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Form 990-EZ

Department of the Treasury

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black tung 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

OMB No 1545-1150

2009

Open to Public Inspection

men	iai Reven	ue Service		The organization may have to use a copy of this retain to satisfy state reporting requi	n Gillomo				
A F	or the	2009 calendar y	year, o	r tax year beginning , 2009, and end	ling			, 20	
В	Check if applicable C Name of organization D Emp					D Employer	yer identification number		
$\neg$		Please AMERICAN SHETLAND SHEEPDOG ASSOCIATION 56				56-23	310	20	
	lame char	12	ise IRS abel or		n/suite	E Telephone	nun	nher	
=		, p	orint or			- 10.06			
=	nıtıal retun -	Ís	ype. See	500 MILLSTONE ROAD		(757)	136	5-4868	
=	erminated	12	specific	<u></u>					
ᆗ⁴	Amended i	returri	nstruc- ions.	City or town, state or country, and ZIP + 4		F Group Exe		ion	
Application pending CHESAPEAKE, VA 23322-4367 Number ▶									
	<ul><li>Sect</li></ul>	tion 501(c)(3) o		ations and 4947(a)(1) nonexempt charitable trusts must attach		counting Metho		X Cash Accrual	
			a con	pleted Schedule A (Form 990 or 990-EZ).		ther (specify)	_		
						_		rganization is not	
	Vebsite	· · ·			re	quired to attach	Sch	edule B (Form 990,	
				y one) - X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527		90-EZ, or 990-P			
KC	Check from If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A								
F	orm 99	0-EZ or Form 9	90 reti	irn is not required, but if the organization chooses to file a return, be su	ire to file a	a complete retu	rn		
L A	Add line:	s 5b, 6b, and 7l	b, to lir	ne 9 to determine gross receipts, if \$500,000 or more, file Form 990 ins	tead of Fo	orm 990-EZ	▶ \$	53,033	
Pa	irt I	Revenue	. Exp	enses, and Changes in Net Assets or Fund Balance	s (See	the instructions	for F	Part I)	
	1			grants, and similar amounts received				51,550	
	2	Program servi	ce rev	enue including government fees and contracts					
	3			nd assessments		3			
	4	Investment inc					.	1,483	
	5a	Gross amount	from s	sale of assets other than inventory 5a		<u> </u>	$\top$	<del></del>	
				asis and sales expenses · · · · · · · · · · · · 5b					
В.				ale of assets other than inventory (Subtract line 5b from line 5a) · · ·		5			
Re e >	==			es (complete applicable parts of Schedule G) If any amount is from gaming, check		_ ⊢	+	<del></del>	
¥ \$	6 	Gross revenue		, , , ,	ileie > [				
e `n d	<b>⋑</b>		-						
e e	20 <b>r</b>	•	•	s other than fundraising expenses · · · · · · · · · · · · · 6b					
					CTM10	$\overline{1 \cdot \cdot \cdot \cdot} \overline{6}$			
:				from special events and activities (Subtract line 6b from line 6a)	GIMIO	1	+	<del></del>	
				tory, less returns and allowances · · · · · · · · · · · 7a					
	n n	•		sold · · · · · · · · · · · · · · · · · · ·			-		
	<u> </u>			from sales of inventory (Subtract line 7b from line 7a)					
	8 9	Other revenue	-			)   8	-		
		Total revenue.	Add	lines 1,2,3,4-5c,6c,7c, and 8	· · · · ·			53,033	
•	<b>510</b>	Grants and sin	nılar aı	mounts paid (41866 60 64 16 ED · · · · · · · · · · · · · · · · · ·	• • • •	10		<del></del>	
Ε	11	Repetits baid t	וח חד זח	r members		1.			
X P	12	Salaries, other	r comp	ensation, and employee benefits		1:			
ė	13	Professionalie	ees an	a ottel baltueuts to ingebengeut conflaktors		1:	-	1,500	
n s	14	Occupancy, re	ent, util	ities, and maintenance · · · · · · · · · · · · · · · · · · ·		· · · · · · <u>1</u>	⊦-	<del></del>	
e s	15	Printing, public	cations	cribe STM 30 FN, UT.		-	-	13,676	
•	16	Other expense	es (des	cribe STM130		) 1		41,350	
	17	Total expense	s. Add	d lines 10 through 16 · · · · · · · · · · · · · · · · · ·	• • • •	▶ 1	<u>'                                    </u>	56,526	
Α	18	Excess or (def	ficit) fo	r the year (Subtract line 17 from line 9)		1	3	(3,493)	
NS S	19			alances at beginning of year (from line 27, column (A)) (must agree with					
e e t t				ported on prior year's return) • • • • • • • • • • • • • • • • • • •			)	139,969	
`t s	20			assets or fund balances (attach explanation) · · · · · · · · · · · ·			<u> </u>		
	21			alances at end of year Combine lines 18 through 20 · · · · · · · ·				136,476	
Pa	ırt II	Balance S		ts. If Total assets on line 25, column (B) are \$1,250,000 or more, file	Form 99	0 instead of Fo	m 99	90-EZ	
				(See the instructions for Part II )	(A) B	eginning of year	<u> </u>	(B) End of year	
22	Cash	, savings, and i	nvestn	nents · · · · · · · · · · · · · · · · · · ·		139,969	22	138,351	
23		=		• • • • • • • • • • • • • • • • • • • •			23		
24	Other	r assets (descrit	be 🕨	)	<u> </u>		24		
25	Total	assets · · ·	• • •			139,969	25	138,351	
26		liabilities (desc		<del></del>			26		
27	Net a	ssets or fund b	alance	es (line 27 of column (B) must agree with line 21)	1	139,969	27	138,351	

