Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black Jung

benefit trust or private foundation)

OMB No 1545-0047

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

Open to Public Inspection

A	Fo	r th	e 2	005 calendar year, or tax year beginning a	nd endir	ıg						
В	Ch ap	eck i plica	ıf able	Please C Name of organization			D Emp	oloyer	identification number			
ſ		Add char	iress nge	label or			6	2-1	471146			
ĺ		Nan char	ne	type Number and street (or P.O. hox if mail is not delivered to street address)	_	Room/suite			number			
Ī		Initia	aľ	See   Name of the Specific P. O. BOX 641				(615)299-9938				
[		Fina retu		Instruc- tions City or town, state or country, and ZIP + 4				unting me				
[		Ame	ende	JOELTON, TN 37080-0641				Other (specify)				
[		App pen	dica	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts	S H	and lare not app	licable	to sec	ction 527 organizations.			
				must attach a completed Schedule A (Form 990 or 990-EZ).	H(	(a) Is this a group r	eturn f	or affilia	ates? Yes X No			
<u> </u>				▶WWW.WALDENSPUDDLE.ORG		(b) If "Yes," enter nu	ımber (	of affilia	ntes N/A			
1				tion type (check only one) X 501(c) ( 3 ) (insert no) 4947(a)(1) or		c) Are all affiliates i (If "No," attach a		d۶	N/A LYes LNo			
K				re Lif the organization's gross receipts are normally not more than \$25,000. The	[ [11]	(d) Ìs this a separat	e returi	n filed t	by an or-			
	organization need not file a return with the IRS, but if the organization chooses to file a return, be											
_	SL	ire t	0 11	le a complete return. Some states require a complete return.		aroup Externation			N/A			
	٥.			and the Add base Sh. Oh. Oh. and 10h to line 10h.	,   ^	Sch. B (Form 99		-	ation is <b>not</b> required to attach			
	ા Pai	_		Revenue, Expenses, and Changes in Net Assets or Fund E			0, 990	-EZ, UI	990-27)			
L	Pa			Contributions, gifts, grants, and similar amounts received.	Dalaire	,63						
	1	1		Direct public support	18	264,1	31					
	i		a	Indirect public support	1b	201,1	71.					
			c	Government contributions (grants)	10							
			d	Total (add lines 1a through 1c) (cash \$ 264,131. noncash \$			)	1d	264,131.			
3	- [	2 Program service revenue including government fees and contracts (from Part VII, line 93)  Membership dues and assessments										
0 4 CI												
		4		Interest on savings and temporary cash investments				4				
	i	5		Dividends and interest from securities				5	2,631.			
AUG	ı	6	a	Gross rents	6a							
⋖	١		b	Less; rental expenses	8b							
2	ĺ		Ç	Net rental income or (loss) (subtract line 6b from line 6a)				вс				
SCANNED		7		Other investment income (describe				7				
	Revenue	8	a	Gross amount from sales of assets other (A) Securities		(B) Other						
₹.	Şe			than inventory 20,170.	8a							
ري ا	٦		b	Less; cost or other basis and sales expenses 18,983.	8b	<del></del>						
$\Omega$	ı		C	Gain or (loss) (attach schedule)  Net gain or (loss) (combine line 8c, columns (A) and (B))  STMT 2	8c				1 107			
		•	ď	, , , , , , , , , , , , , , , , , , , ,			-	8d	1,187.			
	-	9		Special events and activities (attach schedule). If any amount is from gaming, check h Gross revenue (not including \$ of contributions	1919							
			a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			l				
	ľ		ь	Less; direct expenses other than fundraising expenses	9b	<del>-</del>		i				
	ľ		C	Net income or (loss) from special events (subtract line 9b from line 9a)				9c				
		10		· · · · · · · · · · · · · · · · · · ·	10a		ı					
	į		Ь	Processing Control of the Control of	1Qb							
	١		C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from	ı in inga	CEIVED		10c				
		11		Other revenue (from Part VII, line 103)				11	57.			
_		12	<u> </u>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<del>- JUI</del>	0 9 20nc	)    - 	12	<u> 268,006.</u>			
	اي	13	1	Program services (from line 44, column (B))		a 3 5006	있다	13	<u>205,663.</u>			
	Expenses	14		Management and general (from line 44, column (C))	JAR		188 188	14	<u>25,708.</u>			
	9	15	i	Fundraising (from line 44, column (D))		EN, UT	7	15	<u>25,708.</u>			
	<u>آ</u> ۵	16		, aymonto to armaios (attaon orinocato)		, , , ,	-	16	0.57 0.50			
-	$\dashv$	_ <u>17</u>	_	Total expenses (add lines 16 and 44, column (A))  Expense or (deficit) for the year (subtract line 17 from line 12)	_			17	<u>257,079.</u>			
	ţ2	18 19		Excess or (deficit) for the year (subtract line 17 from line 12)  Net assets or fund balances at beginning of year (from line 73, column (A))			ł	18	10,927. 371,819.			
Net	Assets	20			712 C1	TATEMENT	٦	19 20				
	۷	21		Net assets or fund balances at end of year (combine lines 18, 19, and 20)			~	21	381,947.			
5:	2300		_	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instru	ictions.				Form <b>990</b> (2005)			

