Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2008

Department of the Treasury

Open to Public

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				or tax year b				, 2008, an	a enaing		, 2	
B (Cneck if a	pplicable	Please use IRS +	<u>-</u>		OODLE RANCI	HINC					er identification no
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{} n	nitial retu	m	See	PO BOX	299				1		(904)3	377-1715
	erminatio	on .	Specific Instruc-	City or town,	state or country,	and ZIP + 4					G Gross re	ceipts S
\coprod	\mended	return	tions	PONTE V	EDRA BEA	CH, FL 320	04					89,503
$\overline{\Box}$		n pending	F Name			CRAIG A GI						
,	PP	, p=g	l			E, FL 3205			H(a)	Is this a group re affiliates?	tum for	Yes X No
			S01(c) (insert no)	1			—— a.			Yes No
	ax-exem		<u>κη 201(c) (</u>	3) • (insert no) [_	4947(a)(1) or	527		1 f(b)	Are all affiliates a if "No," attach a Group exemption	ist (see instri	(_ Yes No uctions)
		► N/A		- Carri					H(c)	- 		
			Corporation	Trust [Association [∫ Other ▶		Year of formation	2006	M State of lega	I domicile	FL
Pa	rt i	Summar	<u>y</u>									
	1	Briefly descr	ibe the org	janization's m	ission or mos	st significant acti	Nities	TO SHELTER	ΛΒΑΝΤΟΙ	NED CATS		
_												
c G	}											
1 0	i											
v e	2	Check this b	ox ▶ ☐ if	the organiza	tion discontin	ued its operation	ns or disposed	of more than 25	% of its ass	sets		
1 r	3					, (Part VI, line 1a	· ·			3 3	1	3
ı a		Number of in	ndanandan	t voting mem	here of the av	overning body (F	Part VI lune 1h	RECEIV	FD	4		
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	7a	9				t VIII, line 12, co	` 1 1		6	2 · · · 7a	·	0
	_ b	Net unrelate	d business	taxable inco	me from Forr	n 990-T, line 34			المستحضية	В 76		0
R							1	OGDEN,	<u> U1. P</u>	rior Year		rrent Year
e	8	Contributions	s and gran	ts (Part VIII, I	ıne 1h)				-	60,01	0	87,643
v C	9	Program ser	vice reven	ue (Part VIII,	lıne 2g) 🕠 .				.			0
n	10	Investment i	ncome (Pa	rt VIII, colum	n (A), lines 3,	, 4, and 7d)			·			0
u e	11	Other reveni	ue (Part VI	II, column (A)	, lines 5, 6d,	8c, 9c, 10c, and	l 11e)					610
	12	Total revenu	ie - add lini	es 8 through	11 (must equ	al Part VIII, colu	mn (A), line 12	2)		60,01	ō i	88,253
-	13											0
	14			nembers (Pai								
la ×	15			•		(Part IX, column	n (A), lines 5-1	0)	. ——			12,000
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e n	- 1			nses (Part IX,		,		0	· -			
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Net Asset	s			. =>					Begin			nd of Year
10	20	Total assets	•	•					·	26,69	5	7,634
Fund ⊒3a/-	21	Total liabilitie	•	•					•			0
ncrs				ances Subtra	act line 21 fro	m line 20 · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	·	26,69	5	7,634
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5		Preparer's signature		1/16/			hn-n	se	elf r	(see instruct		
	arer's		<u>-</u>	//		TNG	F 120	Ler Ler	nployed ► l	- [
	Only	Firm's name			E-FILE,				LIN	•		
436	Jy	if self-employ address, and			PENMAN							
_		<u> </u>				BEACH, FL 3			Phone	no ▶904-24	17-3160	
May	the IRS	discuss this	return wit	h the prepare	r shown abov	/e? (see instruct	ions)				🖂	Yes 🗓 No

	990 (2008) CABOODLE RANCH INC		20-5425161 Page 2
Part		vice Accomplishments (see instructions)	
	Briefly describe the organization's mission		
	TO SHELTER ABANDONED CATS		
		nt program services during the year which were not l	
	·		∐Yes [X]No
	If "Yes," describe these new services on Sch		
		ake significant changes in how it conducts, any prog	
			· · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedul		
		for each of the organization's three largest program	
		ns and section 4947(a)(1) trusts are required to report	
	allocations to others, the total expenses, and	d revenue, if any, for each program service reported	
4a	(Code) (Expenses \$	104,047 including grants of \$) (Revenue \$
		* -	, ,
	BEEN NEUTERED AND TREATED BY	TO CURRENTLY HAVE OVER 500 CATS AT	I THE RANCH. ALL THE CATS HAVE
	BEEN NEUTERED AND IREATED BE	A VEI.	
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$
70	(Code / (Expenses ψ	including grants of \ \psi) (Hevenue v
			
