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See

Form 990-EZ

Department of the Treasury

Internal Revenue Service

Initial return

Terminated

Short Form

OMB No 1545-1150

DLN: 93492083001030

2009

Open to Public Inspection

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 \$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. For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009 Check if applicable C Name of organization Please PORTUGUESE WATER DOG CLUB OF AMERICA INC Address change use IRS Name change label or Number and street (or P O box, if mail is not delivered to street address) Room/suite print or 111 FOXTAIL CIRCLE

D Employer identification number 06-1302951 E Telephone number (303) 582-5009

Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-BLACK HAWK, CO 80422 Application pending tions. G Accounting method Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts Other (specify) 🟲 must attach a completed Schedule A (Form 990 or 990-EZ). if the organization I Website:► NA is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF) K Check ▶ fifthe 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 **▶** \$ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Contributions, gifts, grants, and similar amounts received 46,601 2 Program service revenue including government fees and contracts 210,320 Membership dues and assessments 3 119.369 3 4 602 Gross amount from sale of assets other than inventory 5a Revenue Less cost or other basis and sales expenses 5b 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 0 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here 🟲 Gross revenue (not including \$ of contributions 0 6a Less direct expenses other than fundraising expenses 6b 0 Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 0 6с Gross sales of inventory, less returns and allowances 7a Less cost of goods sold 0 b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 0 8 8 Other revenue (describe **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 376.892 9 9 Grants and similar amounts paid (attach schedule) 📆 39.054 10 10 Benefits paid to or for members . . 12 Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors 16.200 Expenses 13 13 Occupancy, rent, utilities, and maintenance 14 1.109 14 Printing, publications, postage, and shipping 115,627 15 Other expenses (describe 190,463 16 16 Total expenses. Add lines 10 through 16 362,453 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 14.439 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) . . . 298,879 Other changes in net assets or fund balances (attach explanation) $^{f z}$ 18,117 20 20 Net assets or fund balances at end of year Combine lines 18 through 20 331,435 21

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	298,879	331,435
23 Land and buildings		23
24 Other assets (describe 🟲)		24
25 Total assets	298,879	25 331,435
26 Total liabilities (describe 🟲)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	298,879	27 331,435

Part III Statement of Program	Service Accomplishn	nents (See the instruction	ns for Part III)		Expenses
What is the organization's primary exemp PARENT CLUB FOR AKC				(c)(3	uired for section 501) and 501(c)(4)
Describe what was achieved in carrying o describe the services provided, the numb program title				4947	nizations and section 7 (a)(1) trusts, mal for others)
28 HELD DOG SHOW - EDUCATIONAL E	VENT AND HELP IN RESC	UE- EDUCATIONAL M	IA GA ZIN E		
(Grants \$ 39,054) If th	nis amount includes foreign (grants, check here .	▶ ┌	28a	362,453
29					
(Grants \$) If th	nis amount includes foreign (grants, check here .	▶┌	29a	
30					
(Grants \$) If th	nıs amount ıncludes foreıgn (grants, check here .	▶┌	30a	
31 O ther program services (attach sched (Grants \$)	ule) nis amount includes foreign (grants, check here	▶ ┌	31a	
32 Total program service expenses (add lı	nes 28a through 31a) .		▶	32	362,453
Part IV List of Officers, Directors, Tr	ustees, and Key Employees.	List each one even if not co	mpensated (See the ins	tructions	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 employee benefit p deferred compens	lans &	(e) Expense account and other allowances

Pa	rt 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	33		Νο	
	description of each activity				
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Νο	
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				
а	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?	35a		Νο	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b			
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	36		No	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a				
ь	Did the organization file Form 1120-POL for this year?	37b		Νo	
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?	38a		No	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b				
39	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on line 9	1			
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				
Ь	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	40b		Νο	
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	40e		Νo	
	List the states with which a copy of this return is filed 🕨				
42a	The organization's books are in care of PAT QVIGSTAD Telephone no	► (30	3) 582-	5009	
	111 FOXTAIL CIRCLE Located at ► BLACK HAWK, CO ZIP + 4	▶ _80	1422		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		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 ?	42c		Νο	
	If "Yes," enter the name of the foreign country 🕨				
	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			▶ Г	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No	
	Form 990-EZ.	44		Νο	
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			14 0	
73	"Yes", Form 990 must be completed instead of Form 990-EZ.	45		Νο	

Part VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and section	4947(a)(1) nonexe					stions
46 Dıd th	ie organization engage in direct	or indirect political cam	ipaign activities on bel	half of or in opp	osition to		Yes	No
candio	dates for public office? If "Yes,"	complete Schedule C,	Part I			46		
47 Did th	ie organization engage in lobbyii	ng activities? If "Yes,"	complete Schedule C,	Part II		47		
48 Is the	organization a school describe	d in section 170(b)(1)(A)(II)? If "Yes," complet	te Schedule E		48		
49a Did th	ie organization make any transfe	ers to an exempt non-cl	narıtable related organ	ızatıon?		49a		
	s," was the related organization					49b		
•	lete this table for the organization (eyees) who each received more t							
• •	and address of each employee d more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	on employee	tributions to benefit plans & compensation	a	e) Exper count a rallowa	and
51 Compof con	al number of other employees pa lete this table for the organization npensation from the organization	on's five highest compe n Ifthere is none, enter	"None"				-	
(a) N a	ame and address of each indepe	ndent contractor paid m	ore than \$100,000	(B) Type	e of service	(c) C	ompen	sation
F4/4)			*****					
31(d) 10ta	Under penalties of perjury, I declare t and belief, it is true, correct, and com	hat I have examined this ret	urn, including accompanyin					
Please Sign Here	***** Signature of officer			2010-i Date	03-03			
	MARTI MARTIN TREASURER Type or print name and title							
Paid	Type or print name and title Preparer's Signature EDMUND R SLEDZIK		Date 2010-03-24	Check if self-empolyed	Preparer's identif		nber	
	Type or print name and title Preparer's			self-)		