Joint Costs. Check ▶ ☐ If you are following SOP 9	8-2			
Are any joint costs from a combined educational campaign and f	iundraising solic	atation reported in (B) Program services?	Yes X	No
If "Yes," enter (i) the aggregate amount of these joint costs \$	N/A	; (ii) the amount allocated to Program services \$_	N/A	;
(iii) the amount allocated to Management and general \$	N/A	; and (iv) the amount allocated to Fundraising \$	N/A	
				200

51,073.

257,079.

40.859.

205,663.

5.107.

25,708.

Form **990** (2005)

5.107.

25,708.

SEE STATEMENT 5

43g

SEE STATEMENT

13-15)

44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 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.

Wh	at is the organization's pri	mary exempt pu	ırpose? ▶ <u>SI</u>	EE STATEM	IENT 7				Program Service
clie	organizations must descrit ints served, publications is ianizations and 4947(a)(1) i	sued, etc Disci	uss achievement	s that are not me	easurable (Section 50	1(c)(3) and (4)			Expenses Required for 50 1(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
а	SEE STATEMEN	1T 6							
								$\dashv$	
				-	<del></del>			$\dashv$	
					<u> </u>	·		_	005 660
b	(Grants and allocations			If this amount	includes foreign grant	ts, check here	<u> </u>		205,663.
D			<del></del>				_	-	
			<del></del>						
		<u> </u>	<del>-</del>					_	
	(Grants and allocations			If this amount	ıncludes foreign grant	s check here	<b>▶</b> [	$\neg$	
C					g.				
		_						_	
			<del></del>					_	
	14=4								
	(Grants and allocations	\$		If this amount	ıncludes foreign grant	s, check here	<b>▶</b> [		
d								_	
				<del></del>					
				· · ·			<del>-</del>		
		_							
						· · · · · · · · · · · · · · · · · · ·		_	
	(Grants and allocations Other program services (a	\$	)	If this amount	includes foreign grant	s, check here	<u> </u>		
e	(Grants and allocations	stiach schedule,	,	If this amount	includes foreign grant	e chack hero	⊾ г	٦١	
f	Total of Program Service		ould equal line 44			o, CHOCK HOLD	<u> </u>	<u></u>	205,663.
÷		= T = 1,500 (011		,	J				Form <b>990</b> (2005)

387.047. Form 990 (2005)

381,947.

70

71 72

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371

376

,819

273

70

71

72

73

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, building, and equipment fund

column (A) must equal line 19; column (B) must equal line 21)

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances. Add lines 66 and 73

Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72;

(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 allowance	
SEE ATTACHED LIST OF NON-COMPENSATED P.O. BOX 641	BOARD	OF	DIRE	CTORS		
JOELTON, TN 37080-0641	1.	50		0.	0.	0.
					_	
					-	
				-		
			_			

Form 990 (2005)

