

Return of Organization Exempt From Income Tax

2002

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 **2002** calendar year, or tax year beginning **2002**, and ending **20**

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Happy Landings Homes Inc.

Number and street (or P O box if mail is not delivered to street address) Room/suite
5925 Old Dixie Highway

City or town, state or country, and ZIP + 4
Melbourne, Florida 32940-7449

D Employer identification number
59 : 1673251

E Telephone number
(321) 259-4970

F Accounting method: Cash Accrual
 Other (specify) ▶

• Section 501(c)(29) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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 Enter 4-digit GEN ▶ **5233**

G Web site: ▶ **na**

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here 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.

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

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	217,236.71		
	b Indirect public support	1b			
	c Government contributions (grants)	1c	2,400.00		
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		219,636.71	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		16,892.73	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe ▶)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	(B) Other	8b			
		8c			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a Gross sales of inventory, less returns and allowances		10a			
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		236,529.44		
Expenses	13 Program services (from line 44, column (B))	13		212,017.75	
	14 Management and general (from line 44, column (C))	14			
	15 Fundraising (from line 44, column (D))	15		16,210.07	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		228,227.82	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		8,301.62	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,065,586.00	
	20 Other changes in net assets or fund balances (attach explanation)	20		(257,788.03)	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		816,099.59	

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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 page 21 of 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
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23	149,895.93	149,895.93	
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26	16,452.00	16,452.00	
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32	433.00	433.00	
33	Supplies	33	4,397.89	1,674.79	2,723.10
34	Telephone	34	9,143.73	9,143.73	
35	Postage and shipping	35			
36	Occupancy	36	32,755.97	27,441.80	5,314.17
37	Equipment rental and maintenance	37	6,826.50	6,826.50	
38	Printing and publications	38	342.07		342.07
39	Travel	39	7,980.73	150.00	7,830.73
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize): a	43a			
	b	43b			
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	228,227.82	195,132.75	433.00 16,210.07

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 page 24 of the instructions)

What is the organization's primary exempt purpose? <input type="checkbox"/> Family Restoration and Life Recovery Ministry	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a Food, Clothing, Shelter, and Lodging for otherwise homeless families and individuals In 2002 we served over 32,000 meals and had over 19,500 resident bed nights (Grants and allocations \$ _____)	195,132.75
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	195,132.75

Part IV Balance Sheets (See page 24 of the instructions)

		(A) Beginning of year		(B) End of year		
<i>Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>						
Assets	45 Cash—non-interest-bearing	18,858 00	45	27,111 10		
	46 Savings and temporary cash investments	12,000.00	46	12,000.00		
	47a Accounts receivable	47a				
	b Less: allowance for doubtful accounts	47b			47c	
	48a Pledges receivable	48a				
	b Less: allowance for doubtful accounts	48b			48c	
	49 Grants receivable		49			
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50			
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use		52			
	53 Prepaid expenses and deferred charges		53			
	54 Investments—securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54			
	55a Investments—land, buildings, and equipment, basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments—other (attach schedule)		56			
	57a Land, buildings, and equipment, basis	57a				
	b Less: accumulated depreciation (attach schedule)	57b			57c	
58 Other assets (describe ▶ _____)		58				
59 Total assets (add lines 45 through 58) (must equal line 74)		1,402,858 00	59	1,141,721.10		
Liabilities	60 Accounts payable and accrued expenses	3,534 00	60	1,528.00		
	61 Grants payable		61			
	62 Deferred revenue		62			
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63			
	64a Tax-exempt bond liabilities (attach schedule)		64a			
	b Mortgages and other notes payable (attach schedule)	333,738 00	64b	324,093.51		
	65 Other liabilities (describe ▶ _____)		65			
66 Total liabilities (add lines 60 through 65)		337,272 00	66	325,621 51		
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				67	
	68 Temporarily restricted				68	
	69 Permanently restricted		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				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund	1,065,586 01			71	816,099 59
	72 Retained earnings, endowment, accumulated income, or other funds				72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21).		1,065,586.01	73	816,099 59		
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		1,402,858.01	74	1,141,721.10		

