

**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)

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

**A** For the 2007 calendar year, or tax year beginning , and ending

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

**C** Name of organization  
**RODEHEAVER BOYS RANCH, INC.**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**380 BOYS RANCH ROAD**

City or town, state or country, and ZIP + 4  
**PALATKA FL 32177**

**D** Employer identification number  
**59-0830750**

**E** Telephone number  
**386-328-1281**

**F** Accounting method:  Cash  
 Accrual  Other (specify)

• Section 501(c)(3) 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

**G** Website: **N/A**

**J** Organization type  
(check only one) ▶  501(c) ( **3** ) ◀ (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 ▶ **1,939,770**

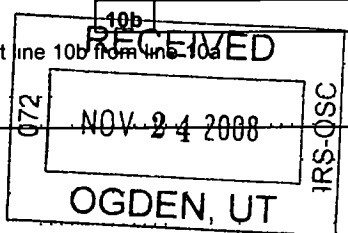
**I** Group Exemption Number ▶

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

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	<b>1,036,025</b>		
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>	<b>30,144</b>		
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>			
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>895,359</b> noncash \$ <b>170,810</b> )	<b>1e</b>			<b>1,066,169</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<b>603,717</b>
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) Subtract line 6b from line 6a	<b>6c</b>			
	<b>7</b> Other investment income (describe <b>SEE STATEMENT 1</b> )	<b>7</b>			<b>7,984</b>
	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>	<b>8b</b>		
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>			
<b>d</b> Net gain or (loss) Combine line 8c, columns (A) and (B) <b>SEE STMT 2</b>	<b>8d</b>			<b>-2,396</b>	
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>	<b>215,382</b>			
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>	<b>129,999</b>			
<b>c</b> Net income or (loss) from special events Subtract line 9b from line 9a	<b>9c</b>			<b>85,383</b>	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
<b>b</b> Less cost of goods sold	<b>10b</b>				
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	<b>10c</b>				
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			<b>44,018</b>	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			<b>1,804,875</b>	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>			<b>1,403,775</b>	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			<b>209,380</b>	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			<b>222,753</b>	
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>				
<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>			<b>1,835,908</b>	
<b>18</b> Excess or (deficit) for the year Subtract line 17 from line 12	<b>18</b>			<b>-31,033</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			<b>4,397,436</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 3</b>	<b>20</b>			<b>281,125</b>	
<b>21</b> Net assets or fund balances at end of year Combine lines 18, 19, and 20	<b>21</b>			<b>4,647,528</b>	

Net Assets



15 517

**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
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees, etc listed in Part V-A <b>SEE STATEMENT 4</b>	58,346	29,173	29,173	
<b>25b</b>	Compensation of former officers, directors, key employees, etc listed in Part V-B				
<b>25c</b>	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)				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	515,196	427,948	42,177	45,071
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c				
<b>28</b>	Employee benefits not included on lines 25a - 27	96,344	72,299	8,671	15,374
<b>29</b>	Payroll taxes	42,667	34,887	4,704	3,076
<b>30</b>	Professional fundraising fees				
<b>31</b>	Accounting fees	12,100		12,100	
<b>32</b>	Legal fees	10,000		10,000	
<b>33</b>	Supplies	25,805	19,646	4,260	1,899
<b>34</b>	Telephone	21,052	9,112	11,016	924
<b>35</b>	Postage and shipping	38,044	1,951	1,663	34,430
<b>36</b>	Occupancy	74,886	74,886		
<b>37</b>	Equipment rental and maintenance	26,979	7,257	4,156	15,566
<b>38</b>	Printing and publications				
<b>39</b>	Travel	9,235	1,583	3,447	4,205
<b>40</b>	Conferences, conventions, and meetings				
<b>41</b>	Interest	43,814	5,451	38,363	
<b>42</b>	Depreciation, depletion, etc (attach schedule)	187,795	124,884	11,906	51,005
<b>43a</b>	Other expenses not covered above (itemize) a <b>SEE STATEMENT 5</b>	673,645	594,698	27,744	51,203
<b>43b</b>	b				
<b>43c</b>	c				
<b>43d</b>	d				
<b>43e</b>	e				
<b>43f</b>	f				
<b>43g</b>	g				
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,835,908	1,403,775	209,380	222,753