Form 990 (2005) WALDEN'S PUDDLE, INC.			<u>62-1471</u>	<u>146</u>		age (
Part V-A Current Officers, Directors, Trustees, and Ke	y Employees (continu	ıed) '	·		Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to	to vote on organization bu	siness at board		į		
meetings		▶	<u>7</u>			
b Are any officers, directors, trustees, or key employees listed in Form	990. Part V-A. or highest of	compensated emo	lovees			
listed in Schedule A, Part I, or highest compensated professional and			, ,			
Part II-A or II-B, related to each other through family or business related	tionships? If "Yes," attach	a statement that	dentifies			l
the individuals and explains the relationship(s)				75b		X
c Do any officers, directors, trustees, or key employees listed in Form	990. Part V-A. or highest c	ompensated empl	lovees			1
listed in Schedule A, Part I, or highest compensated professional and		•	,	ļ		l
Part II-A or II-B, receive compensation from any other organizations,	whether tax exempt or tax	cable, that are rela	ted to this			
organization through common supervision or common control?				75c		X
Note. Related organizations include section 509(a)(3) supporting org	anizations			ļ		
If "Yes," attach a statement that identifies the individuals, explains the relations			ıızatıon(s), and			
describes the compensation arrangements, including amounts paid to each in	idividual by each related orga	nization.				
d Does the organization have a written conflict of interest policy?				75d		X
Part V-B Former Officers, Directors, Trustees, and Ke						
<b>Benefits</b> (If any former officer, director, trustee, or key en the year, list that person below and enter the amount of co						
and your, not that person polow and onto the amount of our	inpondution of other bonds	То ит ато арргори	(D) Contributions t		) Expe	
(A) Name and address	(B) Loans and Advances	(C) Compensation	employee benefit plans & deferred	ac	count	and
			compensation plan	s othe	r allow	ances
RICHARD PRESLER						
P. O. BOX 641		45 000				- ^
JOELTON, TN 37080	0.	45,000.	0	┿	4	<u>50.</u>
				┿		
				1		
				+-		
				+		
	-			+		
	-			1		
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				1		
				<u> </u>		
Part VI Other Information (See the instructions)					Yes	No
78 Did the organization engage in any activity not previously reported to	the IRS? If "Yes," attach	a detailed				
description of each activity			<u> </u>	76		<u> </u>
77 Were any changes made in the organizing or governing documents b	out not reported to the IRS	;?	ļ <u>-</u>	77		<u>X</u>
If "Yes," attach a conformed copy of the changes			ĺ	ľ	1	
78 a Did the organization have unrelated business gross income of \$1,000	or more during the year o	covered by this ret	_	78a		<u> </u>
b If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	78b		
79 Was there a liquidation, dissolution, termination, or substantial contra	action during the year? If "	Yes," attach a sta	tement	79		<u> </u>
80 a Is the organization related (other than by association with a statewide		-	ľ			
membership, governing bodies, trustees, officers, etc., to any other e	exempt or nonexempt orga	inization?	<u> </u>	80a	-	X
b If "Yes," enter the name of the organization ► N/A		<del></del>	<del></del>		ļ	
	and check whether it is	exempt or L	nonexempt			
81 a Enter direct or indirect political expenditures (See line 81 instructions	s) [	81a	0.	_	1	
b Did the organization file Form 1120-POL for this year?				81b	9 <b>90</b> (2	X 2005)
523161/02-03-06	-			LOIIII 3	3 <b>30</b> (2	(CUU.

	990 (2005) WALDEN'S PUDDLE, INC.	62-147	<u> 1146</u>		age <b>7</b>
Pa	t VI Other Information (continued)			Yes	No
82 a	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?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this				ĺ
	amount as revenue in Part I or as an expense in Part II		}		ĺ
	(See instructions in Part III )	N/A	1		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	<u> </u>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	tax deductible?	N/A	84b		<b></b>
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	85a		
þ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b		
	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			ļ	
C	Dues, assessments, and similar amounts from members	N/A_	-		
d	Section 162(e) lobbying and political expenditures	N/A	.		
0	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	- i		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f	N/A	4		
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	27 / 2			
	following tax year?	N/A	85h		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on	27 / 2			
	line 12 86a	N/A	-		
. D	Gross receipts, included on line 12, for public use of club facilities	N/A	-		
87	501(c)(12) organizations Enter a Gross income from members or shareholders  87a	N/A	+	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources	NT / 7	1	1	
	against amounts due or received from them)  87b	N/A	+		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or pa			I	
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7 if "Yes," complete Part IX	701-37	88	ĺ	Х
۰.	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under		00		
09 8	section 4911 \( \begin{align*}     \begin{align*}	0.		ľ	
	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	<u></u>		i	
٠	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		89Ь		x
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under		000	L	
٠	sections 4912, 4955, and 4958	•			0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	<u> </u>			0.
90 a	List the states with which a copy of this return is filed ▶TN		-		
b		90Ь			10
91 a		o.▶ <u>615-87</u>	6-0	212	
	Located at ▶ 8131 JACKSON ROAD, JOELTON, TN	ZIP + 4 ► 3			
Ь	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			Yes	No
	account)?		91b		X
	If "Yes," enter the name of the foreign country   N/A				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			-	
	and Financial Accounts				
C	At any time during the calendar year, did the organization maintain an office outside of the United States?		91c		X
	If "Yes," enter the name of the foreign country ▶			_	_
92	Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of Form 1041- Check here	1		<b>▶</b> [	
	and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/2		
			Form	990 r	2005)