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions)

a	Total revenue, gains, and other support per audited financial statements ▶	a
b	Amounts included on line a but not on line 12, Form 990:	b
	(1) Net unrealized gains on investments \$ _____	
	(2) Donated services and use of facilities \$ _____	
	(3) Recoveries of prior year grants \$ _____	
	(4) Other (specify): _____	
	
	Add amounts on lines (1) through (4) ▶	b
c	Line a minus line b ▶	c
d	Amounts included on line 12, Form 990 but not on line a:	d
	(1) Investment expenses not included on line 6b, Form 990 \$ _____	
	(2) Other (specify): _____	
	
	Add amounts on lines (1) and (2) ▶	d
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements . ▶	a
b	Amounts included on line a but not on line 17, Form 990:	b
	(1) Donated services and use of facilities \$ _____	
	(2) Prior year adjustments reported on line 20, Form 990 \$ _____	
	(3) Losses reported on line 20, Form 990 \$ _____	
	(4) Other (specify): _____	
	
	Add amounts on lines (1) through (4) ▶	b
c	Line a minus line b ▶	c
d	Amounts included on line 17, Form 990 but not on line a:	d
	(1) Investment expenses not included on line 6b, Form 990 \$ _____	
	(2) Other (specify): _____	
	
	Add amounts on lines (1) and (2) ▶	d
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 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
Arlene Coulter 5925 Old Obide Hwy Melbourne FL	President 40	- 0 -	- 0 -	- 0 -
David Miller 5850 Old Obide Hwy Melbourne FL	Vice President 40	- 0 -	- 0 -	- 0 -
Don Lees 47 Marina Isles Blvd Indian Harbor Beach FL	Chairman 5	- 0 -	- 0 -	- 0 -
Frank Bradley 427 Timberlake Dr Melbourne FL	Director 2	- 0 -	- 0 -	- 0 -
Charles Boyd 99 King George Blvd Cape Canaveral FL	Director 2	- 0 -	- 0 -	- 0 -
John Horton 330 Grant Ave Satellite Beach FL	Director 2	- 0 -	- 0 -	- 0 -
Wikie Melton 1600 W Eau Gallie Ave Melbourne FL	Director 2	- 0 -	- 0 -	- 0 -
Anthony Love 1919 Thesy Ave Viera, FL	Director 2	- 0 -	- 0 -	- 0 -
.....				
.....				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see page 26 of the instructions

Part VI Other information (See page 27 of the instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?		X
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?	X	
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?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations		na
a	Were substantially all dues nondeductible by members?		
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.		
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	na
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
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?	85h	na
86	501(c)(7) orgs		
a	Enter: a Intuition fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs		
a	Enter: a Gross income from members or shareholders	87a	na
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	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	88	X
89a	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 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	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		- 0 -
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		- 0 -
90a	List the states with which a copy of this return is filed		Florida
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	- 0 -
91	The books are in care of		Resurrection Ranch Ministries Telephone no (321) 259-4970 Located at 5925 Old Dixie Hwy Melbourne, Florida ZIP + 4 32940-7449
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		92

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					16,892.73
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					16,892.73
105 Total (add line 104, columns (B), (D), and (E))					16,892.73

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93g	State of Florida Department of Corrections Faith based transitional housing program to assist recently released nonviolent criminal offenders back into society

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)


(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%	NA		
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including attachments, and believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has knowledge.

Please Sign Here: 
 Signature of officer
 Arlene Coulter - President
 Type or print name and title

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



SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(a), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2002

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Happy Landings Homes Inc

Employer identification number

59 1673251

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None".)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<h1>None</h1>				
Total number of other employees paid over \$50,000 ▶		- 0 -		

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms) if there are none, enter "None".)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<h1>None</h1>		
Total number of others receiving over \$50,000 for professional services ▶		- 0 -

Part III Statements About Activities (See page 2 of the instructions)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 28, Part VI-A, or line i of Part VI-B)

1		x

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a		x
----	--	---

b Lending of money or other extension of credit?

