Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

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

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

2008

OMB No. 1545-1150

Open to Public Inspection

Α	For the	2008 calenda	ar year,	or tax year beginning , 2008,	and endi	ng				, 20
В	Check if	applicable:		C Name of organization			D Emplo	yer i	den	tification number
	Address	change	Please use IRS	Occupaws Guide Dog Association			20-	517	2386	5
	Name cha	ange	label or	Number and street (or P.O. box, if mail is not delivered to street address	ss) Roo	m/suite	E Teleph	one	num	ber
Х	Initial retu	urn	print or type.							
	Terminati	ion	See Specific	6610 Fieldwood Rd.			(60	8)4	44-9	9555
	Amended	d return	Instruc-	City or town, state or country, and ZIP + 4			F Group	Exe	mpti	on .
\equiv		on pending	tions.	Madison, WI 53718			Numbe			
) organ	zations and 4947(a)(1) nonexempt charitable trusts must a	ttach	G A	ccounting m			
		(-)(-)		npleted Schedule A (Form 990 or 990-EZ).			ther (specify		_	
				,					ne or	ganization is not
ı	Websit	e: •								edule B (Form 990,
			heck or	y one) - ☑ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or [527		90-EZ, or 99			
				on is not a section 509(a)(3) supporting organization and its gro			•			an \$25,000. A return
			-	nization chooses to file a return, be sure to file a complete ret					•	α ψ=0,000
				ne 9 to determine gross receipts; if \$1,000,000 or more, file F		instead	of Form 990)-F	 -	42,213
	art I			enses, and Changes in Net Assets or Fund Bala						
•	1			grants, and similar amounts received • • • • • • • • • •				1		42,213
	2		-	enue including government fees and contracts • • • • • • •				2	_	12,213
	3	-		nd assessments • • • • • • • • • • • • • • • • • • •				3	+	
	4	Investment i		iu dosessifierits				4	_	
					5a	• • •	• • • • •	_		
				, ·	5b					
_				ale of assets other than inventory (Subtract line 5b from line 5		h schoo	dulo)	5с		
R e				ties (complete applicable parts of Schedule G). If any amount is from gamin		_		30		
٧	6				ig,cneck ne	ere 🚩 🗀				
e n	а			ncluding \$ of contributions	60					
u e				<u> </u>	6a 6b					
				3				6-		
				from special events and activities (Subtract line 6b from line 6	7a	• • •	• • • •	6c		
				tory, less returns and allowances						
				from sales of inventory (Subtract line 7b from line 7a)				70		
		Other revenu			• • • •	• • • •	• • • • •	7c 8	+	
	8		,	lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 • • • • • • • • • •				9	_	40.012
	10							10	+	42,213
				mounts paid (attach schedule)				11		
Ε	11			pensation, and employee benefits						
х р	12			d other payments to independent contractors • • • • • • • •				12 13		11 006
e n	13									11,826
S	14 15			lities, and maintenance				14 15		
e s	16							16		20 614
	17			Scribe ► STM130 Id lines 10 through 16 • • • • • • • • • • • • • • • • • •				17		28,614
_	10			r the year (Subtract line 17 from line 9)				18		40,440
NS e s t t	19	•	,	alances at beginning of year (from line 27, column (A)) (must			• • • •	10		1,773
NS	19			ported on prior year's return) • • • • • • • • • • • • • • •	•			19		/ EE1
ťť	20			t assets or fund balances (attach explanation)				20	_	4,551
s	21			alances at end of year. Combine lines 18 through 20 • • • •				21	_	C 204
P	art II	Balance							_	6,324 990-F7
	wi t 11	-aiaii00		(See the instructions for Part II.)			Beginning of y			(B) End of year
22	Cach	n savings and		nents		(A)		551	22	
23							4,5		23	6,444
24		er assets (desc)			_	24	
2 4 25					/		4 5	551	$\overline{}$	
26		ıl liabilities (de)		4,5		26	6,444
27		,		ces (line 27 of column (B) must agree with line 21) • • • • •			Л Г	551	-	120 6,324
				(=		1	4,3	, J T		0,324