**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?

▶ **SEE STATEMENT 6**

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.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

**a RODEHEAVER BOYS RANCH PROVIDES A PARTIAL EDUCATION AND A HEALTHY FARM ENVIRONMENT FOR DEPENDENT AND NEGLECTED BOYS. FACILITIES ARE AVAILABLE TO CARE FOR UP TO 48 BOYS.**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ▶

**1,403,775**

**b**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ▶

**c**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ▶

**d**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ▶

**e Other program services (attach schedule)**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ▶

**f Total of Program Service Expenses (should equal line 44, column (B), Program services)**

**▶ 1,403,775**

**Part IV Balance Sheets** (See the instructions.)

		(A) Beginning of year		(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				
<b>Assets</b>	45 Cash—non-interest-bearing	332,959	45	190,178
	46 Savings and temporary cash investments		46	
	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	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	94,050	52	105,400
	53 Prepaid expenses and deferred charges	675	53	675
	54a Investments—publicly-traded securities <b>SEE STATEMENT 7</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	50,335	54a	59,326
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments—land, buildings, and equipment basis	55a 34,395		
	b Less accumulated depreciation (attach schedule) <b>SEE STATEMENT 8</b>	55b 34,395	55c	34,395
	56 Investments—other (attach schedule) <b>SEE STMT 9</b>	18,472	56	19,009
	57a Land, buildings, and equipment basis	57a 4,826,381		
b Less accumulated depreciation (attach schedule) <b>SEE STATEMENT 10</b>	57b 1,939,669	2,745,976	57c 2,886,712	
58 Other assets, including program-related investments (describe <b>SEE STATEMENT 11</b> )	1,927,515	58	2,213,470	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	5,204,377	59	5,509,165	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	60,699	60	76,245
	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) <b>SEE WORKSHEET</b>	217,314	64b	195,086
	65 Other liabilities (describe <b>SEE STATEMENT 12</b> )	528,928	65	590,306
66 <b>Total liabilities.</b> Add lines 60 through 65	806,941	66	861,637	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	2,175,945	67	2,298,177
	68 Temporarily restricted	1,866,376	68	1,984,730
	69 Permanently restricted	355,115	69	364,621
	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		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	4,397,436	73	4,647,528	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	5,204,377	74	5,509,165	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

a Total revenue, gains, and other support per audited financial statements		a	2,215,999
b Amounts included on line a but not on Part I, line 12			
1 Net unrealized gains on investments	b1 281,125		
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify)	b4 129,999		
SEE STATEMENT 13			
Add lines b1 through b4		b	411,124
c Subtract line b from line a		c	1,804,875
d Amounts included on Part I, line 12, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify)	d2		
Add lines d1 and d2		d	
e Total revenue (Part I, line 12) Add lines c and d		e	1,804,875

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

a Total expenses and losses per audited financial statements		a	1,965,907
b Amounts included on line a but not Part I, line 17			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify)	b4 129,999		
SEE STATEMENT 14			
Add lines b1 through b4		b	129,999
c Subtract line b from line a		c	1,835,908
d Amounts included on Part I, line 17, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify)	d2		
Add lines d1 and d2		d	
e Total expenses (Part I, line 17) Add lines c and d		e	1,835,908

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See 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 plans	(E) Expense account and other allowances
KEN JOHNSON 380 BOYS RANCH ROAD PALATKA FL 32177	EXEC DIR 40	58,346	4,400	0
BOARD OF DIRECTORS SEE ATTACHED STMT	SEE ATTACHED 0	0	0	0



**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	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?	<b>X</b>	
<b>b</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.)		
	<b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>X</b>	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>N/A</b>	
<b>85a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	<b>N/A</b>	
<b>b</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.	<b>N/A</b>	
<b>c</b>	Dues, assessments, and similar amounts from members		
	<b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures		
	<b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	<b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	<b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>N/A</b>	
<b>h</b>	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?	<b>N/A</b>	
<b>86</b>	501(c)(7) orgs. Enter: a. Initiation fees and capital contributions included on line 12		
	<b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
	<b>86b</b>		
<b>87</b>	501(c)(12) orgs. Enter: a. Gross income from members or shareholders		
	<b>87a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>87b</b>		
<b>88a</b>	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.		<b>X</b>
<b>b</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.		<b>X</b>
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911: <b>0</b> ; section 4912: <b>0</b> ; section 4955: <b>0</b> .		
<b>b</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.		<b>X</b>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958: <b>0</b> .		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization: <b>0</b> .		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		<b>X</b>
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		<b>X</b>
<b>g</b>	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?		<b>X</b>
<b>89g</b>			
<b>90a</b>	List the states with which a copy of this return is filed: <b>NONE</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions): <b>27</b>		
<b>91a</b>	The books are in care of: <b>PEGGY YOUNT</b> <b>HIGHWAY 19 SOUTH</b> Located at: <b>PALATKA, FL</b>	Telephone no: <b>386-328-1163</b>	ZIP + 4: <b>32177</b>
<b>b</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)? 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.		
	<b>91b</b>	<b>X</b>	