Form 990 (2005)

CIRCLE ROAD, SUITE 200

37228-1310

Phone no.  $\triangleright$  (615)242-7351

Firm's name (or

self-employed),

KRAFTCPAS

GREAT

Preparer's

Use Only

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# 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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

			Employer identifi	cation number
1C.			62, 14711	46
		Officers, Dire	ctors, and Ti	rustees
re are none, e		<del>,</del>	I(d) Contributions to	4-75
	per week devoted to  position	(c) Compensation	employee benefit plans & deferred compensation	(e) Expense account and othe allowances
		-		
	0			
Paid Inde		s for Professi	onal Service	s
	-			
r paid more tha	an \$50,000	(b) Type of s	ervice (	c) Compensation
<b></b>				<u>-</u>
				<del></del>
<b></b>				· · · · · · · · · · · · · · · · · · ·
•	0			
than professio	nal services, whether individu		ervices	
paid more tha	ın \$50,000	(b) Type of so	ervice (d	c) Compensation
	-			
<b>&gt;</b>	0			
	Paid Inde	Paid Employees Other Than are are none, enter "None.")  (b) Title and average hours per week devoted to position   D  Paid Independent Contractor her individuals or firms). If there are none, et r paid more than \$50,000  Paid Independent Contractor than professional services, whether individual the instructions ) r paid more than \$50,000	Paid Employees Other Than Officers, Directed and enter "None.")    (a) Compensation   (b) Title and average hours   (c) Compensation   (c) Compens	Paid Employees Other Than Officers, Directors, and Treate none, enter None."    (b) Title and average hours per week devoted to position   (c) Compensation   (d) Contributions to employee benefit plans & delerred compensation   (e) Compensat

523101/02-03-06 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

Sche	dule A (F	orm 990 or 990-EZ) 2005 WALDEN'S PUDDLE, INC. 62-14	7114	6 1	Page 2
Pa	rt III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1 [	Ouring th	e year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence		<del> </del>	<del>                                     </del>
p	ublic op	nion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
ŀ	obbying	activities 🕨 \$ (Must equal amounts on line 38, Part VI-A, o	r	[	Į
l	ne i of P	art VI-B )	1		Х
(	Organizat	ions that made an election under section 50 1(h) by filing Form 5768 must complete Part VI-A. Other organizations			
c	hecking	"Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	İ		ł
t F	rustees, erson is	e year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," detailed statement explaining the transactions)			
		nange, or leasing of property?	2a		X
	,				
ЬL	ending o	of money or other extension of credit?	2b	_	x
	urnichin	g of goods, services, or facilities?	2c		x
Ų i	umamm	y or goods, services, or racinities.		_	
d F	Payment	of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	) <u>2d</u>	X	
e 1	ransfer (	of any part of its income or assets?	2e	L	х
3 a [	o you m	ake grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how		_	
У	ou deter	mine that recipients qualify to receive payments.)	3a		х
ь	o you ha	ave a section 403(b) annuity plan for your employees?	3ь		Х
c [	Ouring th	e year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		Х
4 a [	Old you n	naintain any separate account for participating donors where donors have the right to provide advice			
C	n the us	e or distribution of funds?	4a		_X
_ ь [	)o you pı	ovide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions )			
The C	rnanizati	on is not a private foundation because it is: (Please check only ONE applicable box.)	<del></del>		
5	n yanızatı	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)			
6	Ħ	A school. Section 170(b)(1)(A)(ii) (Also complete Part V.)			
7	一	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
,	Ħ	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
٥	Ħ	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,			
•	<u></u>	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)(n	<u></u>		
		(Also complete the Support Schedule in Part IV-A.)	, ,.		
11a	X	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	$\sqcap$	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 desc	rıbed ın:		
		(1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that desc	ribes		
		the type of supporting organization: ► Type 1 Type 2 Type 3			
		Provide the following information about the supported organizations. (See page 6 of the instructions.)			
		(a) Name(s) of supported organization(s)	(b) Line	numb m abo	
				450	
					<u> </u>
14 52311		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			
52311 02-03-	06	Schedule A (Forn	1 880 ot 8	θO-EZ)	2005

