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Form **990-EZ**

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

OMB No 1545-1150

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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 \$500,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning January 1, 2009, and ending December 31, 20 09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization LABMED, Inc.		D Employer identification number 64 0883735
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 3941 Legacy Dr. Suite 204 A115		E Telephone number 972 208-2470
		City or town, state or country, and ZIP + 4 Plano, TX 75023-8331		F Group Exemption Number ▶

• 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) ▶

I Website: ▶ www.labmed.org

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

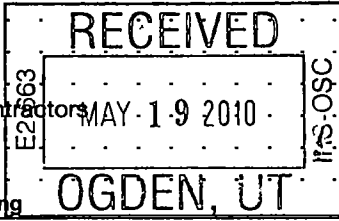
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received		16,752.15	10	Grants and similar amounts paid (attach schedule)		16,280.50
2	Program service revenue including government fees and contracts		0	11	Benefits paid to or for members		0
3	Membership dues and assessments		0	12	Salaries, other compensation, and employee benefits		0
4	Investment income		0	13	Professional fees and other payments to independent contractors		0
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance		0
b	Less: cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping		396.55
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		0	16	Other expenses (describe ▶ <u>Supplies, banner, and printing</u>)		169.41
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			17	Total expenses. Add lines 10 through 16		16846.41
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)		5043.55
b	Less: direct expenses other than fundraising expenses	6b		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)		26910.12
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		0	20	Other changes in net assets or fund balances (attach explanation)		0
7a	Gross sales of inventory, less returns and allowances	7a	5721.23	21	Net assets or fund balances at end of year. Combine lines 18 through 20		31953.67
b	Less: cost of goods sold	7b	500				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		5132.39				
8	Other revenue (describe ▶ <u>PayPal Dividend</u>)		5.42				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		21,889.96				



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	26910.12	22 19,144.82
23	Land and buildings	0	23 0
24	Other assets (describe ▶ <u>Inventory for sale, displays used at events, misc. items</u>)	8400	24 12808.75
25	Total assets	36,193.67	25 31,953.57
26	Total liabilities (describe ▶ _____)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	36,193.67	27 31,953.67

SCANNED JUL 10 2010

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)	
What is the organization's primary exempt purpose? Medical care for rescued Labrador retrievers 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, and other relevant information for each program title.			
28 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	16846.41
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses (add lines 28a through 31a) ▶	32	16846.41

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Linda Bagby 404 San Antonio Rd Yorba Linda, CA 92886	20 hours	0	0	0
Edie Bain 31 Sayresville Rd Winterport, ME 04496	20 hours	0	0	0
Amy Gibson 4705 Jasmine Dr Rockville, MD 20853	20 hours	0	0	0
Jim Groenke 282 C St. Redwood City, CA 94063	20 hours--Vice-president	0	0	0
Deborah Hamele 4594 Rome Corners Rd Brooklyn, WI 53521	20 hours	0	0	0
Susan Jenkins 996 Jefferson Ave Akron, OH 44302	20 hours - Treasurer	0	0	0
Donna Harrison 2825 43rd Ave Meridian, MS 39307	20 hours	0	0	0
Heidi Luna 612 Conway Drive San Marcos, TX 78666	20 hours	0	0	0
See attached list for remainder of Board of Directors				

Part V Other Information (Note the statement requirements in the instructions for Part 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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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 why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		✓
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 outstanding at the end of the period covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c 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? If "Yes," complete Form 8886-T.		✓
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ LABMED Inc Telephone no. ▶ 972-208-2470 Located at ▶ 3941 Legacy Drive, Suite 204 #A115 ZIP + 4 ▶ 75023-8331		
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)?	Yes	No
	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 .		
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: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

50 Complete this table for the organization's 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 & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 **0**

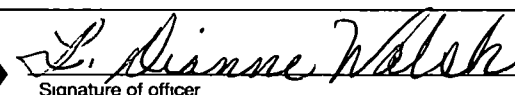
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **0L Di**

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


15/15/2010
 Signature of officer Date
L. Dianne Walsh, President
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no	

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Department of the Treasury
Internal Revenue Service

Name of the organization LABMED Inc	Employer identification number 64 : 0883735
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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: (For lines 1 through 11, check only one box.)

- 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 a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 it 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?
 - (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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		✓
11g(ii)		✓
11g(iii)		✓

h Provide the following information about the supported organization(s).

