

2008 TAX RETURN

Client Copy

Client: 101318

Prepared for: EAST COAST ASSISTANCE DOGS INC
PO BOX 831, 149 NEWFIELD ROAD
TORRINGTON, CT 06790
860-489-6550

Prepared by: Robert E. King, CPA
King, King & Associates CPAs
PO Box 898
Winsted, CT 06098-0898
(860) 379-0215

Date: May 18, 2010

Comments:

Route to: _____

2008 Exempt Org. Return
prepared for:

EAST COAST ASSISTANCE DOGS INC
PO BOX 831, 149 NEWFIELD ROAD
TORRINGTON, CT 06790

King, King & Associates CPAs
PO Box 898
Winsted, CT 06098-0898

King, King & Associates CPAs
PO Box 898
Winsted, CT 06098-0898
(860) 379-0215

Client 101318
May 18, 2010

EAST COAST ASSISTANCE DOGS INC
PO BOX 831, 149 NEWFIELD ROAD
TORRINGTON, CT 06790
860-489-6550

FEDERAL FORMS

Form 990-EZ	2008 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Schedule G	Fundraising or Gaming Activities
	Depreciation Schedules

NEW YORK FORMS

Form CHAR500	Annual Financial Report for Charitable Organ.
--------------	---

FEE SUMMARY

Preparation Fee

EAST COAST ASSISTANCE DOGS INC

06-1436718

5/18/10

3:50 PM

	2008	2007	Diff
FORM 990-EZ REVENUE			
Contributions, gifts, and grants.....	357,795	227,092	130,703
Program service revenue.....	313,375	314,090	-715
Investment income.....	14,305	0	14,305
Net gain (loss) - noninv. assets/disp....	-1,322	-740	-582
Net income (loss) - special events.....	9,534	14,565	-5,031
Other revenue.....	12,184	12,175	9
Total revenue.....	705,871	582,639	123,232
EXPENSES			
Salaries and employee benefits.....	387,919	0	387,919
Professional fees/pymt to contractors....	5,500	0	5,500
Occupancy/rent/utilities/maintenance....	8,687	0	8,687
Printing, publications, and postage.....	2,043	0	2,043
Other expenses.....	181,404	0	181,404
Total expenses.....	585,553	530,501	55,052
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year.....	120,318	52,138	68,180
Net assets/fund bal. at beg. of year.....	883,253	831,115	52,138
Net assets/fund bal. at end of year.....	1,003,571	883,253	120,318

EAST COAST ASSISTANCE DOGS INC

06-1436718

5/18/10

3:50 PM

	2008	2007	Diff
FINANCIAL INFORMATION			
Total support and revenue (Article 7-A) ..	705,871	582,639	123,232
Net Worth at end of year (EPTL)	0	0	0
FILING FEES			
Article 7-A filing fee	25	25	0
EPTL filing fee	0	0	0
Total filing fees	25	25	0

