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)

2009

OMB No 1545-0017

Department of the Treasury

Open to Public Inspection

		ue Service			may have to use a cop	by or this return			· · · · · ·	_t unement		, 20
		1		or tax year begin				2009, and	enaing			•
B C	heck if a	pphrable	Please use IRS	· -	on CABOODLE RANG						- 1	I mployer identification no
^	ddress c	change	label or	Doing Business As	CRAIG A GRAN	r			1		_	0-5425161
N	ame cha	ange	pnnt or type	Number and street	(or P O box if mail is not doli	ivered to street addr	ess)		Roo	n/suite	l l	Lelephone number
l la	utial retu	ım	See	PO BOX 299	·		~ .		_		(904)377-1715
1 10	erminalo	rd	Specific Instruc-	City or town, state	or country, and ZIP + 4	· · •	-L 3	3 20.6	TU		G	Gross receipts
^	mended	return	tions.	PONTE VEDR	A BEACH, F. 4	004	- ,		7			s 129,055
	pplicatio	n pending	I Name		al officer CF FA		·	'''''''''''''''''''''''''''''''''''''				
			711	SE BENCHMAR	K, LEW, FL 320	59		• • •	H(a)	Is this a gr affiliates?	roup rolum	lor Yes X No
	ax exem	ipt status	: .	3) √ ' inc	4947(a)(1) or	527			H(b)	Are all affi	liates inclu	ided? Yes No
		▶ N/A	F -1 +- · (-) (- ,	1 1	. ,			H(c)	# "No," att	ach a list	(see instructions)
			Com	- Int I Asso	ciation Other		L Voor	of formation		1	of legal 1	
Par		Summar	_	Jst [] Asso	ciation [] Other		1 100	or iointation	2000	- State	or legar	Guidine Ex
i. bi	7 .	-					m o a **		-	-	n.a	
	1	isrietly descr	ibe the or	ganization's mission	on or most significant a	ctivities	TO SE	RETTER	ABANDO	NED CW	rs	
۸	1											
r G	-											
· •	1											
٠,٠	2	Check this b	ox ► []	if the organization	discontinued its operati	ions or dispose	d of mor	e than 25°	% of its ne	t assets		
1 7	5	Number of v	oting men	nbers of the govern	ning body (Part VI, line	1a)					3	3
4 4	4		-	**	of the governing body	•	n				4	3
u n Se	İ					•					5	0
e	5		•		2a)						-	U
8	6			•	ecessary)						6	
	7a	Total gross u	unrelated I	business revenue	from Part VIII, column ((C), line 12 .			· • • • •		7a	0
	ь	Net unrelated	d busines	s taxable income f	rom Form 990-T, line 3	4					7b	0
	1			• -			-] ,	Pnor Year		Corent Year
R	8	Contributions	s and gran	nts (Part VIII, line 1	h)				.	87	,643	129,055
=₹	9		-	•	2g)				ł		,	0
	!	_		•	0.				1	-	1	0
. ⊲n 351 ^U	10		,		, lines 3, 4, and 7d) .				' 	-		U
	11				es 5, 6d, 8c, 9c, 10c, ar					-	610	0
_	12	Total revenu	ie - add lin	nes 8 through 11 (r	nust equal Part VIII, co	lumn (A), line_1:	2)		.	88	,253	129,055
,	13	Grants and s	similar am	ounts paid (Part IX	(, column (A), lines 1-3))			.		1	0
· .	14	Lenefits paid	d to of for	members (PartIX,	column (A), line 4) .				.		1	0
· ,	15	Salaries, oth	iorcompe	ensation, emblovee	benefits (Part IX, colur	mn (A), lines 5-1	10) .			12	,000	12,000
_ p	16a	,		11111	olumn (A), line 11e)							0
. п					ırnn (D), line 25) ▶	•		0			1	Ţ.
(s	1							-			324	115 504
<u> </u>	17										,314	115,794
l	18				equal Part IX, column (·		,314	127,794
	19	H evenue les	is expense	es Subtract line 1	8 from line 12				·	(19	(160,	1,261
lι	1								Beginnen	g of Current	Year	End of Year
Park.	20	Lotal assets	(Part X, li	ine 16)					. [7	,634	8,895
l und	21	Total habilitic	es (Part X	, line 26)					. [1	0
Hal ance,	22	Not assets o	or fund hal	lances Subtract lu	ne 21 from line 20					7	,634	8,895
i) ar		Signatu			NO ET HOME IN CO.						, 00 -	
, •		,			amined this return, including	eeeemanuung eehe	schulae earl	Litalamenti	and to the he	ot of much no	wloden	
					ation of preparer (other than o							
**:	_	1		1 Xum								
Sigr	1	I N (بمبرك	12/4C	()			_			1/	0- & 10
ilbre	₿	Signatur	re of officer	7	-						Date	
		CRAI	G A GR	ANT, DIRECTO	OR PRESIDENT							
		1 22	print name a	=	-							
						Date		l Ch	eck if	Propa	ror's identi	fying number
		Preparer s		1				se	lf r	4 .	structions	
Paid		signature	r ,	· 6 01					ployed 🕨 (1		
	arer's			MUX		μo-c	08-201	ro				
სინ(Litan's name	(or your	xpkess e	FILE, INC				LIN	•		
- c (-1119	I imi's name (1511-B PI	ENMAN RD				Ì			
		address and	ZIP + 4	B	LLE BEACH. FL	32250			Phone	no ▶904	4-247	3160