-	art III Statement of Program Service Accor					
Pa		Expenses				
	nat is the organization's primary exempt purpose? Provide				(Red	quired for 501(c)(3) (4) organizations
Des	scribe what was achieved in carrying out the organization's	s exempt purposes. In a cle	ear and concise manne	er,	and	4947(a)(1) trusts;
des	scribe the services provided, the number of persons benefit	ted, or other relevant infor	mation for each progra	m title.	optio	onal for others.)
28	Provide guide dogs to visually impaired.					
	(Grants \$) If this amo	ount includes foreign grant	s, check here • • •	▶ 🗌	28a	0
29						
	(Grants \$) If this amo	ount includes foreign grant	s, check here •••	▶ 🗌	29a	
30						
	(Grants \$) If this amo	ount includes foreign grant	s, check here •••	▶ □	30a	
31	Other program services (attach schedule) • • • • • • •	• • • • • • • • • • •				
	(Grants \$) If this amo	ount includes foreign grant	s, check here • • •	▶ 🗌	31a	
32	Total program service expenses (add lines 28a through 3	31a) • • • • • • • •	• • • • • • • • •		32	0
	art IV List of Officers, Directors, Trustees, and Key				ruction	ns for Part IV.)
		(b) Title and average	(c) Compensation	(d) Contribution	s to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit p deferred compens		account and other allowances
Nic	cole Meadowcroft	President				
663	10 Fieldwood Rd. Madison WI, 53718	0	0		0	0
He:	idi Brehmer	Vice President				
30:	1 Warren St Watertown WI, 53094	0	0		0	0
	tricia Schenck	Secretary				
414	4 Iroquois Ct De Forest WI, 53532	0	0		0	0
	rt Meadowcroft	Treasurer				
	10 Fieldwood Rd Madison WI, 53718	0	0		0	0
	uglas Weil	Director of Tra				
	273 Moonlite Rd Neillsville WI, 54456	0	0		0	0
	mela Reich	Orientation and				-
	8 Sandy Beach Rd Lake Mills WI, 53551	0	0		0	0
	ephanie Schmidt	Marketing and P				-
	33 N 79th St Milwaukee WI, 53222	0	0		0	0
	rlene Morga	Community Puppy				
	31 Frederick St Beloit WI, 53511	0	0		0	0
	or reduction to belote hit boots	· ·				
_						
_						

Form	990-EZ (2008) Occupaws Guide Dog Association 20-51723	86	F	Page 3
Par	t V Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity ••••••••••••••••••••••••••••••••	33		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 ••••••••••••••••••••••••••••••••••••	34		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.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,			
	and proxy tax requirements? • • • • • • • • • • • • • • • • • • •	35a		_X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved • • • • • • • • • • • • • • • • • • •			
39	501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 • • • • • • • • • • • • • • • • • •			
	Gross receipts, included on line 9, for public use of club facilities • • • • • • • • • • • • • • • • • • •			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	-		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule	401		37
	L, Part I	40b		X
С	Enter amount of tax imposed on organization managers or disqualified persons during			
_1	the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization • • • • • • • • • • • • • • • • • • •			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed.	400		
	The books are in care of Nicole Meadowcroft Telephone no.	608-4	11_05	
72 u	Located at ▶ 6610 Fieldwood Rd. Madison, WI ZIP + 4 ▶ 537		11))	
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	10		
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? • • • • • • • • • • • • • • • • • • •	42c		X
	If "Yes," enter the name of the foreign country:	,		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here • • • • • • • • • • • • • • • • • •			
	and enter the amount of tax-exempt interest received or accrued during the tax year • • • • • • • • • • • • • • • • • • •			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		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	45		X
	EEA	orm 99	0-EZ (2008)