2008

General Information

Page 1

EAST COAST ASSISTANCE DOGS INC

06-1436718

5/18/10

03:50PM

Forms needed for this return

Federal : 990-EZ, Sch A, Sch B, Sch G
New York: CHAR500

Carryovers to 2009

None

EAST COAST ASSISTANCE DOGS INC

06-1436718

5/18/10

03:50PM

Excess Payments from Nondisqualified Persons
Schedule A, Part III, Line 7b

Year 2008		Paid to	Base *	Excess
	Nondisqualified Person	Organization	Amount	Amount
	Geoffrey Beene Foundation	\$ 50,000.	\$ 6,676.	\$ 43,324.
	J. Daniel McNamara TTEE	5,000.	6,676.	0.
	Laura J Niles Foundation	50,000.	6,676.	43,324.
	Nutro - Leigh Gary	8,866.	6,676.	2,190.
	Paul & Barbara Jenkel	13,000.	6,676.	6,324.
	Ron & Stacey Gutfleish Foundation	50,000.	6,676.	43,324.
	The New York Community Trust	7,000.	6,676.	324.
	Total	<u>\$ 183,866.</u>		<u>\$ 138,810.</u>
Year 2007		Paid to	Base *	Excess
	Nondisqualified Person	Organization	Amount	Amount
	East Windsor Lions Charities	\$ 7,900.	\$ 5,510.	\$ 2,390.
	Janet Inskeep Benton	10,800.	5,510.	5,290.
	Laura J Niles Foundation	50,000.	5,510.	44,490.
	Nutro - Leigh Gary	10,630.	5,510.	5,120.
	Paul & Barbara Jenkel	5,000.	5,510.	0.
	Sandeep Manchanda	13,000.	5,510.	7,490.
	The Vincent Foundation	5,000.	5,510.	0.
	Total	<u>\$ 102,330.</u>		<u>\$ 64,780.</u>
Year 2006		Paid to	Base *	Excess
	Nondisqualified Person	Organization	Amount	Amount
	BJ's Charitable Foundation	\$ 10,000.	\$ 5,625.	\$ 4,375.
	BSA Westchester-Putnam Council	11,709.	5,625.	6,084.
	Janet Inskeep Benton	10,661.	5,625.	5,036.
	Laura J Niles Foundation	50,000.	5,625.	44,375.
	Nutro - Leigh Gary	6,493.	5,625.	868.
	West Hill Animal Hospital	9,761.	5,625.	4,136.
	Total	<u>\$ 98,624.</u>		<u>\$ 64,874.</u>
Year 2005		Paid to	Base *	Excess
	Nondisqualified Person	Organization	Amount	Amount
	Janet Inskeep Benton	\$ 50,000.	\$ 5,030.	\$ 44,970.
	Make a Wish Foundation	6,500.	5,030.	1,470.
	Nutro - Leigh Gary	6,161.	5,030.	1,131.
	Paul & Barbara Jenkel	6,500.	5,030.	1,470.
	Total	<u>\$ 69,161.</u>		<u>\$ 49,041.</u>
Year 2004		Paid to	Base *	Excess
	Nondisqualified Person	Organization	Amount	Amount
	Arlene & Arnold Goldstein	\$ 15,000.	\$ 5,512.	\$ 9,488.
	Eleanor Bradley	10,000.	5,512.	4,488.
	Heckscher Foundation	30,000.	5,512.	24,488.
	Janet Inskeep Benton	10,000.	5,512.	4,488.
	John & Susan DeWolf	6,500.	5,512.	988.
	Laura J Niles Foundation	50,000.	5,512.	44,488.
	Nutro - Leigh Gary	7,700.	5,512.	2,188.
	Paul & Barbara Jenkel	6,500.	5,512.	988.
	Total	<u>\$ 135,700.</u>		<u>\$ 91,604.</u>

* Larger of the amount on Schedule A Total Support for each year or \$5,000.

EAST COAST ASSISTANCE DOGS INC

06-1436718

5/18/10

03:50PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Auto / Transport Equipment																
3	03 Ford Bus (P)	1/05/04		46,643							46,643	38,583	200DB HY	5	.11520	5,373
6	05 Ford Ranger- Dale (P)	2/22/05		21,857							21,857	14,451	200DB HY	5	.11520	2,518
7	06 Ford Ranger -Lu (P)	6/23/06		20,060							20,060	10,431	200DB HY	5	.19200	3,852
Total Auto / Transport Equipment				88,560		0	0	0	0	0	88,560	63,465				11,743
Buildings																
1	Torrington-Winsted Campus	1/10/03		178,324							178,324	21,535	S/L MM	39	.02564	4,572
2	Laural J Niles Volunteer	4/01/04		147,205							147,205	13,211	S/L MM	39	.02564	3,774
15	Remodeling Torr. Campus	1/08/06		37,237							37,237	4,084	150DB HY	20	.06677	2,486
17	New Kennel (CIP)	1/02/06		4,255							4,255					0
18	Updating House (Torr)	7/01/07		17,621							17,621	661	150DB HY	20	.07219	1,272
21	Work on New Kennel (CIP)	12/31/07		4,608							4,608					0
22	Work on Kennel CT (CIP)	12/31/08		2,801							2,801					0
Total Buildings				392,051		0	0	0	0	0	392,051	39,491				12,104
Improvements																
4	Land Improvements-Drivewa	8/04/04		12,639							12,639	3,013	150DB HY	20	.05713	722
5	Land Improvements-Fencing	12/01/04		4,413							4,413	2,380	200DB HY	10	.09220	407
16	Processed Stone-Driveway	4/07/06		653							653	340	200DB HY	5	.19200	125
19	Carpet (Torr)	4/27/07		3,605							3,605	361	200DB HY	10	.18000	649
20	Land Improvements-Survey	1/26/07		600							600	120	200DB HY	5	.32000	192
Total Improvements				21,910		0	0	0	0	0	21,910	6,214				2,095