Par	1 111	Statement of Program	Service Accom	plishments			
1	Briefly c	lescribe the organization's missi	on				
	TO SH	ELTER ABANDONED CATS					
				· · · · · · · · · · · · · · · · · · ·			
2	Did the	organization undertake any sign	ficant program service	es during the year which	were not listed on		
		r Form 990 or 990-EZ?		• .			X No
	•	describe these new services or					<u>K</u>] 110
3		organization cease conducting,		anges in how it conducts	any program		
3						□ v	□ N
		s ⁷				· · · · · · · L Yes	🗵 No
		describe these changes on Sch					
4		e the exempt purpose achievem		•	•		
		501(c)(3) and 501(c)(4) organize				of grants and	
	allocation	ons to others, the total expenses	, and revenue, if any,	for each program service	reported		
4a	(Code) (Expenses \$	127,644	including grants of \$ _) (I	Revenue \$)
	HAVE	RETRIEVED, CARED FOR	AND CURRENTLY	HAVE OVER 500	CATS AT THE RANG	CH. ALL THE CATS F	HAVE
	BEEN	NEUTERED AND TREATED	BY A VET.				
						<u> </u>	
							
							
							
							
4b	(Code) (Expenses \$		including grants of \$_) (!	Revenue \$)
				······			
				· · · · · · · · · · · · · · · · · · ·			
							
							
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	`			50			
						·	
							
				· · · · · · · · · · · · · · · · · · ·			
				· · · · · · · · · · · · · · · · · · ·			
							
					······································		
							
4d	Other p	rogram services (Describe in S	chedule O)				
	(Expen	ses \$	including grants of	\$) (Revenue \$)	
4e	Total p	rogram service expenses >	127,	644			

Form 990 (2009)

CABOODLE RANCH INC

ÉEA

20-5425161

Page 2

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1_	_X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	_4_		<u>X</u> -
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	_		37
	complete Schedule D, Part I	6		<u> X</u> _
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_	i	3.7
	complete Schedule D, Part III	8		<u>X</u>
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,"			v
	complete Schedule D, Part IV	_9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			3.7
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	-	Σ
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			l v
_	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete			
_	Schedule D, Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
_	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete	-		
12	Schedule D, Parts XI, XII, and XIII	12		X
124				
12A	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	:	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X -
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		-	
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), line 11e? If "Yes," complete Schedule G, Part I	17	}	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	```
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	- -	 	 -
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	ero and disguinatation operate one or more magnitude in Too, complete conductor.			