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country ▶

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 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>BOYS SUPPORT</b>					<b>105,358</b>
b <b>FARM INCOME</b>					<b>35,874</b>
c <b>VEHICLE IMPROVEMENT PROGRAM</b>					<b>462,485</b>
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
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			<b>14</b>	<b>7,984</b>	
100 Gain or (loss) from sales of assets other than inventory			<b>1</b>	<b>-2,396</b>	
101 Net income or (loss) from special events			<b>1</b>	<b>85,383</b>	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b <b>MISCELLANEOUS INCOME</b>			<b>25</b>	<b>44,018</b>	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		<b>0</b>		<b>134,989</b>	<b>603,717</b>
105 Total (add line 104, columns (B), (D), and (E))					<b>738,706</b>

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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)
▼	<b>SEE STATEMENT 15</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
<b>N/A</b>	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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)



**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
	<b>X</b>

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

**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
	<b>X</b>

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

**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

**Please Sign Here**

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.

Signature of officer: *Ken Johnson* Date: 11/14/08

Type or print name and title: Ken Johnson Executive Director

**Paid Preparer's Use Only**

Preparer's signature: *Mr. Blue* Date: 11/14/08 Check if self-prepared:

Firm's name (or yours if self-employed), address, and ZIP + 4: DAVIS, MONK & COMPANY  
906 S STATE ROAD 19  
PALATKA, FL 32177

Preparer's SSN or PTIN (See Gen Instr X):

**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 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**RODEHEAVER BOYS RANCH, INC.**

Employer identification number  
**59-0830750**

**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 empl benefit plans & deferred comp	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

**Part II-A 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 ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

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

		Yes	No
<b>1</b>	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 )		<b>X</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		
<b>2</b>	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 )		
<b>a</b>	Sale, exchange, or leasing of property?		<b>X</b>
<b>b</b>	Lending of money or other extension of credit? <b>SEE STATEMENT 16</b>	<b>X</b>	
<b>c</b>	Furnishing of goods, services, or facilities? <b>SEE STATEMENT 17</b>	<b>X</b>	
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	<b>X</b>	
<b>e</b>	Transfer of any part of its income or assets?		<b>X</b>
<b>3a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )		<b>X</b>
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?		<b>X</b>
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		<b>X</b>
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>
<b>4a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		<b>X</b>
<b>b</b>	Did the organization make any taxable distributions under section 4966?		
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year ► _____		
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____		
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____		<b>0</b>
<b>g</b>	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____		<b>0</b>

**Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)**

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
  - Type I
  - Type II
  - Type III-Functionally Integrated
  - Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions )

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,325,355	958,381	1,324,195	839,316	4,447,247
<b>16</b> Membership fees received					0
<b>17</b> 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	903,205	676,804	725,749	669,715	2,975,473
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	6,961	6,785	11,088		24,834
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
<b>23</b> Total of lines 15 through 22	2,235,521	1,641,970	2,061,032	1,509,031	7,447,554
<b>24</b> Line 23 minus line 17	1,332,316	965,166	1,335,283	839,316	4,472,081
<b>25</b> Enter 1% of line 23	22,355	16,420	20,610	15,090	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 ▶					0
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					
c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶					
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶					
e Public support (line 26c minus line 26d total) ▶					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					%
<b>27 Organizations described on line 12:</b> 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 (2006) <b>93,413</b> (2005) <b>102,329</b> (2004) <b>439,403</b> (2003) <b>60,778</b>					
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 11b, 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 (2006) <b>197,645</b> (2005) <b>127,462</b> (2004) <b>0</b> (2003) <b>176,729</b>					
c Add Amounts from column (e) for lines 15 <b>4,447,247</b> 16 _____ 17 <b>2,975,473</b> 20 _____ 21 _____ ▶					27c 7,422,720
d Add Line 27a total <b>695,923</b> and line 27b total <b>501,836</b> ▶					27d 1,197,759
e Public support (line 27c total minus line 27d total) ▶					27e 6,224,961
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶					27f 7,447,554
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g 83.5840%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h 0.3335%
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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.					