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Part VI	Section 501(c)(3) organizations	only. All section 501(c)(3) organiza	tions must answer que	estions 46-49			
	and complete the tables for lines	50 and 51.					
46 Did th	he organization engage in direct or i	indirect political campaign activities	on behalf of or in op	position to		Yes	No
cand	idates for public office? If "Yes," co	omplete Schedule C, Part I			46		Х
47 Did th	he organization engage in lobbying	activities? If "Yes," complete Sche	dule C, Part II		47		Х
48 Is the	e organization operating a school as	s described in section 170(b)(1)(A)(ii)? If "Yes," complete	Schedule E	48		Х
49 a Did th	he organization make any transfers	to an exempt non-charitable relate	d organization?		498	ı	X
b If "Y∈	es," was the related organization(s)	a section 527 organization? • • •			49h)	
50 Comp	plete this table for the five highest co	compensated employees (other that	n officers, directors, tr	ustees and key empl	oyees) who		
each	received more than \$100,000 of co	ompensation from the organization.	If there is none, ente	r "None."			
(a) Nar	me 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 pla deferred compensations.	ns & acco	xpense ount and allowance	es
NONE							
Total numb	per of other employees paid over \$1	00.000▶					
	plete this table for the five highest c	· · · · · · · · · · · · · · · · · · ·	ors who each received	d more than \$100.000) of		
	pensation from the organization. If t	·		, , , , , , , , , , , , , , , , , , ,			
(a)	Name and address of each independent co	ontractor paid more than \$100,000	(b) Ty	pe of service	(c) Comp	ensation	
NONE							
			I				
Total numb	oor of other independent contractors	a coch receiving over \$100,000					
Total numb	per of other independent contractors				the heat of our loss	al a al a a	
Total numb	Under penalties of perjury, I declar	s each receiving over \$100,000 • • re that I have examined this return, includir complete. Declaration of preparer (other the	ig accompanying schedule				
	Under penalties of perjury, I declar	re that I have examined this return, includir	ig accompanying schedule				
Sign	Under penalties of perjury, I declar and belief, it is true, correct, and co	re that I have examined this return, includir	ig accompanying schedule	nformation of which prepa			
Sign	Under penalties of perjury, I declar and belief, it is true, correct, and co	re that I have examined this return, includir complete. Declaration of preparer (other the	ig accompanying schedule				
Sign	Under penalties of perjury, I declar and belief, it is true, correct, and consider and some signature of officer Nicole Meadowcroft, Pr	re that I have examined this return, includir complete. Declaration of preparer (other the	ig accompanying schedule	nformation of which prepa			
Sign	Under penalties of perjury, I declar and belief, it is true, correct, and consider the signature of officer Nicole Meadowcroft, Progressian and title.	re that I have examined this return, includir complete. Declaration of preparer (other the	g accompanying schedule an officer) is based on all i	nformation of which prepa	arer has any knowle	dge.	
Sign Here	Under penalties of perjury, I declar and belief, it is true, correct, and consider and some signature of officer Nicole Meadowcroft, Pr	re that I have examined this return, includir complete. Declaration of preparer (other the	g accompanying schedule an officer) is based on all i	Date Check if self-		dge.	inst.)
Sign Here Paid	Under penalties of perjury, I declar and belief, it is true, correct, and consider and belief, it is true, correct, and consider and belief. Signature of officer Nicole Meadowcroft, Programmer's signature Preparer's signature	re that I have examined this return, includir complete. Declaration of preparer (other the	pg accompanying schedule an officer) is based on all i	Date Check if self-employed	arer has any knowle	dge.	inst.)
Sign Here Paid Preparer's	Under penalties of perjury, I declar and belief, it is true, correct, and consider the signature of officer Nicole Meadowcroft, Promotion of the signature of	re that I have examined this return, includir complete. Declaration of preparer (other the resident	pg accompanying schedule an officer) is based on all i	Date Check if self-	arer has any knowle	dge.	inst.)
Sign Here Paid	Under penalties of perjury, I declar and belief, it is true, correct, and consider the signature of officer Nicole Meadowcroft, Promotion of the signature of title. Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4	re that I have examined this return, includir complete. Declaration of preparer (other the	pg accompanying schedule an officer) is based on all i	Date Check if self-employed	arer has any knowle	ldge.	inst.)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

