Form **990-EZ**

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total
assets less than \$2,500,000 at the end of the year may use this form.

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

January 1

. 2008, and ending

OMB No. 1545-1150 2008

Open to Public Inspection

, 20

December 31

В		k if applicable: Please C Name of organization D Employer identification number						
밁		dress change label or Best Little Rabbit, Rodent & Ferret House dba Rabbit Meadows 91 1873550						
		print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number						
H	Initial retu Termination	16' 14217 ako Citu May NE						836-8925
Ħ	Amended		Specific Instruc-	City or town, state or country, and ZIP + 4	F Gro	ın Fx	emn	tion
	Applicatio	on pending	tions.	Seattle, WA 98125		ber		
	• Secti	netho	d:	Cash Accrual				
				· · · · · · · · · · · · · · · · · · ·	er (specify			
				H Che	eck ▶ □] if ti	he or	ganization is not
L	Websil	te: ► <u>www</u>	.Rabbi	MOSOOMS OLD				dule B (Form 990,
J	Organiz	zation type (c	heck on		-EZ, or 99			,
				n is not a section 509(a)(3) supporting organization and its gross receipts are n	ormally no	t mor	e tha	an \$25,000. A return is
				ration chooses to file a return, be sure to file a complete return.				
L	Add line	s 5b, 6b, and	7b, to lir	e 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Fo	rm 990-EZ	>	\$	149,285
Р	art I	Revenue,	Expe	nses, and Changes in Net Assets or Fund Balances (See th	e instruc	tion	s fo	r Part I.)
	1	Contribution	ns. aifts	grants, and similar amounts received		1		39,745
	2		-	evenue including government fees and contracts		2		12,824
	3	_		and assessments		3		0
	4			•		4	\Box	0
	5a			n sale of assets other than inventory				
	b	Less: cost						
	C		hedule)	50		0		
æ	6	•		sale of assets other than inventory (Subtract line 5b from line 5a) (attach so ities (complete applicable parts of Schedule G). If any amount is from gaming , check here				
ē	1	•		480				
Revenue	"	a Gross revenue (not including \$ of contributions reported on line 1)						
	b	•		ses other than fundraising expenses	()		
	1	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)						6,713
	7a Gross sales of inventory, less returns and allowances 7a 90,003 b Less: cost of goods sold							
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							33,617
	8	•				8		
	8 Other revenue (describe ►) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8							92,899
	10	Grants and	simila	amounts paid (attach schedule)		10)	
	11			for members		11	1	
S				npensation, and employee benefits		12	2	32,929
Se	13	Profession	13	3				
Expenses	14	Occupancy	14	1	26,404			
Щ	15	Printing, pu	15	5				
	16	6 Other expenses (describe > attached)						50,011
	17						7	109,344
93	18	Excess or	(deficit)	for the year (Subtract line 17 from line 9)		18	3	(16,445)
Net Assets	19	Net assets						
As		end-of-yea		19	_	21,272		
<u>let</u>	20							9,409
	21			balances at end of year. Combine lines 18 through 20	<u> > </u>	21		14,236
P	art II	Balance S	Sheets	. If Total assets on line 25, column (B) are \$2,500,000 or more, file F			ead o	
			(S	ee the instructions for Part II.)	Beginning of		ᆛ	(B) End of year
22							22	1,417
23							1	196,414
24	Othe	er assets (de	escribe	Inventory \$4,311 - Prepaid expense \$1,600		758	24	5,911
25	Tota	al assets .				143	1	203,742
26	Tota	al liabilities (describ	attached)		871	_	189,506
27	Net	assets or f	und ba	ances (line 27 of column (B) must agree with line 21)		272		14,236
E	Deire	ar And and De	20000000	Paduction Act Notice see the Instruction for Form 990 Cat N	In 106421			Form 990-EZ (2008)

					rage =
Part III Statement of Program Service Accom					Expenses
What is the organization's primary exempt purpose? F	Rescue abandoned rabbits	& rodents and r	ehome		uired for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organiz describe the services provided, the number of persons be	ation's exempt purposes. In nefited, or other relevant info	n a clear and condormation for each p	cise manner, rogram title.	and	4947(a)(1) trusts; onal for others.)
28 Spay/Neuter & veterinary services: All rabbits &					
adoption. (Rats are altered when funds permit.) I		quently require ve	eterinary		
care for abscesses, amputations and numerous					
	udes foreign grants, check		<u>. ▶ ∐</u>	28a	24,604
29 Animal rescue-Sanctuary & Adoptions: We cared	tor 438 animals during 2	007, 183 rabbits	& g.pigs		
were accepted into our adoption systems. 48 rat were living in our feral sanctuary (+48 new).Rode		~~~~~~~~~~~~~~~~~			
	udes foreign grants, check		egus, etc.	29a	69,260
30 Education & animal welfare: We provide education			e the right	294	09,200
species for their family. We take the opportunity their animal with us. We run a yahoo list called H	to educate when people p	ourchase supplie			
	udes foreign grants, check			30a	10,597
31 Other program services (attach schedule)	ades foreign grants, oncor		· · · ·	Jua	10,001
, •	udes foreign grants, check	here	. ▶ □	31a	
32 Total program service expenses (add lines 28a th	rough 31a)		>	32	104,461
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n if not compensate	d. (See the ins	structio	ns for Part IV.)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributio employee benefit deferred comper	plans &	(e) Expense account and other allowances
Sandi Ackerman 8311 252nd Ave NE, Redmond, WA 98073	President 50 hrs	-0-		-0-	-0-
Janet Myers	V.Pres. 40 hrs	\$31,828.94 yr		-0-	-0-
Jill Tamane	Secy. 1 hr	-0-		-0-	-0-
Erika Parsons	Treas. 8 hrs	-0-		-0-	-0-
Mary Shelkey	Director 10hrs	-0-		-0-	-0-
Matthew Parsons	Technical Advisor 8 hrs	-0-		-0-	-0-
					77
					· · · · · · · · · · · · · · · · · · ·