T ai	Note: You may use the	e worksheet in the insti	ructions for converting	from the accrual to th	e cash method	of acco	ounting
	dar year (or fiscal year ning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	202,694.	209,966.	185,015.	138,7	02.	736,377.
16	Membership fees received	1					
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	17,248.	8,525.				25,773.
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		2,632.	2,645.	4 0	75.	14,998.
19	Net income from unrelated business		2,032.	2,043.	3,2	<del>/ J •</del>	14,330.
10	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	354.	200.	SEE STATEME <13,871.		48.	> <14,665.
23	Total of lines 15 through 22	225,042.	221,323.	173,789.	142,3		762,483.
24	Line 23 minus line 17	207,794.	212,798.	173,789.	142,3		736,710.
25	Enter 1% of line 23	2,250.	2,213.	1,738.	1,4		
26	Organizations described on lines 1	O or 11. a Enter 2% of a	amount in column (e), lin	e 24	<b></b>	28a	14,734.
b	Prepare a list for your records to sho	ow the name of and amou	nt contributed by each pe	erson (other than a govern	nmental		
	unit or publicly supported organizati	on) whose total gifts for 2	001 through 2004 excee	ded the amount shown in	line 26a.		
	Do not file this list with your return.	. Enter the total of all thes	e excess amounts		<b>&gt;</b>	26b	51,047.
C	Total support for section 509(a)(1) t	est Enter line 24, column	(θ)		<b>&gt;</b>	26c	736,710.
d	Add; Amounts from column (e) for l		<b>14,998.</b> 19		<del>_</del>		
		22<	<b>14</b> ,665.> 26b	51,04	<u>7.                                    </u>	28d	<u>51,380.</u>
8	Public support (line 26c minus line 2	26d total)				268	<u>685,330.</u>
	Public support percentage (line 26					26f	93.0257%
27	Organizations described on line 12				-		•
	records to show the name of, and to		ich year from, each "disqi	ualified person. <b>" Do not fil</b>	e this list with yo	ur retur	n. Enter the sum of
	· · · · · · · · · · · · · · · · · · ·	N/A					
	(2004)	(2003)	•	002)	(200	•	
b	•		•				
	and amount received for each year, t						
	described in lines 5 through 11b, as the larger amount described in (1) o	· ·	· · · · · · · · · · · · · · · · · · ·	, =		9811 1119	amount received and
	(2004)	(2003)	(2	002)	(200	11)	
C	Add: Amounts from column (e) for l					27c	N/A
4	Add; Line 27a total		d line 27b total	<u></u>		27d	N/A
9	Public support (line 27c total minus		u 1111 <del>0</del> 27 0 total			276	N/A
e f	Total support for section 509(a)(2) t		23. column (e)	▶   27f   ]	N/A		N/A
g	Public support percentage (lin		• • •		<b>&gt;</b>	27g	N/A %
•	Investment income percentage	• •	•	••	or))	27h	N/A %
28 L	Jnusual Grants: For an organization	n described in line 10, 11,	or 12 that received any u	nusual grants during 200	1 through 2004, p	гераге :	a list for your records to
S	how, for each year, the name of the ce <b>eturn</b> . Do not include these grants in	ontributor, the date and an	nount of the grant, and a	brief description of the na	iture of the grant.	Do not	file this list with your

NONE

Schedule A (Form 990 or 990-EZ) 2005

523121 02-03-06

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	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?	30		ļ
31	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?	31		
	If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement.)	_		}
		_		
32	Does the organization maintain the following:	_		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	$\vdash$	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
đ		32d	-	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:	-		
8	Students' rights or privileges?	33a		
b	Admissions policies?	33Ь		_
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	<u>3</u> 3d		
8	Educational policies?	336		
f	Use of facilities?	33f	<u> </u>	
g	Athletic programs?	33g		
h		33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	   34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	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	35		