EAST COAST ASSISTANCE DOGS INC

06-1436718

5/18/10

03:50PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Land																
9	Land	1/10/03		31,511							31,511					0
Total Land				31,511		0	0	0	0	0	31,511	0				0
Machinery and Equipment																
8	Apple Computer w Video Ca	4/15/05		3,583							3,583	2,552	200DB HY	5	.11520	413
10	Carport	10/06/06		2,221							2,221	1,155	200DB HY	5	.19200	426
11	2 HP Pavilion Computers	11/03/06		3,390							3,390	1,763	200DB HY	5	.19200	651
12	Generator (Home Depot)	3/10/06		16,346							16,346	8,500	200DB HY	5	.19200	3,138
13	Generator (Patterson Oil)	5/15/06		1,579							1,579	821	200DB HY	5	.19200	303
14	Lawn Mower	9/04/06		2,681							2,681	1,394	200DB HY	5	.19200	515
23	TV AND VIDEO EQUIPMENT	12/17/08		763							763		200DB MQ	5	.05000	38
24	SECURITY SYSTEM	8/18/08		1,262							1,262		200DB MQ	5	.15000	189
25	DONOR PERFECT SOFTWARE	10/24/08		4,925							4,925		200DB MQ	5	.05000	246
26	PRINTER FOR CT OFFICE	4/03/08		560							560		200DB MQ	5	.25000	140
Total Machinery and Equipment				37,310		0	0	0	0	0	37,310	16,185				6,059
Total Depreciation				<u>571,342</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>571,342</u>	<u>125,355</u>				<u>32,001</u>
Grand Total Depreciation				<u>571,342</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>571,342</u>	<u>125,355</u>				<u>32,001</u>

**Short Form
Return of Organization Exempt From Income Tax**

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

G 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.

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

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning _____, 2008, and ending _____,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C EAST COAST ASSISTANCE DOGS INC PO BOX 831, 149 NEWFIELD ROAD TORRINGTON, CT 06790	D Employer identification number 06-1436718 E Telephone number 860-489-6550 F Group Exemption Number _____ G
--	---	--	--

? Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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

I Website: **G** www.ecad1.org
J Organization type (check only one) ' 501(c) (3) **H** (insert no.) _____ 4947(a)(1) or _____ 527

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

K Check **G** if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **G**\$ **726,542.**

Part I		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	
R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1	357,795.
	2 Program service revenue including government fees and contracts	2	313,375.
	3 Membership dues and assessments	3	
	4 Investment income	4	14,305.
	5a Gross amount from sale of assets other than inventory	5a	9,478.
	b Less: cost or other basis and sales expenses	5b	10,800.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	See Statement 1
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	G	
	a Gross revenue (not including \$ <u>8,890.</u> of contributions reported on line 1)	6a	19,405.
b Less: direct expenses other than fundraising expenses	6b	9,871.	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	9,534.	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe G <u>See Statement 2</u>)	8	12,184.	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	G 9	705,871.	
E X P E N S E S	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	387,919.
	13 Professional fees and other payments to independent contractors	13	5,500.
	14 Occupancy, rent, utilities, and maintenance	14	8,687.
	15 Printing, publications, postage, and shipping	15	2,043.
	16 Other expenses (describe G <u>See Statement 3</u>)	16	181,404.
17 Total expenses (add lines 10 through 16)	G 17	585,553.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	120,318.	
A S S E T S	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	883,253.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	G 21	1,003,571.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year		(B) End of year	
22 Cash, savings, and investments	457,720.	22	557,861.	
23 Land and buildings	396,966.	23	385,568.	
24 Other assets (describe G <u>See Statement 4</u>)	109,208.	24	153,028.	
25 Total assets	963,894.	25	1,096,457.	
26 Total liabilities (describe G <u>See Statement 5</u>)	80,641.	26	102,501.	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	883,253.	27	993,956.	

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <u>Train & place service dogs; education</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>See Statement 6</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	28a	469,851.
29			
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	29a	
30			
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	30a	
31	Other program services (attach schedule)		
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	31a	
32	Total program service expenses (add lines 28a through 31a)	32	469,851.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)				
(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 and deferred compensation	(e) Expense account and other allowances
Lucille A Picard PO Box 831 Torrington, CT 06790	Exec Director 40.00	69,788.	0.	9,615.
Paul Turnley PO Box 831 Torrington, CT 06790	President 2.00	0.	0.	0.
Tina Marie Burnham PO Box 831 Torrington, CT 06790	Secretary 2.00	0.	0.	0.
Cheryl A Burke PO Box 831 Torrington, CT 06790	Vice President 2.00	0.	0.	0.
Anne-Therese Hoenig PO Box 831 Torrington, CT 06790	Director 1.00	0.	0.	0.
James Hoenig PO Box 831 Torrington, CT 06790	Director 1.00	0.	0.	0.
Steve O'Connor PO Box 831 Torrington, CT 06790	Director 1.00	0.	0.	0.
Jean Waters PO Box 831 Torrington, CT 06790	Director 1.00	0.	0.	0.
Paul Amerling DVM PO Box 831 Torrington, CT 06790	Director 1.00	0.	0.	0.
Dale Picard PO Box 831 Torrington, CT 06790	Treasurer 40.00	69,788.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