2b		X
----	--	---

c Furnishing of goods, services, or facilities?

2c		X
----	--	---

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d		X
----	--	---

e Transfer of any part of its income or assets?

2e		X
----	--	---

3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)

3		X
---	--	---

4 Do you have a section 403(b) annuity plan for your employees?

4		x
---	--	---

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is. (Please check only ONE applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 12 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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	242,615.92	252,864.00	296,053.00	136,736.00	928,268.92
16 Membership fees received	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
19 Net income from unrelated business activities not included in line 18	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
23 Total of lines 15 through 22	242,615.92	252,864.00	296,053.00	136,736.00	928,268.92
24 Line 23 minus line 17	242,615.92	252,864.00	296,053.00	136,736.00	928,268.92
25 Enter 1% of line 23	2,426.16	2,528.64	2,960.53	1,367.36	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶ 26a				
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶ 26b				
c Total support for section 509(a)(1) test. Enter line 24, column (e)	▶ 26c				
d Add Amounts from column (e) for lines. 18 _____ 19 _____	▶ 26d				
22 _____ 26b _____	▶ 26e				
e Public support (line 26c minus line 26d total)	▶ 26e				
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶ 26f %				
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	(2001) - 0 - (2000) - 0 - (1999) - 0 - (1998) - 0 -				
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2001) - 0 - (2000) - 0 - (1999) - 0 - (1998) - 0 -				
c Add Amounts from column (e) for lines. 15 928,268.92 16 _____	▶ 27c 928,268.92				
17 _____ 20 _____ 21 _____	▶ 27d - 0 -				
d Add Line 27a total _____ and line 27b total _____	▶ 27e 928,268.92				
e Public support (line 27c total minus line 27d total)	▶ 27e 928,268.92				
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	▶ 27f 928,268.92				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶ 27g 100 %				
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶ 27h - 0 - %				
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Resurrection Ranch Ministries

a division of Happy Landing Homes, Inc

December 31, 2002

INCOME

Donations	194,285.32
Fundraiser	20,431.49
DOC/DOL	19,292.73
Loans	2,519.90
Total Income	\$236,529.44

EXPENSES

101	Construction Upgrade	26,418.15
102	Auto Maintenance	17,641.63
103	Gas, oil	4,841.51
104	Fla Pwr & Light	18,199.27
105	Maint And Tools	6,826.50
106	Resident Expenses	4,180.69
107	Health Needs	6,461.28
108	Community Care	6,248.27
109	Telephone	9,143.73
110	Mortgages	27,441.80
111	Insurance	14,548.99
112	Education and Travel	150.00
113	Licenses	876.05
114	Fishery and vets	875.10
115	Kitchen	4,591.26
116	Water	5,339.95
117	Trash	307.56
118	Office	1,674.79
119	Propane Gas	1,571.79
120	Tithes, Alms, Benev	696.45
121	Drug testing	292.41
122	Exchange	29,064.52
123	Contract Labor	16,452.00
124	Cable / Satellite	1,409.91
125	Music Ministry	565.81
126	Fundraiser	16,210.07
198	Returned Checks	433.00
199	Miscellaneous	5,765.33

Total \$228,227.82

Income	236,529.44
Expenses	228,227.82
Net	8,301.62
Bal Fwd	18,858.34
Adjustment	(48.86)
Dec 31, 2002	27,111.10

Happy Landings Homes Inc.