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to more than \$6,000 of grants and other assistance to more than			
	United States on Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a		<u>X</u>
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		[
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year of ""'es," complete Schedule L, Part II	26		X.
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties, directly or indirectly			
	(see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds,			
	conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			.,
	Schedule L, Part IV	28b		Χ
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			.,
	family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		- <u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		- X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
	conservation contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		~
20	Part I	31		X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		v
22		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	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	1	Х
25	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		ļ 	_^
35	Is any related organization a controlled entity within the meaning of section 12 (יים 13) / ווי Yes, complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	- 33		77
70	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-30		,,
<i>31</i>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		l	
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?		X	
	Did the digarization complete deficulte of and provide explanations for fact vi, times 11 and 15.	_ ""	1_21	

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
L			Yes	No No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable		1	
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	Ì		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	- 1		
_	gaming (gambling) winnings to prize winners?	1c	Ì	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Χ
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	-		
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
34	this return?	3a	Ì	Χ
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
ь	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			
С	Regarding Prohibited Tax Shelter Transaction?	5c		
£	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		-	
6a	organization solicit any contributions that were not tax deductible?	6a		Χ
_	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
ь	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	,		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		Х
_	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		::-
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	- <u></u> -		
С	required to file Form 8282?	7c		Х
_	If "Yes," indicate the number of Forms 8282 filed during the year			1
d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	benefit contract?	- 7f		X
f	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	-
9	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	.9		-^ -
h	required?	7h		X
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			-
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	В		Х
	Sponsoring organizations maintaining donor advised funds.		 	,,
9	Did the organization make any taxable distributions under section 4966?	9a		Х
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
. b				-
10	Section 501(c)(7) organizations. Enter			
a	Initiation rees and dupital contributions included on that this interest in the second of the second	-		
ь	Cross receipts, included on Form 550, Fart VIII, line 12, for passed 650 of olds facilities	-		
11	Section 501(c)(12) organizations. Enler			
a	Gross income from members or shareholders	-	-	
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	·	ļ - -
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	I	<u> </u>	1

19

Form 990 (2009) CABOODLE RANCH INC 20-5425161 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule, O See instructions Section A. Governing Body and Management Yes Enter the number of voting members of the governing body Enter the number of voting members that are independent ь 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? Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? ь Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Χ Χ 8Ь Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, ...ho cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a 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? 11 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a ь Are officers, directors or trustees, and key employees required to disclose annually interests that could give Χ 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Χ Χ 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision 15a The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? 15b Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ with a taxable entity during the year? 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed FL 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 Another's website

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest

State the name, physical address, and telephone number of the person who possesses the books and records of the

policy, and financial statements available to the public

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	(B) (C)						(D)	(lĒ)	(i)
Name and Title	Average hours per week	Position Pos	I t n r s u t s i t e u e	O f f	K e y e	H c e l o m g mp h p l c e o s n y t s e d d	F o m	Reportable compensation trom the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	lEstimated amount of other compensation from the organization and related organizations
CRAIG A GRANT										
DIRECTOR PRESIDENT	90	X		X	X	X		12,000	0	
			-	!						
										-

	990 (200									····	20-54251	61	Pa	age 8
Pa	rt VII	Section A. Officers, Directors, Trustees	s, Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	(continued)	,		
		(A)	(B)			(C)			(D)	(E)	(I -)		
		Name and Title	Average hours per week	Posit I t d n r i d u r i s e v t c i e t d e o u r a o I r	lt nr su ts	C f f c e	K e y e m p l o y e e	at apply) H c e I o m g m p h p 1 e e o s n y t s e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org.	timated nount of other pensatio om the anizatior direlated anization	י ו
									_					
													-	
														-
	<u>-</u>													
	— - _ ——													
1b	Total								>	12,000	0			0
2		nber of individuals (including but not limited to compensation from the organization	o those listed	above) wh	o re	ceiv	ed mor	e th	an \$100,000 ın	0			
3	Did the o	rganization list any former officer, director o											Yes	No
4	For any ir	e on line 1a? If "Yes," complete Schedule J f ndividual listed on line 1a, is the sum of repo iization and related organizations greater tha	rtable compe	nsation	and	d oth	er c	ompen	satio	on from		3		_X _
5		erson listed on line 1a receive or accrue con rendered to the organization? If "Yes," comp	mpensation fr	om any	un!	relat	ed o	rganiz	ation	n for		5		X
Sec		Independent Contractors										1		
1	1.5	e this table for your five highest compensated ation from the organization	d independen	t contra	cto	rs th	at ro	ceived	l mo	re than \$100,000 o	f 			
		(A) Name and business addres	s							(B) Description of s	ervices		(C) ensation	
												-		
-													-	
2		nber of independent contractors (including bin \$100,000 in compensation from the organi		to those	e lis	ted a	abov	e) who	rec	eived				

