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2005

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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.

Form 990-EZ

Department of the Treasury Internal Revenue Service

ENVELOPE POSTMARK DATE AUG 21 2010

A For the 2005 calendar year, or tax year beginning 12, 2005, and ending 12, 2005

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: Baptist Dude Ranch For Elders. D Employer identification number: 91-2160960. E Telephone number: (760) 927-5988. F Group Exemption Number.

G Accounting method: Cash [checked] Accrual Other (specify)

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

I Website: charyrose@yahoo.com. J Organization type (check only one) 501(c)(3) (insert no.) [] 4947(a)(1) or [] 527.

K Check [X] 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L 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 38 of the instructions.)

Table with columns for Revenue (lines 1-9) and Expenses (lines 10-17). Includes handwritten entries for 'RECEIVED' and 'INTERNAL REVENUE SERVICE RECEIVED'.

Table with columns for Net Assets (lines 18-21) and Balance Sheets (lines 22-27). Includes handwritten entries for '763' and '1286.00'.

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.

Table for Balance Sheets with columns (A) Beginning of year and (B) End of year. Includes handwritten entries for '763' and '1286.00'.

STATUTE CLAREN

SCANNED OCT 1 2 2010

Handwritten notes: 9-4, 24 N/E

Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)

What is the organization's primary exempt purpose? _____

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.

| | | Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) |
|----|--|--|
| 28 | Buying Bulk Food for Seniors Cooking & Preparing Homes (Grants \$ 6023.00) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a 5500.00 |
| 29 | _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a |
| 30 | _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a |
| 31 | Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |
| 32 | Total program service expenses (add lines 28a through 31a) <input type="checkbox"/> | 32 |

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 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 |
|----------------------|--|--|---|--|
| _____ | _____ | _____ | _____ | 0 |
| _____ | _____ | _____ | _____ | 0 |
| _____ | _____ | _____ | _____ | 0 |
| _____ | _____ | _____ | _____ | 0 |

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 | 33 | / |
| 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 | 34 | / |
| 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? | 35a | / |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | / |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) | 36 | / |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> | 37a | / |
| b Did the organization file Form 1120-POL for this year? | 37b | / |
| 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? | 38a | / |
| b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved | 38b | 0 |
| 39 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on line 9 | 39a | 0 |
| b Gross receipts, included on line 9, for public use of club facilities | 39b | 0 |
| 40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/> | | |
| 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. | 40b | / |
| c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> | | |
| d Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> | | |

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

41 List the states with which a copy of this return is filed. **▶ CALIFORNIA**

42a The books are in care of **▶ Rose Lowry** Telephone no. **▶ (760) 927-5988**
 Located at **▶ 13885 Horse Trail W Victorville CA** ZIP + 4 **▶ 92394-9278**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

| | Yes | No |
|-----|-----|-------------------------------------|
| 42b | | <input checked="" type="checkbox"/> |
| 42c | | <input checked="" type="checkbox"/> |

If "Yes," enter the name of the foreign country: **▶** _____
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If "Yes," enter the name of the foreign country: **▶** _____

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

▶ Rose Lowry **8-19-10**
 Signature of officer Date

▶ Rose Lowry
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature **▶** _____ Date _____ Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. W) _____

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

Name of the organization

Baptist Duke Ranch ~~of the~~

Employer identification number

91-2160960

None