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Return of Organization Exempt From Income Tax

2006

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning 1, 2006, and ending 12, 2006

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

C Name of organization: BAPTIST DUNE RANCH FOR EMBEY
 Number and street (or P.O. box if mail is not delivered to street address): 13885 Horse Trail Ln
 City or town, state, or country, and ZIP + 4: Victorville, CA 92394 9378

D Employer identification number: 91-2160960

E Telephone number: 760 927 5988

F Accounting method: Cash Accrual
 Other (specify)

G Website: dhayrose@yahoo.com

J Organization type (check only one) 501(c) () (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? Yes No (if "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number

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

SCANNED OCT 20 2010
STATUTE CLEARED
0436525387 SEP 21 2010

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a	4000.00		
	b	Direct public support (not included on line 1a)	1b	00		
	c	Indirect public support (not included on line 1a)	1c	00		
	d	Government contributions (grants) (not included on line 1a)	1d	00		
	e	Total (add lines 1a through 1d) (cash \$ <u>4000.00</u> noncash \$ <u> </u>)	1e	4000.00		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	00		
	3	Membership dues and assessments	3	00		
	4	Interest on savings and temporary cash investments	4	00		
	5	Dividends and interest from securities	5	00		
	6a	Gross rents	6a	00		
	b	Less: rental expenses	6b	00		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c	00			
7	Other investment income (describe in Part VII)	7	00			
Revenue	8a	Gross amount from sales of assets other than inventory	8a	00		
	b	Less: cost or other basis and sales expenses	8b	00		
	c	Gain or (loss) (attach schedule)	8c	00		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	00		
Revenue	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ <u> </u> of contributions reported on line 1b)	9a	00		
	b	Less: direct expenses other than fundraising expenses	9b	00		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	00			
Revenue	10a	Gross sales of inventory, less returns and allowances	10a	00		
	b	Less: cost of goods sold	10b	00		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	00		
Revenue	11	Other revenue (from Part VII, line 103)	11	00		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	4000.00		
	Expenses	13	Program services (from line 44, column (B))	13	3300.00	
		14	Management and general (from line 44, column (C))	14	00	
		15	Fundraising (from line 44, column (D))	15	00	
16	Payments to affiliates (attach schedule)	16	00			
17	Total expenses. Add lines 16 and 44, column (A)	17	4514.00			
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	314.00		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	763.00		
	20	Other changes in net assets or fund balances (attach explanation)	20	00		
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	1277.00		

610 5 NE

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ <u>4,000.00</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	4,000	0		
22b	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	0	0	1201	0
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	0	0	0	0
27	Pension plan contributions not included on lines 25a, b, and c	0	0	0	0
28	Employee benefits not included on lines 25a - 27	0	0	0	0
29	Payroll taxes	0	0	0	0
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	0	0	0	0
32	Legal fees	0	0	0	0
33	Supplies	0	0	0	0
34	Telephone	40.00	0	0	0
35	Postage and shipping	120.00	0	0	0
36	Occupancy	2,672.00	0	0	0
37	Equipment rental and maintenance	1,200.00	0	0	0
38	Printing and publications	92.00	0	0	0
39	Travel	800.00	0	0	0
40	Conferences, conventions, and meetings	150.00	0	0	0
41	Interest	0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	0	0	0	0
43	Other expenses not covered above (itemize):	0	0	0	0
a		0	0	0	0
b		0	0	0	0
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f		0	0	0	0
g		0	0	0	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	4,514			

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a <u>Getting Fund Raising Food for Senior Home Supply for Senior Homes AND Clothing</u> (Grants and allocations \$ <u>5000.00</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	4514 ⁰⁰
b (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	4514
f Total of Program Service Expenses (should equal line 44, column (B), Program services). ▶	

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year	(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
Assets	45 Cash—non-interest-bearing	1277.00	45
	46 Savings and temporary cash investments	0	46
	47a Accounts receivable	0	47c
	b Less: allowance for doubtful accounts	0	
	48a Pledges receivable	0	48c
	b Less: allowance for doubtful accounts	0	
	49 Grants receivable	0	49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	50b
	51a Other notes and loans receivable (attach schedule)	0	51c
	b Less: allowance for doubtful accounts	0	
	52 Inventories for sale or use	0	52
	53 Prepaid expenses and deferred charges	0	53
	54a Investments—publicly-traded securities	0	54a
	b Investments—other securities (attach schedule)	0	54b
	55a Investments—land, buildings, and equipment: basis	0	55c
	b Less: accumulated depreciation (attach schedule)	0	
	56 Investments—other (attach schedule)	0	56
	57a Land, buildings, and equipment: basis	0	57c
	b Less: accumulated depreciation (attach schedule)	0	
58 Other assets, including program-related investments (describe ▶)	0	58	
59 Total assets (must equal line 74). Add lines 45 through 58	1277.00	59	
Liabilities	60 Accounts payable and accrued expenses	806.00	60
	61 Grants payable	0	61
	62 Deferred revenue	0	62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63
	64a Tax-exempt bond liabilities (attach schedule)	0	64a
	b Mortgages and other notes payable (attach schedule)	0	64b
	65 Other liabilities (describe ▶)	0	65
	66 Total liabilities. Add lines 60 through 65	806.00	66
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	0	67
	68 Temporarily restricted	0	68
	69 Permanently restricted	0	69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds	0	70
	71 Paid-in or capital surplus, or land, building, and equipment fund	0	71
	72 Retained earnings, endowment, accumulated income, or other funds	0	72
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	0	73	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	0	74	

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<input checked="" type="checkbox"/>
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		<input checked="" type="checkbox"/>
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		<input checked="" type="checkbox"/>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
84b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<input checked="" type="checkbox"/>
85a	85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		<input checked="" type="checkbox"/>
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		<input checked="" type="checkbox"/>
c Dues, assessments, and similar amounts from members		85c	
d Section 162(e) lobbying and political expenditures		85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f	
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		<input checked="" type="checkbox"/>
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		<input checked="" type="checkbox"/>
86a	86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	
87a	87 501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88a	88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	<input checked="" type="checkbox"/>
88b	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	<input checked="" type="checkbox"/>
89a	89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
89b	b 501(c)(3) and 501(c)(4) orgs. 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 a statement explaining each transaction	89b	<input checked="" type="checkbox"/>
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			
89e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	<input checked="" type="checkbox"/>
89f	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	<input checked="" type="checkbox"/>
89g	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	<input checked="" type="checkbox"/>
90a	90a List the states with which a copy of this return is filed		
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		90b	
91a	91a The books are in care of <u>Rose Lowry</u> Telephone no. <u>(760) 927-5988</u> Located at <u>13845 Horsetail Victorville</u> ZIP + 4 <u>92394 9378</u>		
91b	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)?	91b	<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, Report of Foreign Bank and Financial Accounts.			

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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: 8-16-10

Type or print name and title: Rose Lowry CEO

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. X): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____

EIN: _____

Phone no.: () _____



Name of the organization

Baptist Dude Room for the 911

Employer identification number

2160960

None