Fiscal 2002

	Jan - Mar	Apr - June	July - Sept	Oct - Dec	YTD
101 Construction Upgrade	12,253.47	4,549.92	4,860.49	4,754.27	26,418.15
102 Auto Maintenance	2,814.81	3,243.09	8,044.50	3,539.23	17,641.63
103 Gas, oil	749.04	872.90	1,710.14	1,509.43	4,841.51
104 Fla Pwr & Light	2,761.20	3,498.97	6,083.66	5,855.44	18,199.27
105 Maint And Tools	2,248.40	1,590.43	1,579.76	1,407.91	6,826.50
106 Resident Expenses	763.21	873.51	1,912.38	631.59	4,180.69
107 Health Needs	1,965.59	2,262.94	1,476.66	756.09	6,461.28
108 Community Care	667.24	2,168.39	1,919.30	1,493.34	6,248.27
109 Telephone	1,910.81	1,536.03	2,192.44	3,504.45	9,143.73
110 Mortgages	8,748.24	4,374.12	6,561.18	7,758.26	27,441.80
111 Insurance	2,634.67	3,822.02	3,936.86	4,155.44	14,548.99
112 Education and Travel	110.00	0.00	40.00	0.00	150.00
113 Licenses	479.15	57.95	0.00	338.95	876.05
114 Fishery and vets	433.95	167.72	213.17	60.26	875.10
115 Kitchen	483.15	1,276.76	703.85	2,127.50	4,591.26
116 Water	1,088.19	817.14	1,475.57	1,959.05	5,339.95
117 Trash	25.63	51.26	76.89	153.78	307.56
118 Office	586.24	296.44	419.18	372.93	1,674.79
119 Propane Gas	0.00	216.21	968.97	386.61	1,571.79
120 Tithes, Alms, Benev	660.90	11.85	11.85	11.85	696.45
121 Drug testing	0.00	0.00	0.00	292.41	292.41
122 Exchange	8,589.11	5,745.91	11,158.31	3,571.19	29,064.52
123 Contract Labor	4,790.00	4,542.00	3,065.00	4,055.00	16,452.00
124 Cable / Satellite	198.94	280.91	338.32	591.74	1,409.91
125 Music Ministry	65.81	500.00	0.00	0.00	565.81
126 Fundraiser	0.00	0.00	8,200.09	8,009.98	16,210.07
198 Returned Checks	0.00	18.00	0.00	415.00	433.00
199 Miscellaneous	3,431.40	559.39	1,099.54	675.00	5,765.33
Qtr Expenses	58,459.15	43,333.86	68,048.11	58,386.70	
				Grand Total	228,227.82
Direct Resident Costs	37,616.57	33,038.03	43,829.22	42,051.26	156,535.08
Bed Nights	5057	4787	4966	4962	19772
\$/res/night *	\$7 4385	\$6 9016	\$8 8259	\$8 4747	\$7 9170

* =(Qtr Exp - Const Upgrade-Exchange-Fundraiser)/Bed Nights

Happy Landings Homes Inc.

Fiscal 2002

Statement of Assets, Liabilities, and Corporate Equity

December 31, 2002

Assets

Cash	\$27,111 10	
Endowment	\$12,000 00	
Cash Total		\$39,111 10

Property and Equipment

Ranch	\$681,840.00	
House and lots	\$95,780.00	
Vehicles	\$28,700.00	
Furnishings& Equip	\$53,300 00	
Light of Lord	\$194,880 00	
Staff Residence	\$68,110 00	
Total		\$1,102,610 00

TOTAL Assets **\$1,141,721.10**

Liabilities and Corporate Equity

Current Liabilities		
unpaid Taxes/Utilities	\$1,528 00	
Short term debt		\$1,528 00

Long Term Debt

Sara Mortgage	\$110,500 00	
Boone Mortgage	\$88,506 55	
Admiralty Bank	\$125,088 96	
Long term debt		\$324,093.51

Total Liabilities **\$325,621 51**

Corporate Equity

Balance 12/2000	\$816,099.59	
Total		\$816,099 59

Total Liabilities and Corporate Equity **\$1,141,721.10**

Property values are the Brevard County property appraisers market value as of 12/31/02. This reevaluation of Happy Landings Homes property has caused a one time devaluation of \$271,390 of property values but will permit future returns to have a standard reference point.