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x6

OMB No. 1545-1150

Form **990-EZ**

Short 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)
 ▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2004
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2004 calendar year, or tax year beginning 1, 2004, and ending 12, 2004

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

C Name of organization
Baptist Pule Ranch for elderly
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
13885 HOKSEKRAU LN
 City or town, state or country, and ZIP + 4
Victorville, CA 92391

D Employer identification number
91-2160960
E Telephone number
(760) 927-5988
F Group Exemption Number . . . ▶

▶ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
Other (specify) ▶

Website: ▶ Ohayrose@yahoo.com
Organization type (check only one) — 501(c) () ◀ (insert no.) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

	1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Contributions, gifts, grants, and similar amounts received		8326.00			0	0	0	0	0	0	0	0	0	0	8326.00												
Program service revenue including government fees and contracts																											
Membership dues and assessments																											
Investment income																											
Gross amount from sale of assets other than inventory					0	0																					
Less: cost or other basis					0	0																					
Gain or (loss) from sale of assets other than inventory							0																				
Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>																											
Gross revenue (not including \$ of contributions reported on line 1)								0	0																		
Less: direct expenses other than fundraising expenses								0	0																		
Net income or (loss) from special events and activities										0																	
Gross sales of inventory, less returns and allowances																											
Less: cost of goods sold																											
Gross profit or (loss) from sales of inventory																											
Other revenue (describe)																											
Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)															8326.00												
Expenses																											
Grants and similar amounts paid (attach schedule)																											
Benefits paid to or for members																											
Salaries, other compensation, and employee benefits																											
Professional fees and other payments to independent contractors																											
Occupancy, rent, utilities, and maintenance																											
Printing, publications, postage, and shipping																											
Other expenses (describe)																											
Total expenses (add lines 10 through 16)																											
Net Assets																											
Excess or (deficit) for the year (line 9 less line 17)																											
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																											
Other changes in net assets or fund balances (attach explanation)																											
Net assets or fund balances at end of year (combine lines 18 through 20)																											

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	760.00	4763.00
23 Land and buildings		
24 Other assets (describe)		
25 Total assets		
26 Total liabilities (describe)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	760.00	4763.00

STATUTE CLEARED

SCANNED OCT 1 2 2010

B-4
28

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)

What is the organization's primary exempt purpose? Food for Senior

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28	<u>Buy Bulk food for seniors</u>	(Grants \$ <u>8326.00</u>)	28a	<u>8322.00</u>
29	<u>Home Repair</u>	(Grants \$)	29a	
30		(Grants \$)	30a	
31	Other program services (attach schedule)	(Grants \$)	31a	
32	Total program service expenses (add lines 28a through 31a)			32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . .		
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		
d Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶		
41 List the states with which a copy of this return is filed. ▶ <u>CALIFORNIA</u>		
42 The books are in care of ▶ <u>Rose Lowry</u> Telephone no. ▶ <u>(714) 921-9988</u>		
Located at ▶ <u>13585 Horse Trail</u> ZIP + 4 ▶ <u>92374-1398</u>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43		

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

Please Sign Here

Signature of officer: Rose Lowry Date: 8-19-10

Type or print name and title: Rose Lowry

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: _____

Name of the organization

BAPTIST Dude Raven for body

Employer identification number

91-2160960

None