobbying expenditures (Add lines c through h.)				0
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.	L <u></u>			

EEA

Schedule A (Form 990 or 990-EZ) 2007

p.16

-	5 11 09:23a		Franzoni 904 220	-4/83 3	1043796843			ľ
Part \		Regarding T	BOODLE RANCH INC	ions and Rela	20-54: tionships Wth None		F ble	age
51 Di	d the reporting organizat	ion directly or in	ee page 14 of the instructions.) idirectly engage in any of the follow	Ning with any other	nonanization descuit est i			·
50	1(c) of the Code (other the	han section 501	(c)(3) organizations) or in section	527, relating to pol	r organization described in lifical organizations?	section		
a Tra	ansfers from the reporting	g organization t	o a noncharitable exempt organiza	ation of:	-		Yes	No
						51a(i)		X
	<ul> <li>Other assets</li> <li></li> <li>her transactions:</li> </ul>		• • • • • • • • • • • • • • • • • • • •	• • • • • • •	• • • • • • • • • • • • •	a(li)		X
		f assets with a r	noncharitable exempt organization			<b>N</b> (2)		
(ii	) Purchases of assets fi	rom a noncharit	able exempt organization	••••••		b(i) b(ii)		<u>X</u>
(iii)	) Rental of facilities, equ	uipment, or othe	assets • • • • • • • • • • • • • • • • • • •			b(iii)		x
(iv			• • • • • • • • • • • • • • • • • • • •			b(iv)		Х
			nip or fundraising solicitations			<b>b(v)</b>		X
¢ Sh	aring of facilities, equipm	ent, mailing list	s, other assets, or paid employees	* * * * * * * * * * *		b(vi) c		<u>X</u>
d lft	he answer to any of the a	above is "Yes,"	complete the following schedule.	Column (b) should (	always show the fair mark	et value o	nf the	<u>X</u>
goo	ods, other assets, or serv	vices given by th	te reporting organization. If the org	ganization received	l less than fair market value	ue in any	5. 1.12	
trar	nsaction or sharing arran	gement, show i	n column (d) the value of the good	s, other assets, or	services received:			
(a) Line no,				-	(d)			
	Amount Involved		noncharitable exempt organization	Description of tra	ansfers, transactions, and sharing	arrangeme	nts	
					·····			
	<u> </u>							
<u>_</u>			·····					
			······································		······			
		<u> </u>						
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	· · · · · · · · · · · · · · · · · · ·					····		
· · · · · · · · · · · · · · · · · · ·							_	
				1	······			
desc	e organization directly or cribed in section 501(c) o es," complete the followi	of the Code (oth	ated with, or related to, one or more or than section 501(c)(3)) or in sec	e tax-exempt organ otion 527? •••		Yes	x	No
	(8)	ng voncaale.	(b)	T	(c)			
	Name of organization		Type of organization		Description of relationship			
	······································	<u></u>						
				+		<u>.</u>		
·	· · · ·	<u></u>	<u> </u>					
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Schedule A (Form 990 or 990 EZ) 2007

Name(s) as stown on return	Federal Supporting Statements	2007 FEN
		Statement #A01
RAIG A GRANT		
xplanation IRECTOR RECEI	VES NO COMPENSATION. HE GETS A \$400.00	
LLOWANCE FOR S O THE VET, ETC	ΙΚάΝΘΕυκτάτου το Ρισκ ΠΡ αθαπολάσο σπ	PER MONTH IS, GET FOOD, GO

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990	<b>Overflow Statement</b>		<b>2007</b> Page 1
leme(s) as shown on return			FEN Page 1
CABOODLE RANCH INC			20-542516
escription			Amount
TILITIES			\$ 3,62
ET FEES			2,63
UEL FOR VEHICLE			4,80
OOD FOR CATS			15,00
		Total:	\$ 26,054

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