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Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2006

Open to Public
Inspection

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

A For the 2006 calendar year, or tax year beginning

, and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions.

C Name of organization

East Kentucky Rescue, Inc

Number and street (or P O box if mail is not delivered to street address)

289 Scalf Drive

City or town

Stanville

State or country

KY

ZIP + 4

41659

D Employer identification number

20-0176178

E Telephone number

(606) 478-4400

F Accounting method: ☒ Cash ☐ Accrual☐ Other (specify) ▶Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable
trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☒ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization
covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

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

G Website. ▶

Organization type (check only one) ▶

☒ 501(c) (3)(insert no) ☐ 4947(a)(1) or ☐ 527Check here ☒ if the organization is not a 509(a)(3) supporting organization and its gross
receipts are normally not more than \$25,000. A return is not required, but if the organization chooses
to file a return, be sure to file a complete return

Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶

2,675

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

1 Contributions, gifts, grants, and similar amounts received

a Contributions to donor advised funds

1a 0

b Direct public support (not included on line 1a)

1b 1,375

c Indirect public support (not included on line 1a)

1c 0

d Government contributions (grants) (not included on line 1a)

1d 0

e Total (add lines 1a through 1d) (cash \$ 1,375 noncash \$ 0)

1e 1,375

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 0

3 Membership dues and assessments

3 0

4 Interest on savings and temporary cash investments

4 0

5 Dividends and interest from securities

5 0

6a Gross rents

6a

b Less rental expenses

6b

c Net rental income or (loss). Subtract line 6b from line 6a

6c 0

7 Other investment income (describe ▶)

7 0

8a Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

0 8a 0

b Less cost or other basis and sales expenses

0 8b 0

c Gain or (loss) (attach schedule)

0 8c 0

d Net gain or (loss) Combine line 8c, columns (A) and (B)

8d 0

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐a Gross revenue (not including \$ 0 of
contributions reported on line 1b)

9a 0

b Less direct expenses other than fundraising expenses

9b 0

c Net income or (loss) from special events. Subtract line 9b from line 9a

9c 0

10a Gross sales of inventory, less returns and allowances

10a 0

b Less cost of goods sold

10b 0

c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a

10c 0

11 Other revenue (from Part VII, line 103)

11 1,300

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

12 2,675

Expenses

13 Program services (from line 44, column (B))

13 1,300

14 Management and general (from line 44, column (C))

14 13

15 Fundraising (from line 44, column (D))

15 0

16 Payments to affiliates (attach schedule)

16 0

17 Total expenses. Add lines 16 and 44, column (A)

17 2,650

Net Assets

18 Excess or (deficit) for the year Subtract line 17 from line 12

18 25

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 23,893

20 Other changes in net assets or fund balances (attach explanation)

20 0

21 Net assets or fund balances at end of year Combine lines 18, 19, and 20

21 23,918

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)

(HTA)

STATUTE CLEARED

SCANNED DEC 20 2010

STATUTE UNIT
RECEIVED
NOV 17 2010
TPR BRANCH
OGDENJWS
REC-10
10-18-10010
2391910

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here ☐	22a 0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here ☐	22b 0	0		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0			
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a 0	0	0	0
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b 0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c 0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26 0			
27	Pension plan contributions not included on lines 25a, b, and c	27 0			
28	Employee benefits not included on lines 25a - 27	28 0			
29	Payroll taxes	29 0			
30	Professional fundraising fees	30 0			
31	Accounting fees	31		13	
32	Legal fees	32 0			
33	Supplies	33 0			
34	Telephone	34 0			
35	Postage and shipping	35 0			
36	Occupancy	36 0			
37	Equipment rental and maintenance	37 0			
38	Printing and publications	38 0			
39	Travel	39 0			
40	Conferences, conventions, and meetings	40 0			
41	Interest	41 0			
42	Depreciation, depletion, etc. (attach schedule)	42 1,350	0	0	0
43	Other expenses not covered above (itemize).				
a	Veterinary Bills	43a 1,300	1,300	0	0
b		43b 0	0	0	0
c		43c 0	0	0	0
d		43d 0	0	0	0
e		43e 0	0	0	0
f		43f 0	0	0	0
g		43g 0	0	0	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 2,650	1,300	13	0

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☐ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III **Statement of Program Service Accomplishments** (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **► Rescue and Adoption of Animals**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

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

a 21 dogs were rescued and either adopted or/and temporarily housed for the year of 2006.

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

1,300

b

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

c

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

d

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

e Other program services (attach schedule)

(Grants and allocations \$ 0) If this amount includes foreign grants, check here ☐

0

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

1,300

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	-1,082	45	293
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 0		
	b Less: allowance for doubtful accounts	47b 0	47c 0	0
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	48c 0	0
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a 0	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	51c 0	0
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments—publicly-traded securities ☐ Cost ☐ FMV		54a 0	0
	b Investments—other securities (attach schedule) ☐ Cost ☐ FMV		54b 0	0
	55 a Investments—land, buildings, and equipment basis	55a 27,000		
	b Less: accumulated depreciation (attach schedule)	55b 3,375	55c 24,975	23,625
	56 Investments—other (attach schedule)		56 0	0
	57 a Land, buildings, and equipment: basis	57a 0		
b Less: accumulated depreciation (attach schedule)	57b 0	57c 0	0	
58 Other assets, including program-related investments (describe ☐)		58 0	0	
59 Total assets (must equal line 74) Add lines 45 through 58		23,893	59	23,918
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63 0	0
	64 a Tax-exempt bond liabilities (attach schedule)		64a 0	0
	b Mortgages and other notes payable (attach schedule)		64b 0	0
	65 Other liabilities (describe ☐)		65 0	0
66 Total liabilities. Add lines 60 through 65		0	66	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☐ and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	23,893	72	23,918
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	23,893	73	23,918
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	23,893	74	23,918	