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$
70	(Code) (Expenses \$	including grants of \$) (Nevende \$
	<u> </u>		
	04-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Id- O	
4d	Other program services (Describe in Sched (Expenses \$ incl.)	•	enue \$)

Part IV, Checklist of Required Schedules Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." 2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Χ 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 9 Did the organization report an amount in Part X, line 21, 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," Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, 11 11 Χ 12 Did the organization receive an audited financial statement for the year for which it is completing this return 12 that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a 14a Did the organization maintain an office, employees, or agents outside of the US? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Χ 14b business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any Χ organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 Χ 17 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I X 18 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Χ 19 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Χ 20 20 21 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 X 22 Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If ", es," complete 23 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24a <u>X</u> 24b-24d and complete Schedule K. If "No," go to question 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Χ Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified χ 25Ь 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Χ disqualified person outstanding as of the end of the organization's tax year? 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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III Χ 27

Form 990 (2008) CABOODLE RANCH INC

Part IV Checklist of Required Schedules (continued)

		, ,	Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee	1		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity	†		
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		Ϋ́
ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28ь		Χ
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		\bar{x}
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		_ X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		Х
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	- -	_ X
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	_	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X

Form **990** (2008)

Form	990 (2008) CABOODLE RANCH INC	20-54251	51	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
		-		Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns Enter -0- if not applicable	0	ŧ		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable				v
_	gaming (gambling) winnings to prize winners?	• • • • •	1c		<u>X</u>
	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	0	=		
	Statements, filed for the calendar year ending with or within the year covered by this return		2ь	ĺ	Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				Λ
			Į		
	instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		1		
	this return?		3a	j	Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	İ			-
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?		4a		Χ
ь	If "Yes," enter the name of the foreign country		-,-		_
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank		1		
	and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity				
	Regarding Prohibited Tax Shelter Transaction?		5c		<u></u>
	Did the organization solicit any contributions that were not tax deductible?		6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or				1
	gifts were not tax deductible?		6b		
	Organizations that may receive deductible contributions under section 170(c).				ĺ
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		7a		_X_
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	• • • • • • •	<u>7b</u>		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		.		
	required to file Form 8282?		7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year				į
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		_		V
.=.	benefit contract?		7 <u>e</u>		X v
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 <u>1</u> 7g		X X
g	Totali contributions of qualifica intellection property, and the organization life to similar and required				-^-
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		Х
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section				
8	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			<u> </u>	
	organization, have excess business holdings at any time during the year?		8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9ь		Х
10	Section 501(c)(7) organizations. Enter		Ì	1-	
a	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			1	
11	Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders			1	
b	Cross income from other sources (Do not net amounts due or paid to other sources against			1	
	amounts due or received from them)			1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			<u> </u>	

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	-		
	circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body			
Ь	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Χ_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	_	Χ
6	Does the organization have members or stockholders?	6		_X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Χ	
ь	Each committee with authority to act on behalf of the governing body?	8Ь	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Χ
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		Х
11	Is there any officer, director or 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	11		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	1		-
_	rise to conflicts?	12b	Х	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
٠	describe in Schedule O how this is done	12c		Х
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	-	Х
15	Did the process for determining compensation of the following persons include a review and approval by	'		-
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	1		
_	The organization's CEO, Executive Director, or top management official?	15a		Х
a b	Other officers or key employees of the organization?	15b		x -
	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			
104	with a taxable entity during the year?	16a		X
L	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		† •	
ь	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16Ь		
		1	J	J
-	List the states with which a copy of this Form 990 is required to be filed FL			-
17			-	-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► CRAIG A GRANT (904)377-1715			
	711 SE BENCHMARK LEE, FL 32871			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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