Pa	other Information (Note the statement requirements in the instructions for Part VI.)	· · · · · · · · · · · · · · · · · · ·	-	
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37b		1
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		<u> </u>
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and (4) organizations. 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," complete Schedule L. Part I	40b		1
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	 Months (1986) 		
d	Enter amount of tax on line 40c reimbursed by the organization			1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V
41	List the states with which a copy of this return is filed.	\ ~	20.00	
42a	The books are in care of ► Sandi Ackerman Located at ► PO Box 3242 (8311 252nd Ave NE,) Redmond, WA ZIP + 4 ►	98053-	36-89 ????	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	Voc	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	169	17
	account)?			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	Ĺ	✓
400	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
43	and enter the amount of tax-exempt interest received or accrued during the tax year		•	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes" Form 990 must be completed instead of Form 990-EZ	45		/

-01111 990-62	(2000)							P	age '
Part VI	Section 501(c)(3) organizations only. and complete the tables for lines 50 ar	. All section 501(c nd 51.	:)(3) organiza	ations m	ust a	answer ques	tions 4	6–49	
46 Did 1	the organization engage in direct or indirect policates for public office? If "Yes," complete So	olitical campaign ac	tivities on be	half of or	in op	position to	46	Yes	No
	the organization engage in lobbying activities?						47		1
18 Isth	e organization operating a school as describe	d in section 170/b)/	Scriedule (), 1)(A)(ii)? If "Ya	raiii . es "comp	lete :	Schedule F	48		1
	the organization make any transfers to an exe					ochequie L.,	49a		1
	es," was the related organization(s) a section	•					49b		
50 Com each	plete this table for the five highest compensation received more than \$100,000 of compensation	ted employees (oth on from the organiz	er than officei	s, directo	rs, tı	rustees and ke "None."	y empl	oyees)) Who
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	1	mpensation	emp	l) Contributions to loyee benefit plans & erred compensation	acc	Expens ount an allowar	nd
None									
						,			
Fotal num	ber of other employees paid over \$100,000 ▶	-0-			十			-	
	plete this table for the five highest compensation from the organization. If there is not table and address of each independent contractor p	ne, enter "None."	miractors who			service) OT	
None		***************************************			,,		(4) 00.		
		· · · · · · · · · · · · · · · · · · ·							
									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
otal num	ber of other independent contractors each rec								
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including a on of preparer (other than	ccompanying sc officer) is based	hedules and I on all infor	l state matio	ments, and to the n of which prepar	best of n er has an	ıy know y know	/ledge /ledge
Sign	I Mark: Bryesom	An		i		Mus 4	100	20	
lere	Signature of officer SAJA! ACKERMAN	PRES	· · · · · · · · · · · · · · · · · · ·	I.	Date	sug 14	200	7	
	Type or print name and title.	/ • • • • • • • • • • • • • • • • • • •							
aid	Preparer's signature		Date	Check if self-		Preparer's Identifyinç	Number (See instru	uctions
reparer's	Firm's name (or yours	<u>_</u>		employed I		L			
lse Only	if self-employed),				EIN Phone	▶ ;			
Nav the IF	address, and ZIP + 4 🗗 S discuss this return with the preparer shown	n above? See instru	ctions .		· HOIR		_	es 🔲	No
, <u>.</u>									

Part I - 16.

16. Other Expenses: \$50,011	
Credit Card & Bank Fees	\$ 4,441
Veterinary Expense	\$11,935
Business Fees & Licenses	\$ 2,078
Miscellaneous	\$ 286
Insurance	\$ 1,414
Interest	\$17,262
Travel	\$ 3,051
Advertising & Promotion	\$ 401
Office Expense	\$ 4,022
Internet	\$ 1,059
p/r taxes	\$ 4,062
	\$50,011

Part I - 20.

20. Changes in net assets or fund balances	
Adjustment bank balance reconcil	\$2,844
Refund Prior years property tax, 2005-2007	\$6,465
Rebate from PSE	\$ 100
	\$9,409

Part II - 26.

Short Term Loan Payable	\$1,000.35
941 Taxes Past Due	\$3,029.99
Loan for Ford Windstar	(\$362.42)
Sales Tax Collected	\$1,330.90
Deposits Collected	\$2,000.00
Payroll Withholdings	\$2,210.40
Employer tax payable	(\$3,058.82)
Credit Card-US Bank	\$8,028.52
Credit Card-Home Depot	\$6,400.00
30 Yr Fixed Loan	\$168,927.37
Total Liabilities	\$189,506.29

Part IV

35. We operate a store which sells products only for the types of animals we rescue. When people come in to purchase supplies, we use the opportunity to educate and fundraise. We hold lots of individual workshops throughout the day, explaining why the rabbits & rodents should have (for instance) housing much larger than sold at pet supply stores. We explain why (even though their mouse may have cost only \$3 at a pet store) that they should be provided with veterinary care when necessary, etc. We explain why diet is critical in the longevity of their companion. Because of our contact with the public, most of our donations are acquired through these educational mini-workshops.