		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.		X
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.		X
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.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. G 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	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?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities. 39b N/A		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 G 0.; section 4912 G 0.; section 4955 G 0.		
b	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.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. G 0.		
d	Enter amount of tax on line 40c reimbursed by the organization. G 0.		
e	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.		X
41	List the states with which a copy of this return is filed G CT NY		

42a The books are in care of **G** Lucille A Picard Telephone no. **G** 860-489-6550
 Located at **G** 149 Newfield Road Winchester CT ZIP + 4 **G** 06098

		Yes	No
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: G		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: G		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here **G** N/A and enter the amount of tax-exempt interest received or accrued during the tax year. **G** 43 N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
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.		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 7

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	46	X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If 'Yes,' was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000.	G			

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000.	G	

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.

Sign Here:
 G _____ Date _____
 Signature of officer
 G _____
 Type or print name and title.

Paid Preparer's Use Only:
 Preparer's signature: G Robert E. King, CPA Date _____
 Check if self-employed: G Preparer's Identifying Number (See instructions): P00083643
 Firm's name (or yours if self-employed), address, and ZIP + 4: G King, King & Associates CPAs
 G P O Box 898
 G Winsted, CT 06098-0898
 EIN: G 06-1392255
 Phone no.: G (860) 379-0215

May the IRS discuss this return with the preparer shown above? See instructions. G Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

G Attach to Form 990 or Form 990-EZ. G See separate instructions.

Name of the organization

EAST COAST ASSI STANCE DOGS INC

Employer identification number

06-1436718

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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 exempt 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). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III ' Functionally integrated
 - d Type III' Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii) a family member of a person described in (i) above?	11 g (ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 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.						
4 Total. Add lines 1-3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions).					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	%
16a 33-1/3 support test ' 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 33-1/3 support test ' 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test ' 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test ' 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	196,055.	229,349.	214,898.	227,092.	357,795.	1,225,189.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	353,303.	270,001.	341,128.	296,233.	286,606.	1,547,271.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1-5	549,358.	499,350.	556,026.	523,325.	644,401.	2,772,460.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	91,604.	49,041.	64,874.	64,780.	138,810.	409,109.
c Add lines 7a and 7b	91,604.	49,041.	64,874.	64,780.	138,810.	409,109.
8 Public support (Subtract line 7c from line 6.)						2,363,351.

Section B. Total Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	549,358.	499,350.	556,026.	523,325.	644,401.	2,772,460.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,832.	3,663.	3,890.	15,457.	14,305.	39,147.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	1,832.	3,663.	3,890.	15,457.	14,305.	39,147.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV			2,573.	12,175.	8,939.	23,687.
13 Total support. (add lns 9, 10c, 11, and 12.)						2,835,294.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here G

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	83.4 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	84.0 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	1.4 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.5 %

19a 33-1/3 support tests * 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization G

b 33-1/3 support tests * 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. G

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. G

EAST COAST ASSISTANCE DOGS INC

06-1436718

5/18/10

03:50PM

Part III, Line 12 - Other Income

<u>Nature and Source</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
Dog Sales	5,000.	7,500.	2,000.		
Miscellaneous Receipts	3,754.	60.	573.		
Expense Reimbursements	185.	4,615.			
Total	<u>\$ 8,939.</u>	<u>\$ 12,175.</u>	<u>\$ 2,573.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Schedule of Contributors
G Attach to Form 990, 990-EZ and 990-PF
G See separate instructions.

2008

Name of the organization

EAST COAST ASSI STANCE DOGS I NC

Employer identification number

06-1436718

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule '

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules '

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) G \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

EAST COAST ASSI STANCE DOGS INC

06-1436718

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Laura J Niles Foundation c/o Fogarty et al, POB 2508 Greenwich, CT 06836-2508	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Nutro - Leigh Gary 415 Spruce Lane East Meadow, NY 11534	\$ 8,866.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Paul & Barbara Jenkel 105 Marcourt Drive Chappaqua, NY 10514	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Ron & Stacey Gutfleisch Foundation 91 Beechdale Road Dobbs Ferry, NY 10522	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Geoffrey Beene Foundation 13 East 69th Street, Suite 2R New York, NY 10065	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	The New York Community Trust 105 Marcourt Drive Chappaqua, NY 10514	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

EAST COAST ASSI STANCE DOGS INC

06-1436718

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	J. Daniel McNamara TTEE ----- 503 Arnon Lake Drive ----- Great Falls, VA 22066 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

EAST COAST ASSI STANCE DOGS I NC

06-1436718

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	Natural Choice dog food	\$ 8,866.	Various
---		\$	
---		\$	
---		\$	
---		\$	
---		\$	