Schedule A (Form 990 or 990-EZ) 2005

		Expenditures by El	ecting Public Chariti	es (See pa	ige 9 of	the instructions )	. 02	· N/A	16
Char		ation belongs to an affiliated		► b l lf	vou ch	ecked "a" and "limite	d control	orovisions apply.	_
Ono	Li	mits on Lobbying I	Expenditures	<u> </u>	<u> </u>	(a) Affiliated gro totals		(b) To be completed for AL electing organizations	
						N/A			
36	Total lobbying expenditures to	o influence public opinion (	grassroots lobbying)		36				
37	Total lobbying expenditures t	o influence a legislative bod	y (direct lobbying)		37				
38	Total lobbying expenditures (	add lines 36 and 37)			38				
39	Other exempt purpose expen	ditures			39				
40	Total exempt purpose expend	litures (add lines 38 and 39)	)		40				
41	Lobbying nontaxable amount	. Enter the amount from the	following table -						
	If the amount on line 40 is -	The lobbying	ng nontaxable amount is -						
	Not over \$500,000	20% of the ar	mount on line 40	)					
	Over \$500,000 but not over \$1,000	,000 \$100,000 plus	s 15% of the excess over \$500,000		Ì				
	Over \$1,000,000 but not over \$1,50	00,000 \$175,000 plus	s 10% of the excess over \$1,000,00	o }	41			ļ	
	Over \$1,500,000 but not over \$17,0	000,000 \$225,000 plus	s 5% of the excess over \$1,500,000	-					
	er \$17,000,000 \$1,000,000 assroots nontaxable amount (enter 25% of line 41)								
		,			42			<del> </del>	
	Subtract line 42 from line 36.				43			<del> </del>	
44	Subtract line 41 from line 38.	ct line 41 from line 38. Enter -0- if line 41 is more than line 38						-	_
	Caution. If there is an amo	unt on either line 43 or li	ne 44, you must file Form 4	720					
	<u> </u>	below. See the in	structions for lines 45 through  Lobbying Expend			e instructions.) ar Averaging Period	<u>.                                    </u>	N/A	
	endar year (or al year beginning in)	(a) 2005	(b) 2004	(c) 2003		(d) 200	2	(e) Total	
	Lobbying nontaxable								_
	amount								).
46	Lobbying ceiling amount								_
	(150% of line 45(e))								).
47	Total lobbying								
	expenditures							0	<u>.</u>
48	Grassroots nontaxable								
	amount							9	<u>.</u>
49	Grassroots ceiling amount							_	
	(150% of line 48(e))				-			<del></del>	<u>.</u>
50	Grassroots lobbying							١ ,	
D.	expenditures art VI-B Lobbying A	Activity by Nonelec	ting Public Charities	·					<u>.</u>
		• •	d not complete Part VI-A) (See		he instr	uctions.)		N/A	
Dur	ing the year, did the organizati	on attempt to influence natio	onal, state or local legislation, ii	ncluding any	attemp	t to	T.,.		_
ınflu	ence public opinion on a legis	lative matter or referendum	, through the use of:			Yes	No	Amount	
8	Volunteers								
b	Paid staff or management (In-	clude compensation in expe	nses reported on lines <b>c</b> throu	gh <b>h</b> .)				]	
C	Media advertisements								_
d	Mailings to members, legislat	ors, or the public							_
e	Publications, or published or	broadcast statements							_
f	Grants to other organizations					<u> </u>	4		_
g	Direct contact with legislators					<u> </u>			_
h			s, lectures, or any other means	;		ļ	بسلم	<u> </u>	_
i	Total lobbying expenditures (	- ,	<u></u>		0	•			

523141 02-03-06

Schedule A (Form 990 or 990-EZ) 2005

	Exempt Organizations (	See page 12 of the instr	uctions.)				
1	Did the reporting organization directly or indi	irectly engage in any of	the following with any other	r organization described in section			
	501(c) of the Code (other than section 501(c			litical organizations?	г		
8	Transfers from the reporting organization to	a noncharitable exempt	t organization of:	F		Yes	No
	(i) Cash				1a(i)		<u>X</u>
	(ii) Other assets				a(iı)		X
b	Other transactions:			ļ			
	(i) Sales or exchanges of assets with a non		nization	<b>├</b>	b(i)		<u>X</u>
	(ii) Purchases of assets from a noncharitab			<b>!</b> =	b(ii)		<u>X</u>
	(iii) Rental of facilities, equipment, or other a	assets		The state of the s	b(iii)		X
	(iv) Reimbursement arrangements			1	b(iv)		X
	(v) Loans or loan guarantees	6		<del> </del>	b(v)		X
_	(vi) Performance of services or membership	•		<del> </del>	b(vi)		X
	Sharing of facilities, equipment, mailing lists, If the answer to any of the above is "Yes," cor			Livrance show the fair market value of the			
u	goods, other assets, or services given by the						
	transaction or sharing arrangement, show in				7	N/A	
(a)		(c)		(d)		.,,	
Line r	no. Amount involved Na	ime of noncharitable exi	empt organization	Description of transfers, transactions, and shari	ng arr	angem	ents
_							-
		<u> </u>					
_							
						_	
		<del></del>	<del></del> -				
		<del></del>					
i2 a	Is the organization directly or indirectly affilia		one or more tax-exempt org	· -			1
	Code (other than section 501(c)(3)) or in section 501(c)(3)(c)(3)(c)(4)(c)(6)(c)(6)(c)(6)(c)(6)(c)(6)(c)(6)(c)(6)(c)(6)(c)(6)(c)(6)(c)(6)(c)(6)(c)(6)(c)(6			► L Y	38	LX.	No
_ <u>D</u>	<del></del> -	N/A	, no	(0)			
	(a) Name of organization		(b) Type of organization	(c) Description of relationship			
				· · · · · · · · · · · · · · · · · · ·			
							_
							_
		<del> </del>					_
22151			<u></u>	<u> </u>			
23151 2-03-	06		1 5	Schedule A (Form 990	e 10 ł	10-EZ)	2005