**Part V Private School Questionnaire (See page 9 of the instructions.)  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )			
<b>32</b>	Does the organization maintain the following			
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
<b>33</b>	Does the organization discriminate by race in any way with respect to			
<b>a</b>	Students' rights or privileges?	<b>33a</b>		
<b>b</b>	Admissions policies?	<b>33b</b>		
<b>c</b>	Employment of faculty or administrative staff?	<b>33c</b>		
<b>d</b>	Scholarships or other financial assistance?	<b>33d</b>		
<b>e</b>	Educational policies?	<b>33e</b>		
<b>f</b>	Use of facilities?	<b>33f</b>		
<b>g</b>	Athletic programs?	<b>33g</b>		
<b>h</b>	Other extracurricular activities?	<b>33h</b>		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

<b>Check</b> ▶ <b>a</b>	if the organization belongs to an affiliated group	<b>Check</b> ▶ <b>b</b>	if you checked "a" and "limited control" provisions apply	
<b>Limits on Lobbying Expenditures</b>				
(The term "expenditures" means amounts paid or incurred )				
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	<b>(a)</b> Affiliated group totals	<b>(b)</b> To be completed for all electing organizations	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>			
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>			
<b>39</b> Other exempt purpose expenditures	<b>39</b>			
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>			
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table-	<b>41</b>			
<b>If the amount on line 40 is-</b>		<b>The lobbying nontaxable amount is-</b>		
Not over \$500,000		20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000			
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>			
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>			
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>			

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 13 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

	Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities







For calendar year 2007, or tax year beginning , and ending

Name

Employer Identification Number

RODEHEAVER BOYS RANCH, INC.

59-0830750

## FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) PUTNAM STATE BANK - 02 CHEVY VAN	
(2) PUTNAM STATE BANK - 02 CHEVY VAN	
(3) RING POWER CORPORATION CATEPILLAR SK	
(4) PUTNAM STATE BANK	
(5) GMAC	
(6) PUTNAM STATE BANK - 2004 NISSAN	
(7) PUTNAM STATE BANK - 2007 GMC VAN	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				9.250
(5)				8.750
(6)				
(7)				8.250
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	3,245	
(2)	3,245	
(3)	512	
(4)	143,803	143,803
(5)	19,716	13,104
(6)	16,258	13,030
(7)	30,535	25,149
(8)		
(9)		
(10)		
Totals	217,314	195,086

Statement 1 - Form 990, Part I, Line 7 - Other Investment Income

Description	Amount
OTHER INVESTMENT INCOME	\$ 7,984
TOTAL	\$ 7,984

## Federal Statements

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

<u>Desc</u>	<u>How Rec'd</u>	<u>Whom Sold</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sale Price</u>	<u>Cost &amp; Expense</u>	<u>Depr</u>	<u>Gain/ -Loss</u>
PUBLICLY TRADED SECURITIES								
					\$ 2,500	\$ 4,896		\$ -2,396
TOTAL					<u>\$ 2,500</u>	<u>\$ 4,896</u>	<u>\$ 0</u>	<u>\$ -2,396</u>

**Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS ON INVESTMENTS	\$ 281,125
SPECIAL EVENTS DIRECT EXPENSES REPORTED ON LINE 9B	129,999
SPECIAL EVENTS DIRECT EXPENSES LOCATED ON LINE 9B	<u>-129,999</u>
TOTAL	<u>\$ 281,125</u>

## Federal Statements

Statement 4 - Form 990, Part II, Line 25a - Compensation of Current Officers

<u>Name</u>	<u>Program Services</u>	<u>Management &amp; General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
KEN JOHNSON, EXEC DIR COMPENSATION	29,173	29,173	
TOTAL	<u>\$ 29,173</u>	<u>\$ 29,173</u>	<u>\$ 0</u>

Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$	\$	\$	\$
COST OF SALES	52,246	52,246		
FOOD	115,000	115,000		
REPAIRS & MAINTENANCE	66,308	66,308		
VEHICLE OPERATION	176,517	176,517		
INSURANCE	85,484	75,951	6,061	3,472
MISCELLANEOUS	32,513	22,677	7,169	2,667
ADVERTISING	79,547	37,138		42,409
BOYS ACTIVITIES/GIFTS	34,991	34,991		
CLOTHING	278	278		
MEDICAL EXPENSES	12,942	12,942		
SCHOOL EXPENSES	650	650		
FEES, DUES & LICENSES	8,696		6,041	2,655
PROPERTY TAXES	8,473		8,473	
TOTAL	\$ 673,645	\$ 594,698	\$ 27,744	\$ 51,203

**Statement 6 - Form 990, Part III - Organization's Primary Exempt Purpose**

Description

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO PROVIDE A  
HEALTHY ENVIRONMENT FOR NEGLECTED BOYS.



## Federal Statements

**Statement 7 - Form 990, Part IV, Line 54a - Publicly Traded Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK	\$	\$	
CONOCOPHILLIPS	43,170		MARKET
HARRIS & HARRIS, INC.	1,814		MARKET
MEDTRONICS, INC.	5,351		MARKET
		59,326	MARKET
TOTAL	\$ 50,335	\$ 59,326	

**Statement 8 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
INVESTMENTS IN REAL ESTATE	\$ 34,395	\$	\$ 34,395	\$
TOTAL	\$ 34,395	\$ 0	\$ 34,395	\$ 0

**Statement 9 - Form 990, Part IV, Line 56 - Other Investments**

Description	Beginning of Year	End of Year	Basis of Valuation
INVESTMENT IN LIMITED PARTNERSHIP	\$ 18,472	\$ 19,009	MARKET
TOTAL	\$ 18,472	\$ 19,009	

**Statement 10 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
BUILDINGS & IMPROVEMENTS	\$ 3,380,286	\$ 1,314,129	\$ 3,647,042	\$
VEHICLES	302,472	180,691	302,472	
FURNITURE, FIXTURES & EQUIPMENT	427,482	264,444	478,867	
LAND	395,000		395,000	
CONSTRUCTION IN PROGRESS			3,000	
				1,939,669
TOTAL	\$ 4,505,240	\$ 1,759,264	\$ 4,826,381	\$ 1,939,669

## Federal Statements

**Statement 11 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
RESTRICTED CASH - BOYS' DEPOSITS	\$ 12,713	\$ 27,071
BENEFICIAL INTEREST IN TRUST	330,115	339,621
QUALIFIED INTEREST IN FOUNDATION	<u>1,584,687</u>	<u>1,846,778</u>
TOTAL	<u>\$ 1,927,515</u>	<u>\$ 2,213,470</u>

**Statement 12 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
BOYS' DEPOSITS	\$ 12,713	\$ 27,071
ADVANCE FROM FOUNDATION	494,620	549,470
DEFERRED REVENUE	<u>21,595</u>	<u>13,765</u>
TOTAL	<u>\$ 528,928</u>	<u>\$ 590,306</u>

**Statement 13 - Form 990, Part IV-A - Other Revenue Included on Financial Statements**

<u>Description</u>	<u>Amount</u>
SPECIAL EVENTS DIRECT EXPENSES REPORTED ON LINE 9B	\$ 129,999
TOTAL	<u>\$ 129,999</u>

**Statement 14 - Form 990, Part IV-B - Other Expenses included on Financial Statements**

<u>Description</u>	<u>Amount</u>
SPECIAL EVENTS DIRECT EXPENSES LOCATED ON LINE 9B	\$ 129,999
TOTAL	<u>\$ 129,999</u>

**Statement 15 - Form 990, Part VIII - Relationship of Activities**

<u>Line No.</u>	<u>Description</u>
93A	FEES AND COURT-ORDERED PAYMENTS RECEIVED FROM PARENTS TO HELP DEFRAY THE COST OF PROVIDING HIGH QUALITY CARE.
93B	FARM INCOME FROM THE SALE OF LIVESTOCK AND TIMBER AS WELL AS INCOME RECEIVED FROM PONY RIDES. THESE ACTIVITIES HELP DEFRAY THE COST OF THE BOYS' CARE WHILE PROVIDING A HEALTHY WORK ENVIRONMENT AND TEACHING VOCATIONAL SKILLS.
93C	DONATIONS OF VEHICLES ARE RECEIVED. REPAIRS ARE MADE TO THE VEHICLES AND THEY ARE RESOLD AT AUCTION. THIS PROGRAM IS INTENDED TO DEFRAY THE COST OF THE BOYS' CARE WHILE PROVIDING A HEALTHY WORK ENVIRONMENT AS WELL AS TEACHING VOCATIONAL SKILLS.

