

SCANNED SEP 19 2005

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2004

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 2004 calendar year, or tax year beginning , 2004, **and ending** , 20

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

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 Hwy
 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) ▶

G Website: ▶ **www.ResRanch.org**

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.

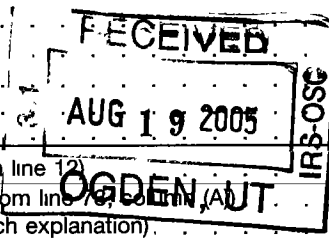
H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ -----
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered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

I Group Exemption Number ▶ **5233**

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 18 of the instructions.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received:		
	a Direct public support	1a	181522.31
	b Indirect public support	1b	
	c Government contributions (grants)	1c	3434.65
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d	184956.96
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	30580.00
	3 Membership dues and assessments	3	-0-
	4 Interest on savings and temporary cash investments	4	57.21
	5 Dividends and interest from securities	5	-0-
	6a Gross rents	6a	9600.00
	b Less: rental expenses	6b	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	9600.00
7 Other investment income (describe ▶)	7	-0-	
8a Gross amount from sales of assets other than inventory	(A) Securities		
	(B) Other		
	8a		
	8b		
c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	-0-	
9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>			
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	7500.00	
b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	7500.00	
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	-0-
11 Other revenue (from Part VII, line 103)	11	-0-	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	232694.17	
Expenses	13 Program services (from line 44, column (B))	13	232033.49
	14 Management and general (from line 44, column (C))	14	326.06
	15 Fundraising (from line 44, column (D))	15	412.57
	16 Payments to affiliates (attach schedule)	16	-0-
	17 Total expenses (add lines 16 and 44, column (A))	17	232722.12
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	(77.95)
	19 Net assets or fund balances at beginning of year (from line 19 of Form 990)	19	685335.63
	20 Other changes in net assets or fund balances (attach explanation)	20	(136.83)
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	685120.85



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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 22 of the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)	169247.47	169247.47		
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.				
26	Other salaries and wages	16608.00	16608.00		
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	3790.18	3377.61		412.57
34	Telephone	11616.16	11616.16		
35	Postage and shipping				
36	Occupancy	26744.72	26744.72		
37	Equipment rental and maintenance	4439.53	4439.53		
38	Printing and publications				
39	Travel	326.06		326.06	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses not covered above (itemize): a				
	b				
	c				
	d				
	e				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15 .	232772.12	232033.49	326.06	412.57

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 25 of the instructions.)

What is the organization's primary exempt purpose? 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 homeless families and individuals In 2004 we served over 35,000 meals and housed 19475 resident bed nights _____ (Grants and allocations \$ _____)	232033.49
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)	232033.49

Part IV Balance Sheets (See page 25 of 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	33391.24	45	28597.16
	46 Savings and temporary cash investments	12000.00	46	12000.00
	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)	1,000,461.24	59	990,667.16	
Liabilities	60 Accounts payable and accrued expenses	914.72	60	2744.16
	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)	314,210.89	64b	302,802.15
	65 Other liabilities (describe ▶ _____)		65	
66 Total liabilities (add lines 60 through 65)	315,125.61	66	305,546.31	
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	685,335.63	71	685,120.85
	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)	685,335.63	73	685,120.85	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,000,461.24	74	990,667.16	

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 27 of the instructions.)

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

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:

(1) Net unrealized gains on investments . . . \$

(2) Donated services and use of facilities

(3) Recoveries of year grants

(4) Other (specify):

..... \$

Add amounts of 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:

(1) Investment expense 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

a Total expenses and losses per audited financial statements . . . ▶ a

b Amounts included on line a but not on line 17, Form 990:

(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:

(1) Investment expense 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 27 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
Ariene Coulter 5925 Old Dixie Hwy Melbourne, Fl	President 20	-0-	-0-	-0-
David Miller 5850 Old Dixie Hwy Melbourne, Fl	Vice-President 40	-0-	-0-	-0-
Don Lees 47 Marine 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 Georges Road Cape Canaveral, Fl	Director 2	-0-	-0-	-0-
John Horton 330 Grant Ave Satellite Beach, Fl	Director 2	-0-	-0-	-0-
Wilkie Melton 1600 W. Eau Gallie Blvd, 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 28 of the instructions.