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

a	Total revenue, gains, and other support per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	0
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2	0	
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12) Add lines c and d		e	0

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

a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) _____	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	0
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2	0	
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17) Add lines c and d		e	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name Lisa L Scalf Str 289 Scalf Drive City Stanville ST KY ZIP 41659	Title President/Director Hr/WK 40	0	0	0
Name Judy Diabo Str PO Box 510 City Staffordsville ST KY ZIP 41256	Title V.Pres /Director Hr/WK 5	0	0	0
Name Donna Stratton Str 130 Chestnut Dr City Pikeville ST KY ZIP 41501	Title Director Hr/WK 5	0	0	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 3		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c	X
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>Lisa L Scalf</u> Str <u>289 Scalf Drive</u> City <u>Stanville</u> ST <u>KY</u> ZIP <u>41659</u>	0	0	0	0
Name <u>Judy Diabo</u> Str <u>PO Box 510</u> City <u>Staffordsville</u> ST <u>KY</u> ZIP <u>41256</u>	0	0	0	0
Name <u>Donna Stratton</u> Str <u>130 Chestnut Dr</u> City <u>Pikeville</u> ST <u>KY</u> ZIP <u>41501</u>	0	0	0	0
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				

Part VI Other Information (See the instructions)

	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization _____ and check whether it is ☐ exempt or ☐ nonexempt		
81 a Enter direct and indirect political expenditures. (See line 81 instructions)	81a	0
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	
90 a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	
91 a	The books are in care of: Name <u>Lisa L Scalf</u> Telephone no <u>(606) 478-4400</u> Located at <u>289 Scalf Drive</u> City <u>Stanville</u> ST <u>KY</u> ZIP + 4 <u>41659</u>		
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	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ Yes ☒ No

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Animal Adoption Fees		0		0	1,300
b		0		0	0
c		0		0	0
d		0		0	0
e		0		0	0
104 Subtotal (add columns (B), (D), and (E))		0		0	1,300
105 Total (add line 104, columns (B), (D), and (E))					1,300

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	The adoption fees are charged to help offset the food and veterinary costs associated with the rescue and housing of the animals prior to adoption

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

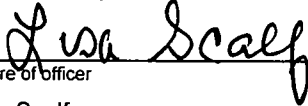
Part XI

Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No	
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a						
b						
c						
Totals				0		

				Yes	No	
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a						
b						
c						
Totals				0		

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		10-15-10 Date	
	Lisa L. Scalf Type or print name and title		President/Director	
Paid Preparer's Use Only	Preparer's signature	 W. Bradford Barker, CPA	Date	10/14/2010
	Firm's name (or yours if self-employed), address, and ZIP + 4	W. Bradford Barker, PSC, CPA 51 Boyd Lane, Ivel, KY 41642		Check if self-employed ☐ Preparer's SSN or PTIN (See Gen. Inst. X) P00118049
		EIN	61-1357753	
		Phone no	(606) 478-3900	

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2006

Attachment

Sequence No 67

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return
East Kentucky Rescue, IncBusiness or activity to which this form relates
990Identifying number
20-0176178**Part I Election To Expense Certain Property Under Section 179***Note: If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount. See the instructions for a higher limit for certain businesses	108,000
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation	430,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	108,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7	Listed property. Enter the amount from line 29	7
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	0
9	Tentative deduction Enter the smaller of line 5 or line 8	0
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	0
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	0

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14
15	Property subject to section 168(f)(1) election	15
16	Other depreciation (including ACRS)	16

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006	1,350
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐	

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	1,350
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2006)

(HTA)

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Contributions to Donor Advised Funds		
Line 1b - Direct public support		
1 Contributions	1,375	1
2 Membership dues and assessments (contributions from the public)		2
3 Commercial co-venture		3
4 Special events contributions (Line 9 - Special Events)	0	4
5		5
6		6
7		7
8		8
9		9
10 Total	1,375	10 0
Line 1c - Indirect public support		
Line 1d - Government contributions (grants)		

Line 43 (990) - Other Deductions

1,300

1,300

0

0

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Veterinary Bills	1,300	1,300		
2		0			
3		0			
4		0			
5		0			
6		0			
7		0			
8		0			
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

Line 55 (990) - Investments - Land, Buildings, and Equipment

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	1		
2	2		
3	3		
4	4		
5	5		
6 Total land (net of any amortization)	6	0	0

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7 Kennel	7	27,000	27,000	2,025	3,375
8	8				
9	9				
10	10				
11	11				
12	12				
13	13				
14	14				
15	15				
16	16				
17 Total buildings and equipment	17	27,000	27,000	2,025	3,375
18 Buildings and equipment (less accumulated depreciation)	18			24,975	23,625
19 Total land, buildings and equipment	19			24,975	23,625

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1	1			
2	2			
3	3			
4	4			
5	5			
6	6			
7	7			
8	8			
9	9			
10	10			
11 Total	11	0	0	0

Part VII, Line 103 (990) - Other Revenue

		Unrelated business income		Excluded by section 512, 513, or 514		
		(A)	(B)	(C)	(D)	(E)
Other Revenue Description		Business code	Amount	Exclusion code	Amount	Related or exempt function income
a	Animal Adoption Fees					1,300
b						
c						
d						
e						
f						
g						
h						
i						
j						
k						
l						
m						
n						
o						
p						
q						
r						
s						
t						
u						
v						
w						
x						
y						
z						