(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 US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	25,578.29	12,300.64	18,567.14	20,118.42	16,752.15	93,316.64
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	25,578.29	12,300.64	18,567.14	20,118.42	16,752.15	93,316.64
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) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	25,578.29	12,300.64	18,567.14	20,118.42	16,752.15	93,316.64
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	45.79	8.11	12.71	15.65	7.40	89.66
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						93406.30
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 2009 (line 6, column (f) divided by line 11, column (f))	14	100 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	100 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. 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—2009. 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—2008. 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 year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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)						

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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. 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 ▶

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 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 ▶

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

LABMED Funded Dogs - 2009

Total #	Yearly #	Check #	Application #	Dog Name	Amount	Date Issued	Issued To	Address	City	State	Zip
1078	1	1141	08/09/25b	Gunner2	\$123.91	1/5/2009	Norway Vet Hospital Hill Country Animal Hospital	PO Box 273	Norway	ME	04268
1079	2	1142	09/02/06	Brady 2	\$400.00	2/13/2009	Fido's Companion Rescue	7023 Bee Cave Rd.	Austin	TX	78746
1080	3	1143	09/02/02	Morty	\$300.00	2/14/2009	Dr Mathias Tipp City Vet Hosp	PO Box 518 4900 South County Rd 25 A	Avon	OH	44011
1081	4	1144	09/01/26	Ellie	\$500.00	2/28/2009	Mary Scott	10130 E High St. 3816 Review Place # 4B	Tipp City	OH	45371
1082	5	1145	09/02/17	Toby 2	\$200.00	3/23/2009	Susan Mc Millan		Wakefield	Va	23888
1083	6	1146	08/08/12	Buddy42	\$200.00	3/23/2009	Maze Animal Hospital SNIPSA c/o Dr. Abermathy	201 Maze Blvd	Bronx	NY	10463
1084	7	1147	09/03/01	Opal	\$200.00	3/30/2009	Julia Adams	22330 Whisper Falls	Modesto	Ca	95351
1085	8	1148	09/03/24	Starbucks	\$300.00	4/13/2009	Lloyd Med Center Best Friends Vet Hosp.	310 Isaac Dr.	San Antonio	Tx	78230
1086	9	1149	09/03/27B	Lucky 17	\$200.00	4/13/2009		1995 Washington	Goodlettsville	Tn	37072
1087	10	1150	09/03/20B	Ike2	\$200.00	4/22/2009		225 Sparta Highway	Stoughton	Ma	02072
1088	11	1301	09/04/10	Thunder2	\$300.00	4/22/2009	VTH - Buisness Office Mohanky Animal Hospital	Duck Pond Dr.	Crossville	Tn	38572
1089	12	1302	09/03/30	Denali	\$300.00	4/22/2009		2505 S Vista Way	Blacksburg	Va	24061
1090	13	1303	09/04/06	Lily 3	\$350.00	5/3/2009	Neil Silverthorn Peachtree Corners Animal Clinic	8214 E County Dr. 4020 Holcomb Bridge Rd	Carlsbad	Ca	92008
1091	14	1304	09/03/30B	Koda	\$150.00	5/10/2009	West Park Animal Hospital		El Cajon	Ca	92021
1092	15	1305	09/04/20	Moses	\$260.00	5/10/2009		4117 Rocky River Rd	Norcross	GA	30092
1093	16	1306	09/03/30B	Ozzie 2	\$300.00	5/10/2009	Gayla Cheney Tater's Ark Animal Welfare Fund	2913 Sleepy Hollow	Cleveland	OH	44135
1095	17	1307	09/05/05	Temple	\$350.00	5/27/2009	Lab Rescue of Greater Richmond	PO Box 715	Temple	Tx	76502
1096	18	1308	09/03/03	Wonder	\$300.00	6/1/2009		8313 Lydell Dr	Alexander	ARK	72002
1097	19	1309	09/05/18	Phoenix4	\$100.00	6/15/2009	Mohacky Animal Hosp of Carlsbad		Henrico	Va	23228
1098	20	1310	09/05/04	McKenna	\$300.00	6/19/2009	W Ashley Vet Clinic Low Country Lab rescue	2505 S Visat Way 648 St Andrews	Carlsbad	Ca	92008
1099	21	1311	09/03/27	Marley2	\$250.00	6/19/2009	Bright Cross Animal Clinic	256 Wild Hearts Rd	Charleston	SC	29407
1100	22	1313	09/05/28	Carrie	\$100.00	6/29/2009			Cameron	sc	29030
1101	23	1314	09/05/19	Mellow	\$200.00	7/10/2009		4165 Tamiami Trail	Venice	FL	34293