(A)	(B)			(0	:)			(D)	(E)	(F)
Name and Title	Average hours per	1 + 4	111	1		H c e		Reportable compensation	Reportable compensation	Estimated amount of
	week	dur se vtc et de o u r a o l r	n r s u t s i t t e	fice	e m	ompheoyees sected	r m	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
CRAIG A GRANT				37	37	.,				
DIRECTOR	60	X	-	X	_X	Х	-	12,000	0	
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Part	VII Section A. Officers, Directors, Trustees, K (A)	(B)	, u,		(C)		Jonipi	E1134	(D)	(E)	T		
	Name and title	Average	Position apply)		neck a	ill that			Reportable	Reportable	E	stimated	t
		hours				1		,	compensation	compensation	ar	mount of	f
		per	1 td	n t	O	K e e m	H c e	F	from	from		other	
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			' se ' t c	l S	c	0	h e l e n o	m e	organization	organizations		from the	c
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		ļ. <u> </u>	- -					-		ļ	-		
			1										
			 	-		-		-				-	-
							ļ						
1b T	otal		 -	 - ·	_!			 ▶	12,000	0	-		0
_	otal number of individuals (including those in 1a) who							rtabl		J	_		-
	organization ►												(
												Yes	No
	Old the organization list any former officer, director or												,
	employee on line 1a? If "Yes," complete Schedule J fo										3		X
	For any individual listed on line 1a, is the sum of repor the organization and related organizations greater than											İ	
	ne organization and related organizations greater than ndividual										4		X
	Did any person listed on line 1a receive or accrue com										' -	-	'
	services rendered to the organization? If "Yes," compl										5		X
	ion B. Independent Contractors												
1 (Complete this table for your five highest compensated	ındependent	contra	acto	rs th	at re	ceived	om b	ore than \$100,000 c	of			
C	compensation from the organization									 -			
	(^)								(B)			(C)	
	Name and business address								Description of	services	Comp	ensation	۱
													-
-	- 	· · · · · ·					•	_					
								-		-			-
2 1	Total number of independent contractors (including the	ose in 1) who	recen	ved	more	e tha	n \$10	0,00	0 in			-	
	compensation from the organization												
		EEA									Form	990 (2	20081

88,253

610

12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colu			lumns (B), (C), and (
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(I)) f-undraising
_7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and		;		
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,		•		
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				i
	trustees, and key employees	12,000	12,000		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				-
10	Payroll taxes				-
11	Fees for services (non-employees)				
a	Management				
ь	Legal				
c	Accounting	150		150	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				<u> </u>
16	Occupancy	12,300	12,300		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not	,			
	covered above (Expenses grouped together	<u> </u>	:		
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)			. د . د	
a		11,036	11,036		
ь	UTILITIES	3,971	3,971		
c	FUEL REIMBURSEMENT	4,800	4,800		
d		41,065	41,065		
e e		9,418	9,418		1
f	All other expenses	12,574	9,457	3,117	
25	Total functional expenses. Add lines 1 through 24f	107,314	104,047	3,267	0
26	Joint Costs. Check here ► ☐ if following \	 			
	SOP 98-2 Complete this line only if the organization				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation · · · · · · · · · · · · · · · · · · ·	EEA	J		Form 990 (2008