Software ID: Software Version:

EIN: 06-1302951

Name: PORTUGUESE WATER DOG CLUB OF AMERICA INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
STU FREEMAN 244 TALCOTT NOTCH ROAD FARMINGTON,CT 06032	PRESIDENT 10 00	0		
CHUCK TEASLEY 519 NIMROD STREET NEVADA CITY,CA 95959	VICE-PRESIDENT 3 00	0		
MARY EADIE 3413 REEDY DRIVE ANNANDALE,VA 22003	RECORDING SECRETARY 5 00	0		
JEAN HASSEBROEK 1020 235TH ST SERGEANT BLUFF,IA 51054	CORRESPONDING SEC 8 00	0		
MARTI MARTIN 3124 SHELTER COVE GAINESVILLE,GA 30506	TREASURER 8 00	0		
KAREN ARENDS 6917 BENJAMIN BLVD JOSHUA,TX 76058	DIRECTOR 3 00	0		
JOAN BENDURE 6765 PLATZ ROAD FAIRVIEW,PA 16415	DIRECTOR 3 00	0		
ROBIN LEE-BURMEISTER 1991 M-119 PETOSKEY,MI 49770	DIRECTOR 3 00	0		
PAULA STEVENS 4842 E BRADEN ROAD BYRON,MI 48418	DIRECTOR 3 00	0		
JANIS WATTS 5920 W MONTE CRISTO AVE GLENDALE, AZ 85306	DIRECTOR 3 00	0		

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: PORTUGUESE WATER DOG CLUB OF AMERICA INC

EIN: 06-1302951

Item No.	1
Class of Activity	DONATION
Donee's Name	PWDCA RESCUE INC
Donee's Address	PO BOX 1842 JOSHUA, TX 76058
Amount (FMV)	22,854
Purpose of Payment to Affiliate	DONATION
Relationship	N/A
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	DONATION
Donee's Name	AKC CANINE HEALTH FOUNDATION GRANT #705-A CANCER RESEARCH
Donee's Address	PO BOX 900061 RALEIGH, NC 27675
Amount (FMV)	500
Purpose of Payment to Affiliate	DONATION
Relationship	N/A
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	DONATION
Donee's Name	FAIRBANKS NORTH STAR BOROUGH ANIMAL CONTROL
Donee's Address	2408 DAVIS ROAD FAIRBANKS, AK 99701
Amount (FMV)	200
Purpose of Payment to Affiliate	DONATION
Relationship	N/A
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

4
DONATION
AKC CANINE HEALTH FOUNDATION GRANT #1131 CANCER RESEARCH
PO BOX 900061 RALEIGH, NC 27675
5,000
DONATION
N/A

Item No.	5
Class of Activity	DONATION
Donee's Name	AKC CANINE HEALTH FOUNDATION GRANT #613 CANCER RESEARCH
Donee's Address	PO BOX 900061 RALEIGH, NC 27675
Amount (FMV)	2,500
Purpose of Payment to Affiliate	DONATION
Relationship	N/A
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	DONATION
Donee's Name	AKC CANINE HEALTH FOUNDATION GRANT #945 (DAF)IBD RESEARCH
Donee's Address	PO BOX 900061 RALEIGH, NC 27675
Amount (FMV)	5,000
Purpose of Payment to Affiliate	DONATION
Relationship	N/A
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7	
Class of Activity	DONATION	
Donee's Name	THE RABIES CHALLENGE FUND CHARITABLE TRUST	
Donee's Address	DR JEAN DODDS HEMOPET 11330 MARKON GARDEN GROVE, CA 92841	
Amount (FMV)	3,000	
Purpose of Payment to Affiliate	DONATION	
Relationship	N/A	
Description		
Book Value		
How BV Determined		
How FMV Determined		
Date of Gift		

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TY 2009 Other Changes in Net Assets Schedule

Name: PORTUGUESE WATER DOG CLUB OF AMERICA INC

EIN: 06-1302951

Description	Amount
ADJUSTMENT FROM ACCRUAL TO CASH FOR TAXES	18,117

TY 2009 Other Expenses Schedule

Name: PORTUGUESE WATER DOG CLUB OF AMERICA INC

EIN: 06-1302951

LIV. 00 1302531		
Description	Amount	
2009 NATIONAL SPECIALTY	89,517	
2010 NATIONAL SPECIALTY	371	
ADVERTISING	4,290	
AKC CANINE HEALTH CONFERENCE	976	
AKC DELEGATE EXPENSES	2,003	
AWARDS COMMITTEE	2,311	
BANK SERVICE CHARGES	245	
BOARD OF DIRECTORS EXPENSE	4,499	
BREED EDUCATION		
DEYANNE MILLER SCHOLARSHIP	2,461	
DNA KITS		
DUES	25	
HOST CLUB	32,653	
INSURANCE	4,871	
JUDGES EDUCATION	2,867	
JUDGES NOMINATION	4,888	
LEGISLATION EXPENSES		
MEMBERSHIP COMMITTEE	17,474	
MISC - RESCUE RE-HOMING	1,727	
MISC TO BALANCE EXPENSES	2	
NATIONAL SPECIALTY EXPENSES	5,234	
OTHER COMMITTEE EXPENSES	5,218	
PWDCA LLC EXPENSE		
SOVEREIGN CREDIT CARD EXPENSES	5,171	
SUPPORTED ENTRIES	3,600	
TAXES	60	