0c	cupaw	s Guide Dog Asso	ociation						20-51	72386			
Pa	art I	Reason for	Public Charity	y Status (All organiza	ations mu	st complet	e this part	.) (see ins	tructions)				
The	orgai	nization is not a priva	te foundation beca	use it is: (Please check o	only one o	rganization	า.)						
1		A church, convention	n of churches, or a	ssociation of churches d	escribed in	section '	170(b)(1)(A)(i).					
2		A school described i	in section 170(b)(1	1)(A)(ii). (Attach Schedul	le E.)								
3		A hospital or a coop	erative hospital ser	rvice organization describ	bed in sec	tion 170(b)(1)(A)(iii)	. (Attach S	Schedule F	l.)			
4				ted in conjunction with a		-					oital's na	me,	
		city, and state:	,	•	•			(// //	, ,			,	
5			erated for the bene	fit of a college or univer	sity owned	d or operat	ed by a go	overnment	al unit des	cribed in			
-		section 170(b)(1)(A		=	,		, 3.						
6			, , , , ,	r governmental unit desc	rihad in se	ction 170	/b)/1)/Δ)/\	Λ					
7	H		•	s a substantial part of its				•	m the gen	aral nublic			
•		described in section			support ii	om a gove	- IIIII CIII ai	unit or no	ili tile gen	erai public			
					nloto Dort	11. \							
8				n 170(b)(1)(A)(vi). (Com			(and the Care				
9	X	-		s: (1) more than 33 1/3%						_	SS		
				kempt functions - subjec									
				e and unrelated business				511 tax) f	rom busine	esses			
				e 30, 1975. See section									
10			•	ed exclusively to test for p		•		• , , , ,		,			
11				ed exclusively for the be					-				
				orted organizations desc						section			
		509(a)(3). Check the	e box that describe	s the type of supporting	organizatio	on and con	nplete line:	s 11e thro	ugh 11h.				
		a Type I	b Typ	e II	Type III	-Functiona	ally integra	ited	d	Type I	III-Other		
е		By checking this box	x, I certify that the	organization is not conti	rolled dire	ctly or indi	rectly by o	ne or mor	e disqualif	ied			
		persons other than	foundation manage	ers and other than one o	or more pu	ıblicly sup	oorted org	anizations	described	I in section	1		
		509(a)(1) or section	509(a)(2).										
f		If the organization re	eceived a written d	determination from the IF	RS that it i	s a Type I	Type II, c	or Type III	supporting)			
		organization, check	this box • • •										• •
g		Since August 17, 20	006, has the organ	ization accepted any gif	t or contrib	oution from	n any of th	е					
		following persons?	_				-						
		(i) A person who	directly or indirectly	y controls, either alone of	or togethe	r with pers	ons descr	ibed in (ii)				Yes	No
		• • •	•	dy of the supported orga	-			٠,,			11g(i)		
				scribed in (i) above? • •							11g(ii)		
				on described in (i) or (ii)							11g(iii		
h				ut the organizations the									
			Ĭ		T				(vi)	ls the	6.40	A	
	(I) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your	(v) Did y	ation in col.		tion in col.		Amount upport	l OI
		Ü		above or IRC section	1 ''	document?	(i) of your		(i) organize U.	ed in the S.?			
				(see instructions)	Yes	No	Yes	No	Yes	No			
					103	110	103	110	103	110			
					-	-							
Tat	~ I										1		

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Pa	rt II Support Schedule for Organiza			ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	vi)
	(Complete only if you checked the box of	on line 5, 7, or 8 o	of Part I.)				
	tion A. Public Support			1	1		I
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf						
	its bendin • • • • • • • • • • • • • • • • • •						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each						
3	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 • •						
	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	(4)		(1)		(1)	()
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources • • • • • • • • • • • • • • •						
9	Net income from unrelated business						
9	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 in	structions) • • •	• • • • • • •	• • • • • • •	• • • • • •	12	
13	First five years. If the Form 990 is for the organization						
	check this box and stop here		• • • • • • •	• • • • • • •	• • • • • • •	• • • • • • •	<u></u>
	tion C. Computation of Public Support						
14	Public support percentage for 2008 (line 6, colum					14	%
15	Public support percentage from 2007 Schedule A					15	%
16a	11						
	and stop here. The organization qualifies as a pul		•				• • • • ▶ □
b	33 1/3% support test - 2007. If the organization d						⊾ □
4	box and stop here. The organization qualifies as a		•				• • • • ▶ □
17a		•					
	more, and if the organization meets the "facts-and			-	•		⊾ □
L	organization meets the "facts-and-circumstances"	_			-		
b	10%-facts-and-circumstances test - 2007. If the	· ·					ıı
	more, and if the organization meets the "facts-and		•	•	•		▶ □
	organization meets the "facts-and-circumstances"	iesi. The organ	ızalıon qualifies	as a publicly Sup	oportea organiza		· · · · · 🚩 🗀

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

20-5172386

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

(Complete only	v if vou	checked	the box	on line	9 0	of Part	L)