**Statement 16 - Schedule A, Part III, Line 2b - Lending of Money or Extension of Credit**Description

THE ORGANIZATION HAS DEPOSITS WITH AND HAS RECEIVED LOANS FROM A FINANCIAL INSTITUTION WHOSE BOARD OF DIRECTORS INCLUDES ONE OF THE ORGANIZATION'S OFFICERS.

**Statement 17 - Schedule A, Part III, Line 2c - Furnishing of Goods, Services or Facilities**Description

THE ORGANIZATION CONTRACTED WITH AN ENTITY THAT IS PARTIALLY OWNED BY ONE OF THE RANCH'S BOARD MEMBERS FOR A CONSTRUCTION PROJECT.

**RODEHEAVER BOYS RANCH  
BOARD OF DIRECTORS  
2007-2008  
(Amended/Corrected)**

**OFFICERS:**

<b>Bobby Cothren, President</b> 4300 C. R. 208 St. Augustine, FL 32092	(904) 899-9307 (Fax) (904) 829-1646 (Fax) (904) 829-6066 (Home) (904) 334-8004 (Cell Phone)
<b>Marc Spalding, Vice-President</b> 1900 Moseley Ave. Palatka, FL 32177	328-6716 (Office) 328-0551 (Fax) 325-3723 (Home)
<b>Richard Perallon, DDS, Secretary</b> 205 Zeagler Drive Palatka, FL 32177	325-4504 (Office) 328-4821 (Home) 325-5507 (Fax)
<b>Samuel Taylor, Treasurer</b> P. O. Box 162 E. Palatka, FL 32131-0162	328-1320 (Home) 546-2504 (Mobile)

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**LIVING PAST PRESIDENTS:**

<b>Ben Bates, Jr.</b> 3400 Crill Ave., Suite 1 Palatka, FL 32177	328-6716 (Office) 328-1354 (Home) 328-0551 (Fax)
<b>John Browning, Jr.</b> 119 Browning Lane E. Palatka, FL 32131	328-7295 (Office) 328-4518 (Home) 325-1871 (Restaurant)
<b>Steve Chapman, DMD</b> 3520 St. Johns Ave. Palatka, FL 32177	328-8351 (Office) 937-0302 (Cell phone) 328-4001 (Fax) 328-8255 (Home)
<b>R. T. Clay, Sr.</b> P. O. Box 99 Grandin, FL 32138-0099	659-2325 (Home)
<b>Judge Ed Hedstrom</b> P. O. Box 1317 Palatka, FL 32178-1317	329-0263 (Office) 329-0896 (Fax) 328-2962 (Home) 546-6601 (Cell phone)
<b>W. T. (Bill) Huntley</b> 204 Moritani Point Rd. E. Palatka, FL 32131	328-0506 (Office) 328-2379 (Home) 328-0843 (Fax)
<b>Dan Martinez</b> 320 Round Lake Rd. Palatka, FL 32177	325-3959 (Home) 325-0538 (Fax)
<b>Carlton Spence</b> P. O. Box 41084 Jacksonville, FL 32203-1084	(904) 786-8036 (Office) Shirley Hart, Ass't. (904) 781-2166 (Fax) (904) 641-1100 (Home)

**DIRECTORS: GROUP I**  
**2005-2008**

Page 2.