LABMED Funded Dogs - 2009

1102	24	1315	09/06/23	Kiowa	\$359.00	7/10/2009	Stephen Rink California Vet Specialist	1535 Linda St	Fallbrook	Ca	92028
1103	25	1316	09/03/26	Noel 3	-\$400.00	7/10/2009	RFLRR Homeward Bound Animal Rescue Animal Speciality Center	2310 Faraday Ave. PO Box 579	Carlsbad	Ca	92008
1104	26	1317	09/07/01A,B	Rori/Laci	\$300.00	7/22/2009	DR Robert Maro	PO Box 210157	Bloomington	NY	12721
1105	27	1318	09/06/10	Tigger	\$300.00	7/22/2009	info	90 Dell Plaza	Bedford	Tx	76095
1106	28	1319	09/06/01	Two Socks	\$350.00	8/21/2009	Westbury Animal Clinic	4623 McCartney Rd	Yonkers	NY	10701
1107	29	1320	09/08/12	Madison	\$100.00 \$400 see	8/21/2009	Companion Animal Hospital		Lowellville	OH	44436
1108	30	1324	09/03/26	Noel 3	\$250.00	9/4/2009	Mindy Leedy Safe Harbor Lab Rescue	4917 Willow Dr	Houston	Tx	77035
1109	31	1325	09/05/27	Reba	\$200.00	9/4/2009	Colleen Dies Belmont Co Animal Shelter	45230 Morris Rd 259 Harper Ridge Pass	Hammond	La	70401
1110	32	1326	09/06/20	Doc	\$250.00	9/16/2009	DR Robert Maro	601 16th St # C 322	Antioch	Tenn	37013
1111	33	1327	09/08/26	Charlie 4	\$200.00	9/16/2009	CCLRR	Golden	Golden	Co	80401
1112	34	1328	09/01/23	Maggie 8	\$400.00	9/16/2009	Sheryl Horstman	8708 Lakeview Ave	Crystal Lake Saint	Ill	60014
1113	35	1329	09/08/09	PoppyMocha	\$200.00	9/26/2009	MonoWay Vet Hospital	45422 National Rd	Clairsville	OH	43950
1114	36	1330	09/09/04	Delilah	\$150.00	10/5/2009	Pet Rescue of Mercer	4623 McCartney Rd	Loweville	OH	44436
1115	37	1331	09/09/09	Naida	\$350.00	10/5/2009	Houston Lab Rescue	PO Box 221094	Sacramento	Ca	95822
1116	38	1332	09/09/15	Marie	\$750.00	10/5/2009	Animal Medical Center	5001 Yakima Ave	Tacoma	Wa	98408
1117	39	1333	09/09/30	OC	\$200.00	10/17/2009	West Milton Vet Clinic	1333 Mono Way	Sonora	Ca	95370
1118	40	1334	09/08/20	Jasmine3	\$500.00	10/17/2009	Lloyd Animal Medical Center	PO Box 2574	Hamilton	NJ	8690
1119	41	1335	09/09/23	Brody 5	\$300.00	10/17/2009	Husky House	PO Box 764	Pasadena	Tx	77508
1120	42	1336	09/09/20	Cassidy2	\$400.00	11/4/2009	Dr. Robert Maro	984 Thompson Bridge Rd	Gainesville	Ga	30501
1121	43	1337	09/09/08	Mason 4	\$200.00	11/4/2009	Husky House	23 W Emerick Rd	W. Milton	OH	45383
1122	44	1338	09/09/09B	Embry	\$200.00	11/4/2009	Dr. Robert Maro	23 W Emerick Rd	W. Milton	OH	45383
1123	45	1339	09/09/09C	Victory	\$250.00	11/23/2009	Willowrun Vet Hospital	1995 Washington St.	Stroughton	Ma	2072
1124	46	1340	09/10/21	Malcolm	\$750.00	11/23/2009		811 Boesel Ave.	Manville	NJ	8835
1125	47	1341	09/10/22	Ky6ParvoPups	\$60.00	11/23/2009		4623 McCartney Rd 1417 S Bright Leaf Blvd	Lowellville	OH	4436
1126	48	1342	09/11/06	Ozzie 3	\$700.00	12/7/2009			Smithfield	NC	17577
1127	49	1343	09/10/28	Butterball							

LABMED Funded Dogs - 2009

1127	49	1343	09/10/08	Hershey18	\$500.00	12/7/2009	Anna Bjork Town & Country Animal Hosp	2015 41 st St NW Apt B 1	Rochester	MN	55907
1128	50	1344	09/11/22	Sadie17	\$800.00	12/7/2009	Animal Hosp	204 S Gurney St	Burlington	NC	27215
1129	51	1346	09/12/04	Hailey	\$227.50	12/17/2009	West Milton Vet Clinic	23 Emerick Rd	W Milton	OH	45353
1130	52	1347	09/10/02	Cole 5	\$500.00	12/17/2009	Clare Kennedy	HC 13 Box 371	Sparks	NEB	69220

Month	# dogs	Amount
Jan	1	\$124
Feb	3	\$1,200
March	3	\$600
April	5	\$1,300
May	5	\$1,410
June	5	\$1,050.00
July	5	\$1,559.00
Aug	2	\$450.00
Sept	6	\$1,500
Oct	6	2500
Nov	6	1,860.00
Dec	5	2727.5
Total	52	\$16,280.5

2009 LABMED Board Members, continued

(a) Name and Address	(b) Title and average hours per week devoted to position	© Compensation (If not paid, enter -0-.)	(d) Employee benefit plans & deferred compensation	(e) Expense account and other allowances
Mary MacCallum 1015 Church St Galveston, TX 77550	20 hours	0	0	0
San Mitchum 552 Elizabeth Lane Charleston, SC 29407	20 hours	0	0	0
Elizabeth Pannill DVM PO Box 176 Staples, Texas 78670	Secretary 20 hours	0	0	0
Peggy Stockman 120 Nashua St. Park Forest, IL 60466	20 hours	0	0	0
Michelle Szakacs 122 Cherokee Lane Mahwah, NJ 07430	20 hours	0	0	0
L. Dianne Walsh 318 W. Miner St. West Chester, PA 19382	President 20 hours	0	0	0