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

FOOTNOTES	STATEMENT 1
LAND BUILDINGS & IMPROVEMENTS FURNITURE & FIXTURES EQUIPMENT & FIXTURES GROUNDS	55,000. 282,146. 21,294. 65,086. 7,139.
TOTAL DEPRECIABLE ASSETS LESS: ACCUMULATED DEPRECIATION	430,665. <141,977.>
	288,688.

FORM 990' GAIN (LO	OSS) FROM PUBL	ICLY TRADED S	ECURITIES	STATEMENT 2	
DESCRIPTION	GRO SALES				
SECURITIES	20	,170. 18	,983. 0	. 1,187.	
TO FORM 990, PART I, LIN	NE 8 20	,170. 18	,983. 0	1,187.	
FORM 990 OTHER CH	HANGES IN NET	ASSETS OR FUN	D BALANCES	STATEMENT 3	
DESCRIPTION				AMOUNT	
UNREALIZED LOSS				<799.	
TOTAL TO FORM 990, PART	I, LINE 20			<799.	
FORM 990	ОТНЕ	R EXPENSES		STATEMENT 4	
FORM 990  DESCRIPTION	OTHE (A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	STATEMENT 4  (D)  FUNDRAISING	
	(A)	(B) PROGRAM	MANAGEMENT	(D)	
DESCRIPTION  UTILITIES AUTO EXPENSE	(A) TOTAL 9,228. 5,403.	(B) PROGRAM SERVICES 7,382. 4,323.	MANAGEMENT AND GENERAL 923. 540.	(D) FUNDRAISING 923. 540.	
DESCRIPTION  UTILITIES AUTO EXPENSE MISCELLANEOUS LICENSES & PERMITS	(A) TOTAL 9,228.	(B) PROGRAM SERVICES 7,382.	MANAGEMENT AND GENERAL 923.	(D) FUNDRAISING 923.	
DESCRIPTION  UTILITIES AUTO EXPENSE MISCELLANEOUS	(A) TOTAL 9,228. 5,403. 658.	(B) PROGRAM SERVICES  7,382. 4,323. 526.	MANAGEMENT AND GENERAL 923. 540. 66.	(D) FUNDRAISING 923. 540. 66. 31.	
DESCRIPTION  UTILITIES AUTO EXPENSE MISCELLANEOUS LICENSES & PERMITS BOOKS & SUBSCRIPTIONS BANK CHARGES	(A) TOTAL  9,228. 5,403. 658. 310.  1,037. 1,409.	(B) PROGRAM SERVICES  7,382. 4,323. 526. 248.  829. 1,127.	MANAGEMENT AND GENERAL 923. 540. 66. 31.	(D) FUNDRAISING  923. 540. 66. 31.  104. 141.	
DESCRIPTION  UTILITIES AUTO EXPENSE MISCELLANEOUS LICENSES & PERMITS BOOKS & SUBSCRIPTIONS BANK CHARGES VOLUNTEER PROGRAM	(A) TOTAL  9,228. 5,403. 658. 310.  1,037. 1,409. 62.	(B) PROGRAM SERVICES  7,382. 4,323. 526. 248.  829. 1,127. 50.	MANAGEMENT AND GENERAL 923. 540. 66. 31. 104. 141. 6.	(D) FUNDRAISING  923. 540. 66. 31.  104. 141. 6.	
DESCRIPTION  UTILITIES AUTO EXPENSE MISCELLANEOUS LICENSES & PERMITS BOOKS & SUBSCRIPTIONS BANK CHARGES VOLUNTEER PROGRAM RESOURCE DEVELOPMENT DIRECT ANIMAL CARE	(A) TOTAL  9,228. 5,403. 658. 310.  1,037. 1,409.	(B) PROGRAM SERVICES  7,382. 4,323. 526. 248.  829. 1,127.	MANAGEMENT AND GENERAL 923. 540. 66. 31.	(D) FUNDRAISING  923. 540. 66. 31.  104. 141.	
DESCRIPTION  UTILITIES AUTO EXPENSE MISCELLANEOUS LICENSES & PERMITS BOOKS & SUBSCRIPTIONS BANK CHARGES VOLUNTEER PROGRAM RESOURCE DEVELOPMENT	(A) TOTAL  9,228. 5,403. 658. 310.  1,037. 1,409. 62. 1,143.	(B) PROGRAM SERVICES  7,382. 4,323. 526. 248.  829. 1,127. 50. 915.	MANAGEMENT AND GENERAL 923. 540. 66. 31. 104. 141. 6. 114. 2,240.	(D) FUNDRAISING 923. 540. 66. 31. 104. 141. 6. 114.	
DESCRIPTION  UTILITIES AUTO EXPENSE MISCELLANEOUS LICENSES & PERMITS BOOKS & SUBSCRIPTIONS BANK CHARGES VOLUNTEER PROGRAM RESOURCE DEVELOPMENT DIRECT ANIMAL CARE REPAIRS AND	(A) TOTAL  9,228. 5,403. 658. 310.  1,037. 1,409. 62. 1,143. 22,402.	(B) PROGRAM SERVICES  7,382. 4,323. 526. 248.  829. 1,127. 50. 915. 17,922.	923. 540. 66. 31. 104. 141. 6. 114. 2,240.	(D)  FUNDRAISING  923. 540. 66. 31.  104. 141. 6. 114. 2,240.	