**Steve Meggs**  
**Florida Rock Industries**  
**155 East 21<sup>st</sup> Street**  
**Jacksonville, FL 32206**

**(904) 354-8286 (Office)**  
**(904) 354-8450 (Fax)**

**Karen Hughes, H. S. Principal**  
**302 Mellon Rd.**  
**Palatka, FL 32177**

**329-0577 (School Office)**

**Richard (Rick) Oreair, Jr., President**  
**Electrical Contracting Company**  
**777 Ashford Street**  
**Jacksonville, FL 32208**

**(904) 764-2524 (Office)**  
**(904) 764-1081 (Fax)**  
**(904) 509-6457 (Cell Phone)**

**H. Wesley Smith**  
**8770 C. R. 13, South**  
**Hastings, FL 32145**

**(904) 692-1977**

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**DIRECTORS: GROUP II**  
**2006-2009**

**Norman Archambo, DMD**  
**500 Highway 19, South**  
**Palatka, FL 32177**

**325-5467 (Office)**  
**328-9567 (Home)**  
**325-2635 (Fax)**

**Mills Wood Products**  
**S. J. Mills**  
**170 Highway 20**  
**Palatka, FL 32177**

**328-4343 (Office)**      **328-3237 (Fax)**  
**328-2828 (Home)**  
**972-1742 (Mobile Phone)**

**Don Holmes, Attorney**  
**222 N. 3<sup>rd</sup> Street**  
**Palatka, FL 32177**

**328-1111 (Office)**  
**328-3003 (Fax)**

**Tim Parker**  
**312 Oak Street**  
**Palatka, FL 32177**

**326-0866 (Home)**

**Peggy Campbell-Murphy**  
**143 Walton Road**  
**E. Palatka, FL 32131**

**325-7950 (Home)**

**Tommy Lee**  
**9165 Hastings-Palatka Rd.**  
**Hastings, FL 32145**

**692-1469 (Home)**  
**692-2715 (Farm)**  
**329-3300 (Cell Phone)**

**DIRECTORS: GROUP III**  
**2007-2010**

**Clyde Barnes**  
**P. O. Box 1026**  
**Hastings, FL 32145-1026**

**692-1561 (Home)**  
**692-2228 (Fax)**

**Cremer Wood, Inc.**  
**Ernie Cremer, Representative**  
**2508 Reid St.**  
**Palatka, FL 32177**

**325-7326 (Office)**  
**325-8370 (Fax)**

**Georgia-Pacific Corp.**  
**Jeremy Alexander, Representative**  
**P. O. Box 919**  
**Palatka, FL 32178-0919**

**329-0062 (Office)**  
**328-0014 (Fax)**

**Ring Power Corporation**  
**Randy Ringhaver, President**  
**Dennis Steed, Exec. Vice President**  
**P. O. Box 45022**  
**Jacksonville, FL 32232-5022**

**(904) 281-0155 (Fax)**  
**(904) 737-7730 (Office)**  
**(904) 278-4458 (Home)**

**Russ Castleberry, Esq.**  
**P. O. Box 758**  
**Palatka, FL 32178-0758**

**329-1903 (Office)**  
**326-2721 (Fax)**  
**325-4135 (Home)**

**Robert Mitchem**  
**201 Moritani Point Rd.**  
**E. Palatka, FL 32131**

**328-3904 (Home)**  
**546-7464 (Cell Phone)**

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**ALUMNI: GROUP IV**  
**VOLUNTARY, NON-VOTING**

**LaNelle Wall, DVM**  
**1610 Moseley Ave.**  
**Palatka, FL 32177**

**328-4613 (Office)**  
**328-9805 (Home)**  
**328-9805 (Fax)**

**Jack Langdon**  
**1093 A1A, Beach Blvd.**  
**Suite 365**  
**St. Augustine Bch., FL 32080**

**(904) 471-1903 (Office)**  
**(386) 986-1733 (Fax)**  
**(386) 986-1734 (Home)**  
**(904) 814-6036 (Cell Phone)**

**John Williams**  
**P. O. Box 21**  
**Bostwick, FL 32007-0021**

**325-0638 (Office)**  
**325-0080**



Walton Pellicer  
132 Buffalo Bluff Rd.  
Palatka, FL 32177

312-8440 (Fax)

Kenny Downs  
2020 Ashbrook Lane  
Palatka, FL 32177

329-0171 (Office)  
328-7118 (Home)  
325-9043 (Fax)

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**LIFETIME MEMBER**

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Mickey Westbury  
P. O. Box 716  
Palatka, FL 32178-0716

325-5651 (Home)

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**HONORARY MEMBER**

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Bruce Howe  
4550 S. County Farm Rd.  
Warsaw, IN 46580-8217