Name of organization

Employer identification number

EAST COAST ASSI STANCE DOGS I NC

06-1436718

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once ' see instructions.) G\$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Supplemental Information Regarding
Fundraising or Gaming Activities

G Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

EAST COAST ASSISTANCE DOGS INC

Employer identification number

06-1436718

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Mail solicitations | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Email solicitations | <input type="checkbox"/> Solicitation of government grants |
| <input type="checkbox"/> Phone solicitations | <input type="checkbox"/> Special fundraising events |
| <input type="checkbox"/> In-person solicitations | |

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				G		

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	Fami l y Fun Day (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts	28,295.		28,295.
2	Less: Charitable contributions	8,890.		8,890.
3	Gross revenue (line 1 minus line 2)	19,405.		19,405.
DIRECT EXPENSES	4	Cash prizes		
	5	Non-cash prizes		
	6	Rent/facility costs		
	7	Other direct expenses	9,014.	9,014.
8	Direct expense summary. Add lines 4- through 7 in column (d)			G 9,014.
9	Net income summary. Combine lines 3 and 8 in column (d)			G 10,391.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col. (a) through col. (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			G
8	Net gaming income summary. Combine lines 1 and 7 in column (d)			G

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' Explain: -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' Explain: -----		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		YES	NO
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility.....	13 a	%	
b An outside facility.....	13 b	%	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name: G _____			
Address: G _____			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....		15 a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.			
c If 'Yes,' enter name and address:			
Name: G _____			
Address: G _____			
16 Gaming manager information			
Name: G _____			
Gaming manager compensation G \$ _____			
Description of services provided: G _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....		17 a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: G \$ _____			

EAST COAST ASSISTANCE DOGS INC

06-1436718

5/18/10

03:50PM

Statement 1
Form 990-EZ, Part I, Line 5c
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 9,478.
Cost or Other Basis: 10,800.

Total Gain (Loss) Publicly Traded Securities \$ -1,322.

Total Net Gain (Loss) From Noninventory Sales \$ -1,322.

Statement 2
Form 990-EZ, Part I, Line 8
Other Revenue

Sale/Non Program Dogs.....	\$	5,000.
Misc Receipts.....		3,754.
Expense Reimbursement.....		185.
Merchandise Sales.....		3,245.
Total	\$	<u>12,184.</u>

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion.....	\$	13,008.
Bank Charges.....		2,024.
Class Supplies.....		8,500.
Conferences, Conventions, and Meetings.....		2,298.
Contract Services.....		13,348.
Depreciation.....		32,001.
Dues & Subscriptions.....		50.
Food/Dog Supplies.....		19,489.
Insurance.....		12,513.
Internet Access.....		8,351.
Licenses & Registration.....		100.
Miscellaneous.....		2,640.
Office Expense.....		6,838.
Payroll Service.....		2,387.
Professional Fees.....		250.
Public Relations.....		696.
Repairs & Maintenance.....		4,028.
Telephone.....		6,794.
Transportation & Vehicle Exp.....		18,053.
Travel.....		12,638.
Veterinary Services.....		15,398.
Total	\$	<u>181,404.</u>

EAST COAST ASSISTANCE DOGS INC

06-1436718

5/18/10

03:50PM

Statement 4
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginni ng</u>	<u>Endi ng</u>
Accounts Receivable	\$ 70,498.	\$ 116,672.
Automobiles	25,095.	13,352.
Machinery and Equipment	13,615.	15,066.
Prepaid Expenses and Deferred Charges	0.	7,938.
Total	<u>\$ 109,208.</u>	<u>\$ 153,028.</u>

Statement 5
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginni ng</u>	<u>Endi ng</u>
Accounts Payable and Accrued Expenses	\$ 27,503.	\$ 23,363.
Deferred Revenue	53,138.	79,138.
Total	<u>\$ 80,641.</u>	<u>\$ 102,501.</u>

Statement 6
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

At-risk high school students are taught to train service dogs to be placed with individuals with disabilities to help them gain greater independence and mobility. Education regarding the importance of service dogs and disability awareness is provided to the public.

Statement 7
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

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

Form CHAR500 This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	2008 Open to Public Inspection
--	--	--

1. General Information			
a. For the fiscal year beginning (mm/dd/yyyy) 1/01 / 2008 and ending (mm/dd/yyyy) 12/31/2008			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization EAST COAST ASSISTANCE DOGS INC		d. Fed. employer ID no. (EIN) (##-####-###) 06-1436718
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 831, 149 NEWFIELD ROAD		e. NY State registration no. (##-##-###) 21-42-92
	City or town, state or country and zip + 4 TORRINGTON, CT 06790		f. Telephone number 860-489-6550
			g. Email ecad1@aol.com

2. Certification - Two Signatures Required				
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.				
a. President or Authorized Officer/Trustee	A	Signature	Printed Name	Title
				Date
b. Chief Financial Officer or Treasurer	A	Signature	Printed Name	Title
				Date

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)	Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used and either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal and contributions from all sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).
b. EPTL annual report exemption (EPTL registrants and dual registrants)	Check <input type="checkbox"/> if total gross receipts for this fiscal year did not exceed \$25,000 and the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <i>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</i>	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State?	Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)?	Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4b.	