1a

ь

С

ď

b

d

C g o a o i t m n f h o t t e u r s r n i t b g s s u r i

m i

S R

e e c

0

h

е

R

e

е

11a b c

n c U

d All other revenue

Statement of Revenue	INC				20-54251	61 Page 9
•			(A) Fotal revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Federated campaigns	1a					511-1 0101 0101
Membership dues	1b					
Fundraising events	1c				,	
Related organizations	1d					
Government grants (contributions)	1e					
All other contributions gifts, grants, and similar amounts not included above	1f	129,055				
Noncash contributions included in lines 1a	L					
Total. Add lines 1a-1f			129,055			
Telebrita in the second		Business Code		······································		
			1			
All other program service revenue						
Total Add lines 2a-2f				······································		
Royalties	<u></u>					
Less rental expenses			-			
Rental income or (loss)						
Net rental income or (loss)						-
Gross amount from sales of assets other than inventory	ties	(ii) Other				
Less cost or other basis and sales expenses			1 1		1	ł
and sales expenses]			
and sales expenses						
and sales expenses						
and sales expenses Gain or (loss)						
and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising events (not including \$						
and sales expenses Gain or (loss) Net gain or (loss)						
and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising events (not including \$						
and sales expenses Gain or (loss) Net gain or (loss)	 . a . b					
and sales expenses	 . a . b					
and sales expenses						
and sales expenses						
and sales expenses						
and sales expenses	. a b a b . a b b					
and sales expenses	. a . b . a . b . a . b					
and sales expenses	. a . b . a . b . a . b					

20-5425161

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			tumns (B), (C), and (I	
	not include amounts reported on lines 6b,	Total expenses	(B) Program service	(C) Management and	(D) Lundraising
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,				
	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				
b	Legal				
c	Accounting	150		150	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				<u> </u>
g	Other				<u> </u>
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	16,212	16,212		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				ļ.
19	Conferences, conventions, and meetings		·		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				l
23	Insurance				<u> </u>
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
a	VET FEES	14,836	14,836		
Ь	UTILITIES	5,173	5,173		
С	FUEL REIMBURSEMENT	4,800	4,800		
d	FOOD FOR ANIMALS	49,967	49,967		.
е	REPAIRS	8,214	8,214		
f	All other expenses	16,442	16,442		
25	Total functional expenses. Add lines 1 through 24f	127,794	127,644	150	0
26	Joint Costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	from a combined educational campaign and				

29

30

31

32

33

34

٨ В s

S a

е

CABOODLE RANCH INC 20-5425161 Page 11 Form 990 (2009) **Balance Sheet** Part X (A) (B) Beginning of year End of year 1 7,634 8,895 1 2 2 3 3 4 4 Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 6 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete ٨ 6 s 7 7 e 8 8 t 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10c Less accumulated depreciation 10b 11 11 12 12 Investments - other securities See Part IV, line 11 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 8,895 7,634 16 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 ь 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 25 25 26 Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34. NF 27 27 u 28 28 Temporarily restricted net assets . .

Form 990 (2009)

8,895

8,895

8,895

29

30

31

32

33

34

7,634

7,634 7,634

Organizations that do not follow SFAS 117, check here ▶ 🗓

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

and complete lines 30 through 34.

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ See separate instructions.