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**RANCH ADVISORY GROUP**  
**CHOSEN BY EXECUTIVE DIRECTOR**

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Gerald Toledo  
Corporate President  
Nashville, TN

John Wilson  
Corporate Sales Vice President  
Canton, OH

Melvin Johnson, Ph.D.Ed., Retired  
Tiger, GA

Dean Kelly, Sheriff  
Putnam County  
Palatka, FL

Carl Schepper  
(Auto Parts Store Chain Owner)  
Pensacola, FL

Carlos Branch, USAF Pilot, Retired  
Gulf Breeze, FL

Steve Whiting  
Escambia County Tax Office  
Pensacola, FL

Danny Cooke, Contract Maintenance  
Whiting Field, N.A.S.  
Milton, FL

Dwight Scifries  
Power Plant Maintenance  
Montezuma, IN

Herman Somers  
Putnam County Commission  
Palatka High Student Job Supervisor

Edsell Redden, County Agriculture Agent  
Putnam County FL

Dewey Marrs, Pastor  
Milton, FL

Charles Litzell, Pastor  
Cedar Key, FL

Jim Farley, Cattle Rancher  
Middleburg, FL

Mark Johnson, Attorney  
Tallahassee, FL

Slade Rickels, Pastor  
Deland, FL

**PRESIDENTIAL HISTORY  
RODEHEAVER BOYS' RANCH**

**PAST PRESIDENTS**

**YEARS SERVED**

Homer Rodeheaver	1950 – 1955 deceased
James E. Thomas	1956 – 1974 deceased
Harry E. Westbury	1974 – 1982 deceased
R. T. "Tommy" Clay, Sr.	1982 – 1983
William "Bill" Penn	1983 – 1986 deceased
Roy Campbell, M. D.	1986 – 1988 deceased
E. W. "Walt" Pellicer	1988 – 1990 deceased
John P. Browning, Jr.	1990 – 1991
William T. "Bill" Huntley	1991 – 1992
Edward E. Hedstrom	1992 – 1994
H. Neil Freeman	1994 – 1995 deceased
Daniel A. "Dan" Martinez	1995 – 1996
Ben Bates, Jr.	1996 – 1997
Carlton H. Spence	1997 – 2001
Edwin "Ed" Beckler	2001 – 2003 deceased
Steve Chapman, DMD	2003 – 2005
Bobby Cothren	2005 -

**Application for Extension of Time To File an  
Exempt Organization Return**

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ▶
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only ▶

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

<b>Type or print</b> File by the due date for filing your return See instructions	<b>Name of Exempt Organization</b> <b>RODEHEAVER BOYS RANCH, INC.</b>	<b>Employer identification number</b> <b>59-0830750</b>
	<b>Number, street, and room or suite no. If a P O box, see instructions</b> <b>380 BOYS RANCH ROAD</b>	
	<b>City, town or post office, state, and ZIP code For a foreign address, see instructions</b> <b>PALATKA FL 32177</b>	

**Check type of return to be filed (file a separate application for each return)**

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ **PEGGY YOUNT**

Telephone No ▶ **386-328-1163** FAX No ▶

● If the organization does not have an office or place of business in the United States, check this box ▶

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ▶  If it is for part of the group, check this box ▶  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until **8/15/08**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
▶  calendar year **2007** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	<b>3b</b>	\$
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

● If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

● If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.**

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>RODEHEAVER BOYS RANCH, INC.</b>	Employer Identification number <b>59-0830750</b>
	Number, street, and room or suite no. If a P O. box, see instructions <b>380 BOYS RANCH ROAD</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>PALATKA FL 32177</b>	

Check type of return to be filed (File a separate application for each return).

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

● The books are in the care of ► **PEGGY YOUNT**  
Telephone No ► **386-328-1163** FAX No. ►

● If the organization does not have an office or place of business in the United States, check this box

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **11/17/08**.

5 For calendar year **2007**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

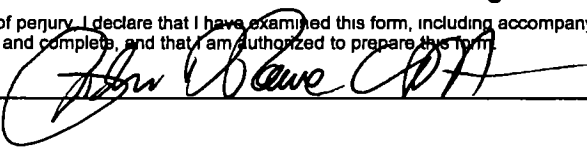
6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c <b>Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►  Title ► **Accountant** Date ► **8/18/08**