5. Fee Submitted: See last page for summary of fee requirements.		
Indicate the filing fee(s) you are submitting along with this form:		
a. Article 7-A filing fee	\$ <u>25.</u>	<i>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</i>
b. EPTL filing fee	\$ <u>0.</u>	
c. Total fee	\$ <u>25.</u>	

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see page 4 for required attachments	A
---	----------

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
? Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
? EPTL	Calculate the EPTL filing fee using the table in part b below. the Article 7-A filing fee is \$0.
? Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments ' Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

Single check or money order payable to 'NYS Department of Law'

Copies of Internal Revenue Service Forms

<input type="checkbox"/> IRS Form 990	<input checked="" type="checkbox"/> IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-PF
<input type="checkbox"/> Schedule A to IRS Form 990	<input checked="" type="checkbox"/> Schedule A to IRS Form 990-EZ	<input type="checkbox"/> Schedule B to IRS Form 990-PF
<input type="checkbox"/> Schedule B to IRS Form 990	<input checked="" type="checkbox"/> Schedule B to IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-T
<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

Audit Report (total support & revenue more than \$250,000)

Review Report (total support & revenue \$100,001 to \$250,000)

No Accountant's Report Required (total support & revenue not more than \$100,000)

**Short Form
Return of Organization Exempt From Income Tax**

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

G 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.

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

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning _____, 2008, and ending _____,

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Please use IRS label or print or type. See Specific Instructions.</p> <p>EAST COAST ASSISTANCE DOGS INC PO BOX 831, 149 NEWFIELD ROAD TORRINGTON, CT 06790</p>	<p>D Employer identification number 06-1436718</p> <p>E Telephone number 860-489-6550</p> <p>F Group Exemption Number _____ G</p>
--	---	---

? Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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

I Website: **G** www.ecad1.org

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

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

K Check **G** if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **G**\$ **726,542.**

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

	1 Contributions, gifts, grants, and similar amounts received	1	357,795.
	2 Program service revenue including government fees and contracts	2	313,375.
	3 Membership dues and assessments	3	
	4 Investment income	4	14,305.
REVENUE	5a Gross amount from sale of assets other than inventory	5a	9,478.
	b Less: cost or other basis and sales expenses	5b	10,800.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	See Statement 1
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> G		
	a Gross revenue (not including \$ <u>8,890.</u> of contributions reported on line 1)	6a	19,405.
	b Less: direct expenses other than fundraising expenses	6b	9,871.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	9,534.
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe G <u>See Statement 2</u>)	8	12,184.
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	G 9	705,871.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	387,919.
	13 Professional fees and other payments to independent contractors	13	5,500.
	14 Occupancy, rent, utilities, and maintenance	14	8,687.
	15 Printing, publications, postage, and shipping	15	2,043.
	16 Other expenses (describe G <u>See Statement 3</u>)	16	181,404.
	17 Total expenses (add lines 10 through 16)	G 17	585,553.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	120,318.
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	883,253.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	G 21	1,003,571.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		457,720.	22	557,861.
23 Land and buildings		396,966.	23	385,568.
24 Other assets (describe G <u>See Statement 4</u>)		109,208.	24	153,028.
25 Total assets		963,894.	25	1,096,457.
26 Total liabilities (describe G <u>See Statement 5</u>)		80,641.	26	102,501.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		883,253.	27	993,956.

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <u>Train & place service dogs; education</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>See Statement 6</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	28a	469,851.
29			
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	29a	
30			
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	30a	
31	Other program services (attach schedule)		
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	31a	
32	Total program service expenses (add lines 28a through 31a)	G 32	469,851.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)				
(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 and deferred compensation	(e) Expense account and other allowances
Lucille A Picard PO Box 831 Torrington, CT 06790	Exec Director 40.00	69,788.	0.	9,615.
Paul Turnley PO Box 831 Torrington, CT 06790	President 2.00	0.	0.	0.
Tina Marie Burnham PO Box 831 Torrington, CT 06790	Secretary 2.00	0.	0.	0.
Cheryl A Burke PO Box 831 Torrington, CT 06790	Vice President 2.00	0.	0.	0.
Anne-Therese Hoenig PO Box 831 Torrington, CT 06790	Director 1.00	0.	0.	0.
James Hoenig PO Box 831 Torrington, CT 06790	Director 1.00	0.	0.	0.
Steve O'Connor PO Box 831 Torrington, CT 06790	Director 1.00	0.	0.	0.
Jean Waters PO Box 831 Torrington, CT 06790	Director 1.00	0.	0.	0.
Paul Amerling DVM PO Box 831 Torrington, CT 06790	Director 1.00	0.	0.	0.
Dale Picard PO Box 831 Torrington, CT 06790	Treasurer 40.00	69,788.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