•			(A)		(E	3)	
			Beginning of year		End of	year	
	1	Cash - non-interest-bearing	26,695	1		7,6	34
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3		-	-
	4	Accounts receivable, net		4	- ~ -		
	5	Receivables from current and former officers, directors, trustees, key		1 1 -			
		employees, or other related parties Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section	***************************************			*****	
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		1 1			
_		Part II of Schedule L		6			
A S	7	Notes and loans receivable, net	·	7		-	
S	8	Inventories for sale or use		8			
e	9	Prepaid expenses and deferred charges		9			-
ī S	10a	Land, buildings, and equipment cost basis 10a 4,500	* * ***********************************	1 +	٠	** **	
	ь	Less accumulated depreciation Complete					
	_	Part VI of Schedule D		10c			
	11	Investments - publicly traded securities		11			-
	12	Investments - other securities See Part IV, line 11		12			-
	13	Investments - program-related See Part IV, line 11		13		-	-
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	26,695	16	-	7,6	31
	17	Accounts payable and accrued expenses		17		7,0	J-1
	18	Grants payable		18			
	19	Deferred revenue		19			
ĩ	20	Tax-exempt bond liabilities		20			-
a	21	Escrow account liability Complete Part IV of Schedule D		21	- , 		
b	22	Payables to current and former officers, directors, trustees, key					
į							
i		employees, highest compensated employees, and disqualified		22			
i	23	persons Complete Part II of Schedule L					
e s	24	Secured mortgages and notes payable to unrelated third parties		23			
5	25	, ,		25			
	26	Other liabilities Complete Part X of Schedule D					
	20	Total fiabilities. Add lines 17 through 25	0	26	•••		0
	j	-					
N F	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		27			
n	27	Temporarily restricted net assets		27	-		
, d	28 29	Permanently restricted net assets		28			
s B	23	Organizations that do not follow SFAS 117, check here ▶ \\\ \[\textstyle \textsty		. 23	•		
s a		and complete lines 30 through 34.					
e I Iai	30			30			
s n	31	Capital stock or trust principal, or current funds	26,695	31		7 (24
c o e	32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		 -		7,6	34
S	33	· · · · · · · · · · · · · · · · · · ·	26 605	32			. .
	34		26,695	33		7.6	
Dar	t XI	Total liabilities and not assets/fund balances	26,695	34		7,6	34
r (21		i maneiar statements and neporting				<u>.</u> . I	
1	Δ0001	nting method used to prepare the Form 990 🔯 Cash 🔝 Accrual 🔲 Otho	nr.			Yes	No
					9		Х
		he organization's financial statements compiled or reviewed by an independent accountar					Х
		and a game and a game and a game a game a game a game a game a game a game a game a game a game a game a game a			. 2ь		Λ
С		" to lines 2a or 2b, does the organization have a committee that assumes responsibility fo	**		ا ا		
2-		dit, review, or compilation of its financial statements and selection of an independent acco			2c		
3a		esult of a federal award, was the organization required to undergo an audit or audits as se					v
h		rigle Audit Act and OMB Circular A-133?	• • • • • • • • • • • • • • • • • • • •		3a		Х

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Employer identification number CABOODLE RANCH INC 20-5425161 Reason for Public Charity Status (All organizations must complete this part) (see instructions) The organization is not a private foundation because it is (Please check only one organization) 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). (Attach Schedule H) 3 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I c Type III-Functionally integrated Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? 11a(i) 11g(in) Provide the following information about the organizations the organization supports (vi) Is the (ii) EIN (v) Did you notify (i) Name of supported (iii) Type of organization (iv) Is the organization (vii) Amount of organization in col in col (i) listed in your he organization in col organization (described on lines 1-9 (i) organized in the above or IRC section governing document? (i) of your support? US? (see instructions)) Yes Yes Yes

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (d) 2007 (e) 2008 (c) 2006 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the Total. Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support Subtract line 5 from line 4 . . Section B. Total Support (c) 2006 (d) 2007 Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (e) 2008 (f) Total Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business. activities, whether or not the business is Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) . 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 14 15 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 📋 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualified ad a publicly supported organization. 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. OMB No 1545-0047

Inspection

2008

Open to Public

Name of the organization I:mployer identification number 20-5425161 CABOODLE RANCH INC 01. Officer, directors, etc. family relationship (Part VI, line 2) CRAIG GRANT IS PRESIDENT AND DIRECTOR CINDY WOLFE IS A DIRECTOR AND DAUGHTER OF CRAIG GRANT ROBERT GRANT IS A DIRECTOR AND SON OF CRAIG GRANT 02. Form 990 governing body review (Part VI, line 10) NO ONE AT PRESENT REVIEWS THE FINANCIAL STATEMENTS. AS THE ORGANIZATION GROWS ENOUGH TO AFFORD A BOOKKEEPER, FINANCIAL STATEMENTS WILL BE PREPARED MORE TIMELY FOR OUTSIDE REVIEW. 03. CEO, executive director, top management comp (Part VI, line 15a) CRAIG GRANT, PRESIDENT, RECEIVES \$1000.00 PER MONTH AS COMPENSATION TO PROVIDE FOR HIS FOOD, CLOTHING, MEDICATION AND BASIC NEEDS 04. Governing documents, etc, available to public (Part VI, line 19) ALL GOVERNING DOCUMENTS AND TAX RETURNS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

990	Overflow Statement	2008 Page 1
Name(s) as shown on return		FEIN
CABOODLE RANCH INC		20-5425161

	A	mount
	\$	2,467
_		3,873
		3,117
Total:	\$	9,457
	Total:	\$