Part VI Other Information (See page 28 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
78b	b If "Yes," has it filed a tax return on Form 990-T for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
81a	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 and indirect political expenditures. See line 81 instructions 81a		
81b	b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>	<input type="checkbox"/>
82b	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"/>	<input type="checkbox"/>
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
85a	85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
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.		
85c	c Dues, assessments, and similar amounts from members.		
85d	d Section 162(e) lobbying and political expenditures.		
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.		
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e).		
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
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?		
86a	86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.		
86b	b Gross receipts, included on line 12, for public use of club facilities		
87a	87 501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<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		-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 _____		
90b	b Number of employees employed in the pay period that includes March 12, 2004 (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. <input type="checkbox"/> 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 33 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					30,580.00
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))					30,580.00
105 Total (add line 104, columns (B), (D), and (E))					30,580.00

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 34 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 non-violent offenders back into society

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 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, and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Please Sign Here

Signature of officer: Arlene Couiter
Arlene Couiter - President
 Type or print name and title.

Paid Preparer's Use Only

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(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2004

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
.....				
.....				
.....	None			
.....				
.....				
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
.....		
.....	NONE	
.....		
.....		
.....		
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 38, Part VI-A, or line i of Part VI-B.) 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	✓
b Lending of money or other extension of credit?	2b	✓
c Furnishing of goods, services, or facilities?	2c	✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e Transfer of any part of its income or assets?	2e	✓
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	✓
b Do you have a section 403(b) annuity plan for your employees?	3b	✓
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	✓
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	✓

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	221364	236529	242615	252864	953372.00
16 Membership fees received					
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					
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					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	221364	236529	242615	252864	953372
24 Line 23 minus line 17	221364	236529	242615	252864	953372
25 Enter 1% of line 23	2,213.64	2,365.29	2,426.15	2,528.64	
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 2000 through 2003 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 _____ 22 _____ 26b _____ ▶					26d
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: (2003) ----- -0- (2002) ----- -0- (2001) ----- -0- (2000) ----- -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: (2003) ----- -0- (2002) ----- -0- (2001) ----- -0- (2000) ----- -0-					
c Add: Amounts from column (e) for lines: 15 953,372.00 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c 953372.00
d Add: Line 27a total _____ and line 27b total _____ ▶					27d -0-
e Public support (line 27c total minus line 27d total) ▶					27e 953372.00
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f
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 2000 through 2003, 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.					

MA 4-6

Resurrection Ranch Ministries

a division of Happy Landing Homes, Inc

December 31,2004

INCOME

Donations	181,522.31
†	30,580.00
‡	3,434.65
Interest	57.21
Fundraiser	7,500.00
Rent	9,600.00
Total Income	\$232,694.17

EXPENSES

101	Construction Upgrade	21,052.73
102	Auto Maintenance	15,258.24
103	Gas, oil	11,497.89
104	Fla. Pwr & Light	22,251.85
105	Maint And Tools	4,439.53
106	Resident Expenses	6,012.31
107	Health Needs	6,622.51
108	Community Care	3,907.62
109	Telephone	11,616.16
110	Mortgages	26,744.72
111	Insurance	18,283.37
112	Education and Travel	326.06
113	Licenses	1,345.70
114	Fishery and vets	1,050.56
115	Kitchen	14,683.62
116	Water	6,264.33
117	Trash	388.94
118	Office	3,377.61
119	Propane Gas	1,716.62
120	Tithes, Alms, Benev	3,362.85
121	Drug testing	701.50
122	Exchange	24,471.75
123	Contract Labor	16,608.00
124	Cable / Satellite	2,168.52
125	Music Ministry	0.00
126	Fundraiser	412.57
127	Hurricane	3,023.76
198	Returned Checks	243.34
199	Miscellaneous	4,939.46
Total		\$232,772.12

Income	232,694.17
Expenses	232,772.12
Net	(77.95)
Bal Fwd	27,111.10
Adjustment	0.00

Happy Landings Homes Inc.

Fiscal 2004

Statement of Assets, Liabilities, and Corporate Equity

December 31, 2003

Assets

Cash	\$28,597.16	
Endowment	\$12,000.00	
Cash Total		\$40,597.16

Property and Equipment

Ranch	\$661,840.00	
House and lots	\$95,780.00	
Vehicles	\$32,000.00	
Furnishings & Equip	\$45,000.00	
Palm Bay Property	\$47,340.00	
Staff Residence	\$68,110.00	
Total		\$950,070.00

TOTAL Assets **\$990,667.16**

Liabilities and Corporate Equity

Current Liabilities		
unpaid Taxes/Utilities	\$2,744.16	
Short term debt		\$2,744.16

Long Term Debt

Sara Mortgage	\$98,500.00	
Boone Mortgage	\$84,827.11	
Admiralty Bank	\$119,475.04	
Long term debt		\$302,802.15

Total Liabilities **\$305,546.31**

Corporate Equity

Balance 12/2000	\$816,099.59	
Total		\$685,120.85

Total Liabilities and Corporate Equity **\$990,667.16**

Property values are the Brevard County property appraisers market value as of 12/31/04