		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.		X
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.		X
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.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. G 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	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?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities. 39b N/A		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 G 0.; section 4912 G 0.; section 4955 G 0.		
b	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.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. G 0.		
d	Enter amount of tax on line 40c reimbursed by the organization. G 0.		
e	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.		X
41	List the states with which a copy of this return is filed G CT NY		

42a The books are in care of **G** Lucille A Picard Telephone no. **G** 860-489-6550
 Located at **G** 149 Newfield Road Winchester CT ZIP + 4 **G** 06098

		Yes	No
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: G _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: G _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here **G** N/A and enter the amount of tax-exempt interest received or accrued during the tax year. **G** 43 | N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
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.		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 7

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000.	G			

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000.	G	

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.

Sign Here: G _____ Date _____
 Signature of officer
 G _____
 Type or print name and title.

Paid Preparer's Use Only: Preparer's signature: G Robert E. King, CPA Date: _____ Check if self-employed: G Preparer's Identifying Number (See instructions): P00083643
 Firm's name (or yours if self-employed), address, and ZIP + 4: G King, King & Associates CPAs EIN: G 06-1392255
 G PO Box 898 Phone no. G (860) 379-0215
 G Winsted, CT 06098-0898

May the IRS discuss this return with the preparer shown above? See instructions. G Yes No

Public Charity Status and Public Support

2008

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

G Attach to Form 990 or Form 990-EZ. G See separate instructions.

Name of the organization: EAST COAST ASSI STANCE DOGS INC; Employer identification number: 06-1436718

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 [X] 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 exempt 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). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III ' Functionally integrated d Type III' Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Table with 2 columns: Yes, No. Rows for 11g(i), 11g(ii), 11g(iii)

Table with 7 main columns: (i) Name of Supported Organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S.?, (vii) Amount of Support. Includes a Total row at the bottom.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 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.						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33-1/3 support test ' 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33-1/3 support test ' 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test ' 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test ' 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	196,055.	229,349.	214,898.	227,092.	357,795.	1,225,189.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	353,303.	270,001.	341,128.	296,233.	286,606.	1,547,271.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1-5	549,358.	499,350.	556,026.	523,325.	644,401.	2,772,460.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	91,604.	49,041.	64,874.	64,780.	138,810.	409,109.
c Add lines 7a and 7b	91,604.	49,041.	64,874.	64,780.	138,810.	409,109.
8 Public support (Subtract line 7c from line 6.)						2,363,351.

Section B. Total Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	549,358.	499,350.	556,026.	523,325.	644,401.	2,772,460.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,832.	3,663.	3,890.	15,457.	14,305.	39,147.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	1,832.	3,663.	3,890.	15,457.	14,305.	39,147.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV.			2,573.	12,175.	8,939.	23,687.
13 Total support. (add lns 9, 10c, 11, and 12.)						2,835,294.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here G

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	83.4 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	84.0 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	1.4 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.5 %

19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization G

b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization G

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions G

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area containing horizontal dashed lines for supplemental information.

EAST COAST ASSISTANCE DOGS INC

06-1436718

5/18/10

03:50PM

Part III, Line 12 - Other Income

<u>Nature and Source</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
Dog Sales	5,000.	7,500.	2,000.		
Miscellaneous Receipts	3,754.	60.	573.		
Expense Reimbursements	185.	4,615.			
Total	<u>\$ 8,939.</u>	<u>\$ 12,175.</u>	<u>\$ 2,573.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Schedule of Contributors
G Attach to Form 990, 990-EZ and 990-PF
G See separate instructions.