OMB No 1545 0047

2009

Open to Public Inspection

Name of the organization CABOODLE RANCH INC ► Attach to Form 990 or Form 990-EZ. Employer identification number 20-5425161

Pa	rt I	Reason for	Public Charity	/ Status (All organiza	ations must	complete	this part) \$	See instru	ctions			
he i	orgar	nization is not a private	foundation because	se it is (For lines 1 throu	ıgh 11, che	ck only on	e box)					
1	Π	A church, convention	of churches, or as	sociation of churches de	escribed in	section 17	70(Ь)(1)(A)	(i).				
2	$\bar{\sqcap}$	A school described in	section 170(b)(1)	(A)(ii). (Attach Schedule	eE)							
3	$\bar{\sqcap}$			rice organization describ		on 170(b)((1)(A)(iii).					
4	ñ			ed in conjunction with a l				о(ь)(1)(A)	(iii) Enter	the hospita	al's name,	
	(city, and state	,	,	•					•	·	
5	[7]	· · · · · · · · · · · · · · · · · · ·	ated for the benefit	of a college or university	v owned or	operated t	ov a govern	nmental ur	nit describe	d in		
-	·—·	section 170(b)(1)(A)			,	. ,	, ,					
6	1			governmental unit descr	ibed in sec	tion 170(b)(1)(A)(v).					
7	 		=	substantial part of its si				or from th	e general n	oublic		
'	1_1	described in section	•		арроп поп	a governi	nomar om	01 110111 111	e general p	dollo		
8	\overline{X}			170(b)(1)(A)(vi). (Comp	oloto Part II	,						
9	L) KA	•		(1) more than 33 1/3% o			tributione i	mamharet	nn faas an	d arnee		
3	ш	-										
		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										
				30, 1975 See section 5				tax) IIOIII	Dusinesse	3		
	П							Y.4.)				
10	<u>!-</u> !		•	l exclusively to test for p					ry out the			
11				l exclusively for the bene						etion		
				rted organizations descr						ction		
		,—	. —	the type of supporting o	Type III-				d d	Type	III-Other	
_		a Type I		rganization is not control	_ ,.		, ,			Type	iii-Otriei	
е	اـــا			s and other than one or						oction		
		•		s and other than one or	тюге рави	bry aupport	ed organiz	anona dea	oribed in 3	CCION		
		509(a)(1) or section 5		termination from the IRS	that it is a	Tupo I. Tu	no II. or Tu	no III euro	porting			
t		=		termination none the tha	i iiai ii is a	турст, ту	pe ii, or Ty	pe iii supp	Johnny		[7]	
_		organization, check t		ation accepted any gift o	r contributi	on from an	· · · ·			• • •	[]	
g		-	o, nas me organiz	ation accepted any gift c	or contributi	onnoma	ly of the					
		following persons?	line ethic or indirectly	controls, outbox along or	togothor w	uth parcane	e docaribor	t in (ii)			Yes No	
		•	,	controls, either alone or	-	uu berson	s described	(וו) ווו ג				
				of the supported organi							11g(i)	
		(ii) A family member	•								11g(ii)	
			, ,	n described in (i) or (ii) a							11g(111)	
h				the organizations the org	- 1	organization	(v) Did y	ou nouly	(10)	Is the	(vii) Amount of	
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col (i) lis	-	the organi		organizati		support	
				above or IRC section	governing o	document?	col (i)	of your port?	(i) organiz	ted in the S ?		
				(see instructions))	Yes	No	Yes	No	Yes	No		
					162	140	163	140	163	140		
										1		
					- 	ļ 			 			
						-	·		 			
		·			-	 			 			
						<u> </u>	 		-			
Tot	al				1							

Schedule A (Form 990 or 990-EZ) 2009 CABOODLE RANCH INC 20-5425161 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 12,310 60,010 87,643 129,055 289,018 2 Tax revenues levied for the organization's benefit and either paid to or expended on 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 . . . 12,310 60,010 87,643 129,055 289,018 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from In 4 289,018 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 12,310 60,010 87,643 129,055 289,018 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 10 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 . 289,018 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check	ck this box	
and stop here. The organization qualifies as a publicly supported organization		▶ []
b33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more	, check this	
box and stop here. The organization qualifies as a publicly supported organization		⊳ [_
17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 1	14 is 10% or	
more, and if the organization meets the "facts-and-circumstances" test, check this boy and stop here. Explain in Part I		
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		▶ [
b 10%-facts-and-circumstances test - 2008. 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 I	V how the	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see in	ostructions	▶ [