Sec	tion A. Public Support								
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 20	08	(f) Tota	ıl
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") • • • • • • •					42	,213	42,	213
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose • • • • • •								
3	Gross receipts from activities that are not an unrelated trade or business under section 513.								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • •								
5	The value of services or facilities furnished by a governmental unit to the organization without charge •••••••								
6	Total. Add lines 1-5					42	,213	42,	213
7a	Amounts included on lines 1, 2, and 3								
b	received from disqualified persons ••••• 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 •••••								
С	Add lines 7a and 7b ••••••••								
8	Public support (Subtract line 7c from line 6.)							42,	213
	tion B. Total Support	T	I	1					
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 20	80	(f) Tota	
9 10a	Amounts from line 6					42	,213	42,	213
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 • • • • • • •								
с 11	Add lines 10a and 10b								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) • • • • • • • • • • • •								
13	Total support. (Add lines 9, 10c, 11, and 12.)							42,	213
14 Sec	First five years. If the Form 990 is for the organiza check this box and stop here tion C. Computation of Public Support			•	,	, , , -)	<u>X</u>
<u>366</u> 15	Public support percentage for 2008 (line 8, column		ne 13. column (f	f))		15		0.00	%
16	Public support percentage from 2007 Schedule A,					16			//
	tion D. Computation of Investment Inco					•			_,
17	Investment income percentage for 2008 (line 10c, c			ımn (f)) • • •	• • • • • •	17	(0.00	%
18	Investment income percentage from 2007 Schedule		-			18			%
19a	33 1/3% support tests - 2008. If the organization of					, and line 1	17 is		
b 20	not more than 33 1/3%, check this box and stop he 33 1/3% support tests - 2007. If the organization of is not more than 33 1/3%, check this box and stop	did not check a b	ox on line 14 or ization qualifies	line 19a, and line as a publicly sup	e 16 is more than ported organizat	33 1/3%, tion • •	• • • •	• • • • • •	•
20	Private Foundation: If the organization did not che	ECK a box on line	14, 19a, or 19b.	check this box a	and see instruction	ons • •	· · · ·		7) 0055

8879-EO

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2008, or fiscal year beginning	, and ending
or caroridar year zeece, or needr year beginning	, and onaing

Do not send to the IRS. Keep for your records.See instructions.

2008

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization
Occupaws Guide Dog Association

Employer identification number

20-5172386

Name and title of officer

NICOIC MCAGOWCIOIC, IIICDIACIIC	Nicole	Meadowcroft,	President
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F

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Fart i.	
1a Form 990 check here ▶ b Total revenue, if any (Form 990, line 12)	b
2a Form 990-EZ check here Date b Total revenue, if any (Form 990-EZ, line 9)	2b 42,213
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) • • • • • • • • • • • • • • • • • •	ib
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4	.b
5a Form 8868 check here ▶ b Balance Due (Form 8868, line 3c)	b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN:	check one	box only
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I authorize		to enter my PIN	as my signature
ERO firm name		Enter five nun do not enter a	

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fod/State program. I will enter my PIN on the return's disclosure consent except

charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Nicole Meadowcroft

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 394953 11937

do not enter all zeros

02-05-2009

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature
Chase OBrien

Date > 03-05-2009

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

	Federal Supporting Statements	2008
Name(s) as shown on return		FEIN

Form 990EZ, Part I, Line 16 Other Expenses Schedule 2

Description	Amount
Placement expenses	10,279
Fundraising expenses	5,401
Fuel expenses	591
Banking fees	31
Insurance expenses	355
Registration fees	297
Dog food expenses	1,032
Veterinary expenses	3,425
Equipment expenses	2,643
Promotion expenses	3,508
Office expenses	1,042
Website expenses	10
	00.614
Total	28,614

Form 990EZ, Part II, Line 26 Other Liabilities Schedule 3

Description Loan from Nicole	Beginning of Year_ 	End of Year
Total		120

Beckett Tax and Accounting LLC 3591 Anderson Street Suite 103 Madison, WI 53704 (608) 310-8140

Invoice Date: 03/05/2009

Total Due \$ 160.00

Occupaws Guide Dog Association 6610 Fieldwood Rd. Madison, WI 53718

Your 2008 tax return was prepared by Chase OBrien.

duane@btax.biz

Description of Charges		Price
Federal and Supplemental Forms		
Form 990EZ - Organization Exempt from Inc	come Tax EZ Page	\$
Form 990EZ - Organization Exempt from Inc	come Tax EZ Page	2
Form 990EZ - Organization Exempt from Inc	come Tax EZ Page	3
Form 990EZ - Organization Exempt from Inc	come Tax EZ Page	4
Form 8879EO - E-file Signature Auth for an	n Exempt Org	
Statement 990EZ - Other Liabilities Schedule		
Schedule A - Organization Exempt Under Se	ec 501(c)(3) pg	1
Schedule A - Organization Exempt Under Se	ec 501(c)(3) pg	2
Schedule A - Organization Exempt Under Se	ec 501(c)(3) pg	3
Total Forms: 9	Subtotal	\$ 160.00