2008

Name of the organization

EAST COAST ASSI STANCE DOGS I NC

Employer identification number

06-1436718

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule '

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules '

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) G \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

EAST COAST ASSI STANCE DOGS INC

06-1436718

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Laura J Niles Foundation c/o Fogarty et al, POB 2508 Greenwich, CT 06836-2508	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Nutro - Leigh Gary 415 Spruce Lane East Meadow, NY 11534	\$ 8,866.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Paul & Barbara Jenkel 105 Marcourt Drive Chappaqua, NY 10514	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Ron & Stacey Gutfleisch Foundation 91 Beechdale Road Dobbs Ferry, NY 10522	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Geoffrey Beene Foundation 13 East 69th Street, Suite 2R New York, NY 10065	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	The New York Community Trust 105 Marcourt Drive Chappaqua, NY 10514	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

EAST COAST ASSI STANCE DOGS INC

06-1436718

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	J. Daniel McNamara TTEE ----- 503 Arnon Lake Drive ----- Great Falls, VA 22066 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

EAST COAST ASSI STANCE DOGS I NC

06-1436718

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	Natural Choice dog food	\$ 8,866.	Various
—		\$	
—		\$	
—		\$	
—		\$	
—		\$	

Name of organization

Employer identification number

EAST COAST ASSI STANCE DOGS I NC

06-1436718

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once ' see instructions.) G \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

G Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

EAST COAST ASSISTANCE DOGS INC

Employer identification number

06-1436718

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Mail solicitations | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Email solicitations | <input type="checkbox"/> Solicitation of government grants |
| <input type="checkbox"/> Phone solicitations | <input type="checkbox"/> Special fundraising events |
| <input type="checkbox"/> In-person solicitations | |

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				G		

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	<u>Family Fun Day</u> (event type)	_____ (event type)	_____ (total number)	(Add col. (a) through col. (c))
1	Gross receipts	28,295.		28,295.
2	Less: Charitable contributions	8,890.		8,890.
3	Gross revenue (line 1 minus line 2)	19,405.		19,405.
DIRECT EXPENSES	4	Cash prizes		
	5	Non-cash prizes		
	6	Rent/facility costs		
	7	Other direct expenses	9,014.	9,014.
8	Direct expense summary. Add lines 4- through 7 in column (d)			G 9,014.
9	Net income summary. Combine lines 3 and 8 in column (d)			G 10,391.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col. (a) through col. (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			G
8	Net gaming income summary. Combine lines 1 and 7 in column (d)			G

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' Explain: -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' Explain: -----		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		YES	NO
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility.....	13 a	%	
b An outside facility.....	13 b	%	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name: G _____			
Address: G _____			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....		15 a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.			
c If 'Yes,' enter name and address:			
Name: G _____			
Address: G _____			
16 Gaming manager information			
Name: G _____			
Gaming manager compensation G \$ _____			
Description of services provided: G _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....		17 a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: G \$ _____			

EAST COAST ASSISTANCE DOGS INC

06-1436718

5/18/10

03:50PM

Statement 1
Form 990-EZ, Part I, Line 5c
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 9,478.
Cost or Other Basis: 10,800.

Total Gain (Loss) Publicly Traded Securities \$ -1,322.

Total Net Gain (Loss) From Noninventory Sales \$ -1,322.

Statement 2
Form 990-EZ, Part I, Line 8
Other Revenue

Sale/Non Program Dogs.....	\$	5,000.
Misc Receipts.....		3,754.
Expense Reimbursement.....		185.
Merchandise Sales.....		3,245.
Total	\$	<u>12,184.</u>

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion.....	\$	13,008.
Bank Charges.....		2,024.
Class Supplies.....		8,500.
Conferences, Conventions, and Meetings.....		2,298.
Contract Services.....		13,348.
Depreciation.....		32,001.
Dues & Subscriptions.....		50.
Food/Dog Supplies.....		19,489.
Insurance.....		12,513.
Internet Access.....		8,351.
Licenses & Registration.....		100.
Miscellaneous.....		2,640.
Office Expense.....		6,838.
Payroll Service.....		2,387.
Professional Fees.....		250.
Public Relations.....		696.
Repairs & Maintenance.....		4,028.
Telephone.....		6,794.
Transportation & Vehicle Exp.....		18,053.
Travel.....		12,638.
Veterinary Services.....		15,398.
Total	\$	<u>181,404.</u>

EAST COAST ASSISTANCE DOGS INC

06-1436718

5/18/10

03:50PM

Statement 4
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginni ng</u>	<u>Endi ng</u>
Accounts Receivable	\$ 70,498.	\$ 116,672.
Automobiles	25,095.	13,352.
Machinery and Equipment	13,615.	15,066.
Prepaid Expenses and Deferred Charges	0.	7,938.
Total	<u>\$ 109,208.</u>	<u>\$ 153,028.</u>

Statement 5
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginni ng</u>	<u>Endi ng</u>
Accounts Payable and Accrued Expenses	\$ 27,503.	\$ 23,363.
Deferred Revenue	53,138.	79,138.
Total	<u>\$ 80,641.</u>	<u>\$ 102,501.</u>

Statement 6
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

At-risk high school students are taught to train service dogs to be placed with individuals with disabilities to help them gain greater independence and mobility. Education regarding the importance of service dogs and disability awareness is provided to the public.

Statement 7
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

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