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|                                                                                                                                                                                                                                      |  |                                                                                                                                     |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )                                                                                                                                    |  | <b>Expenses</b><br>(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?<br>PARENT CLUB FOR AKC                                                                                                                                                            |  |                                                                                                                                     |         |
| 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 |  |                                                                                                                                     |         |
| <b>28</b> HELD DOG SHOW - EDUCATIONAL EVENT AND HELP IN RESCUE- EDUCATIONAL MAGAZINE<br>(Grants \$ 39,054) If this amount includes foreign grants, check here <input type="checkbox"/>                                               |  | <b>28a</b>                                                                                                                          | 362,453 |
| <b>29</b>                                                                                                                                                                                                                            |  |                                                                                                                                     |         |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                             |  | <b>29a</b>                                                                                                                          |         |
| <b>30</b>                                                                                                                                                                                                                            |  |                                                                                                                                     |         |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                             |  | <b>30a</b>                                                                                                                          |         |
| <b>31</b> Other program services (attach schedule) <input type="checkbox"/><br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                              |  | <b>31a</b>                                                                                                                          |         |
| <b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>                                                                                                                                        |  | <b>32</b>                                                                                                                           | 362,453 |

| 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 |
|                                                                                                                                             |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                             |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                             |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                             |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                             |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                             |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                             |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                             |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                             |                                                          |                                            |                                                                     |                                          |

| Part VOther 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 . . . . .                                                                                                                                                                                                                                                                                               | 33  | No |
| 34                                                                                        | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .                                                                                                                                                                                                                                                                                                                       | 34  | No |
| 35                                                                                        | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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? . . . . .                                                                                                                                                                                                                                                                      | 35a | No |
| b                                                                                         | If "Yes," has it filed a tax return on <b>Form 990-T</b> 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 |    |
| b                                                                                         | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                          | 37b | No |
| 38a                                                                                       | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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                                                                                                                                                                                                                                                                                                                                                                                                           |     |    |
| 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 . . . . .                                     | 40b | No |
| 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 | No |
| 41                                                                                        | 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 ▶ (303) 582-5009<br>111 FOXTAIL CIRCLE<br>Located at ▶ BLACK HAWK, CO _____ ZIP + 4 ▶ 80422                                                                                                                                                                                                                                                                            |     |    |
| 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)?<br>If "Yes," enter the name of the foreign country ▶ _____<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . | 42b | No |
| c                                                                                         | At any time during the calendar year, did the organization maintain an office outside of the U S ?<br>If "Yes," enter the name of the foreign country ▶ _____                                                                                                                                                                                                                                                                                    | 42c | No |
| 43                                                                                        | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input checked="" type="checkbox"/><br>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.                                                                                                                                                                                                                                                                                                                              | 44  | No |
| 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  | No |

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.

|     |                                                                                                                                                                                      |     |    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 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 | Yes | No |
| 47  | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                                                                                           |     |    |
| 48  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                    |     |    |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization?                                                                                            |     |    |
| 49b | If "Yes," was the related organization a section 527 organization?                                                                                                                   |     |    |

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 |
|----------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |

50(f) Total number of other employees paid over \$100,000 . . . . .

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 |
|------------------------------------------------------------------------------|---------------------|------------------|
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

|                                                                                                                                          |                                                                                                                                                                                                                                                                                                                       |                  |                         |                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------|--------------------------------------------------|
| 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. |                  |                         |                                                  |
|                                                                                                                                          | *****<br>Signature of officer                                                                                                                                                                                                                                                                                         |                  | 2010-03-03<br>Date      |                                                  |
|                                                                                                                                          | MARTI MARTIN, TREASURER<br>Type or print name and title                                                                                                                                                                                                                                                               |                  |                         |                                                  |
| Paid Preparer's Use Only                                                                                                                 | Preparer's signature                                                                                                                                                                                                                                                                                                  | EDMUND R SLEDZIK | Date                    | 2010-03-24                                       |
|                                                                                                                                          | Check if self-employed <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                            |                  |                         | Preparer's identifying number (See instructions) |
|                                                                                                                                          | Firm's name (or yours if self-employed), address, and ZIP + 4                                                                                                                                                                                                                                                         |                  |                         | EIN                                              |
| 1704 SHAGBARK CIR<br>RESTON, VA 201904437                                                                                                |                                                                                                                                                                                                                                                                                                                       |                  | Phone no (703) 471-7584 |                                                  |
| May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                       |                  |                         |                                                  |

Additional Data

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

**TY 2009 Grants and Similar Amounts Paid Schedule****Name:** PORTUGUESE WATER DOG CLUB OF AMERICA INC**EIN:** 06-1302951

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

|                                 |                                                           |
|---------------------------------|-----------------------------------------------------------|
| 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<br>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<br>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                    |                                             |

|                                 |                                                          |
|---------------------------------|----------------------------------------------------------|
| Item No.                        | 4                                                        |
| Class of Activity               | DONATION                                                 |
| Donee's Name                    | AKC CANINE HEALTH FOUNDATION GRANT #1131 CANCER RESEARCH |
| Donee's Address                 | PO BOX 900061<br>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.                        | 5                                                       |
| Class of Activity               | DONATION                                                |
| Donee's Name                    | AKC CANINE HEALTH FOUNDATION GRANT #613 CANCER RESEARCH |
| Donee's Address                 | PO BOX 900061<br>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<br>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<br>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                    |                                                              |

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

| 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     |