	-	1065 U.S. Return of Partnership Income						OMB No. 1545-0099
For De Inte	partment o	of the Treasury enue Service	For calendar	year 2008, or tax year beginning	-			2008
A	Principal	J business activity	Use	Name of partnership				D Employer identification number
		ruction	the IRS label.	Brenden & Associate				20-8006313
В	Principal	product or service	Other- wise,	Number, street, and room or suite no. If a P.O. both 4613 W. Prairie Roa	•			E Date business started 03/01/2008
C.	onst	ruction	print or	City or town, state, and ZIP code	iu			F Total assets
C	Business	code number	type.	1				
	<u> 3620</u>			Grand Island, NE 6				<u> </u> \$0.
G	Check	applicable boxes:		Initial return (2) Final return Technical termination - also check (1) or	(3) Name chan	ge (4) Addres	s change	(5) Amended return
Н	Check	theck accounting method: (1) ☐ Cash (2) 🗓 Accrual (3) ☐ Other (specify) ►						
1		Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year 2						· · · · · · · · · · · · · · · · · · ·
J	Check	Check if Schedule M-3 attached						
Ca	ution. I	nclude only trad	le or busin	ess income and expenses on lines 1a	hrough 22 below. See	the instructions for r	nore info	rmation.
Deductions (see the instructions for limitations) Income	1 a	1 a Gross receipts or sales 1a 53,275.						
	ì	•					1c	53,275.
	2	Cost of goods sold	d (Schedule	A, line 8)		••••••••••	2	E2 07E
	3 4	Gross profit. Subtr	ract line 2 fr	om line 1c hther partnerships, estates, and trusts (atta	ch etatomonti		. 3	53,275.
				Schedule F (Form 1040))				
				7, Part II, line 17 (attach Form 4797)				
	7 (Other income (loss	s) (attach s	tatement)			7	
		·		,,				
	8 -	Total income (loss	s). Combine	lines 3 through 7			8	53,275.
	9 5	Salaries and wanes	s (other that	n to partners) (less employment credits)			9	
				ers				
	12 E	Bad debts					. 12	
							1 1	
							1	
				ch Form 4562)	1 1		· · · ·	
				Schedule A and elsewhere on return			16c	
				and gas depletion.)			. 17	
							. 18	
	19 E	Employee benefit p	rograms .				. 19	
Deduc	20 0	Other deductions (a	attach stat	ement)	See State	ement 1	. 20	42,050.
ĺ	21 T	otal deductions	Add the am	ounts shown in the far right column for line	s 9 through 20		. 21	42,050.
		rdinary business	income (lo:	s). Subtract line 21 from line 8			. 22	11,225.
		Under penalties of correct, and com	of perjury, I de plete. Declara	atements, and to the best o anager) is based on all info	f my knowle mation of w	dge and belief, it is true. hich preparer has any		
Sign Here		knowledge.			1 .		1 '	RS discuss this return preparer shown below
		Signature of	general partn	er or limited liability company member manager	>	Date	(see instr	
	······································	Preparer's signature	1110	8 AL CAR	Date 1/4/6	Check if		Preparer's SSN or PTIN
Paid		/ _ / _	Cahna	· · · · · · · · · · · · · · · · · · ·		self-employed EIN	<u> </u>	P00161376)750655
Preparer's Use Only		employed),		eder & Schreiner, E ox 520	o.c.	Phone no.	(308	
000	· 1117	address and	Grand				1200	,,,,,,,
For F	rivacy A			Act Notice, see separate instructions.				Form 1065 (2008)