FORM 990 OFFICER COMPENSATION ALLOCATION STA				
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RICHARD PRESLER	45,000.	0.	450.	45,450.
A. PROGRAM SERVICES	36,000.		360.	36,360.
B. MANAGEMENT AND GENERAL	4,500.		45.	4,545.
C. FUNDRAISING	4,500.		45.	4,545.
TOTAL PROGRAM SERVICES				36,360.
TOTAL MANAGEMENT AND GENERA	ΔL			4,545.
TOTAL FUNDRAISING				4,545.
TOTAL OFFICER, ETC., COMPEN	SATION INCLUDE	D ON PARTS V-	-A AND V-B	45,450.

			==
FORM 990'	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	6

#### DESCRIPTION OF PROGRAM SERVICE ONE

REHAB AND EDUCATION: IN 2005, WALDENS PUDDLE PROVIDED TREATMENT TO OVER 1,700 INJURED OR ORPHANED WILDLIFE ANIMALS. THE EDUCATIONAL OUTREACH PROGRAM VISITED COMMUNITY CENTERS, SCHOOLS, AND OTHER ORGANIZATIONS FOR WILDLIFE INFORMATION SESSIONS. THE WILDLIFE TOUCH-LINE SYSTEM PROVIDED SPECIFIC INFORMATION ON HANDLING ANIMALS TO OVER 10,000 CALLERS.

			GRANTS	EXPENSES	
TO FORM 99	0, PART III, L	INE A		205,60	63.
FORM 990	STATEMENT OF	ORGANIZATION'S PRIMAF	RY EXEMPT PURPOSE	STATEMENT	7

## **EXPLANATION**

WALDEN'S PUDDLE PROVIDES CARE AND TREATMENT TO INJURED OR ORPHANED NATIVE WILDLIFE AND EDUCATIONAL EXPERIENCES TO THE COMMUNITY TO DEVELOP A GREATER UNDERSTANDING AND APPRECIATION OF WILDLIFE.

ORM 990 NON-GOVERNMENT SECURITIES				STATEMENT 8	
SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
BAIRD INVESTMENTS	FMV			67,407	67,407.
TO FORM 990, LINE 54	, COL B			67,407	67,407.

SCHEDULE' A	OTHER INCOME		STA	ATEMENT 9
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
GAIN/LOSS ON SALE OF ASSETS MISCELLANEOUS	<2,706.> 3,060.	200.	<13,871.> 0.	<1,348.>
TOTAL TO SCHEDULE A, LINE 22	354.	200.	<13,871.>	<1,348.>

# WALDEN'S PUDDLE EIN: 62-1471146 BOARD OF DIRECTORS

BEN GRAY (PRESIDENT)

FRED McLAUGHLIN (TREASURER)

LAURIE PATE CHALFIN (SECRETARY)

LANE BRODY

KATIE COOK

JUDY DANNER

**HUNTER HODGE**