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

Form 990-EZ (2009) AMERICAN SHETLAND SI	HEEPDOG ASSOCIATION	FOUNDATION	56-2	23310	20 Page 2
Part III Statement of Program Service Acce	omplishments (See the	instructions for Part III	)		Expenses
What is the organization's primary exempt purpose? PROMOT			·	(Req	uired for section
Describe what was achieved in carrying out the organization's					c)(3) and 501(c)(4)
manner, describe the services provided, the number of person					nizations and section
	s beliefited, of other releva	ill illioiniauon ioi			(a)(1) trusts, optional thers )
each program title			<del></del>	101 01	iners )
28 FUNDING FOR:					
HEALTH RESEARCH		<del></del> .			
RESCUE					
(Grants \$ ) If this arr	ount includes foreign grants	s, check here · · · ·	• • • • ▶ 🔲	28a	0
29				İ	
	· · · · · · · · · · · · · · · · · · ·	_			
(Grants \$ ) If this am	ount includes foreign grants	s check here · · · ·	▶ 🗀	29a	
30		-,			
				1	
				i	
`	ount includes foreign grants	s, check here · · · ·	· · · · •	30a	
31 Other program services (attach schedule) · · · · · ·			• • • • •		
(Grants \$ ) If this arr	ount includes foreign grants	s, check here · · · ·	• • • • □	31a	
32 Total program service expenses (add lines 28a through 3	1a) • • • • • • • • •		• • • • • •	32	0
Part IV List of Officers, Directors, Trustees, and Key E		en if not compensated	(See the instruc	tions f	or Part IV )
T ditty	(b) Title and average	(c) Compensation	(d) Contributions		(e) Expense
(a) Name and address	hours per week	(If not paid,	employee benefit pla	ans &	account and
DONNA CRABTREE	devoted to position SECRETARY	enter -0) STMA01	deferred compensa	auon	other allowances
		1		_	
74-381 LEALAKEHE PARKWAY KAILUA KONA, 967		0		U	0
MARILYN MARLOW	VICE PRESIDENT	STMA02			
4757 WILBERT ROAD HIGH RIDGE MO, 63049	1	C		0	0
JAN LEONARD	PRESIDENT	STMA03			
1749 S DALLAS STREET DENVER CO, 80247	2			d	0
KATHY KOZAKIEWICZ	SECRETARY	STMA04			
2739 NORTH 21ST DRIVE PHOENIX AZ, 85095	1			a	0
DR ALBERT BIANCHI JR	TREASURER	STMA05			
500 MILLSTONE ROAD CHESAPEAKE VA, 23322	2	,			0
500 HILLSTONE ROAD CRESAFEARE VR, 25522		ļ	· -		
					· · · · · · · · · · · · · · · · · · ·
	<del>                                     </del>	<del>                                     </del>			
	<del> </del> -	<del> </del>			
	<del>                                     </del>	<del>                                     </del>			
		ļ			
	1	j			

Par	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	33		X					
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of								
	the changes · · · · · · · · · · · · · · · · · · ·	34		Х					
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		X.					
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		X					
37 a	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?	37b		X					
38 a	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	_	X					
b	If "Yes," complete Schedule L, Part II and enter the total amount involved								
39	Section 501(c)(7) organizations Enter	1							
	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·								
b	Gross receipts, included on line 9, for public use of club facilities	1							
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1							
	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		X					
С	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 · · · · · · · · · · · · · · · · · · ·	1							
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c								
	reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			'					
е	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		Х					
41	List the states with which a copy of this return is filed VA								
42 a	The organization's books are in care of ▶ DR ALBERT BIANCHI JR Telephone no ▶ 757-4	36-4	868						
	Located at ▶ 500 MILLSTONE ROAD CHESAPEAKE, VA ZIP+4 ▶ 233	22							
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		Yes	No					
	account)?	42b		X					
	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		1						
	and Financial Accounts.			_					
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X					
	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		• • •	· [_					
	and enter the amount of tax-exempt interest received or accrued during the tax year · · · · · · · ▶ 43								
			Yes	No					
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of								
	Form 990-EZ • • • • • • • • • • • • • • • • • • •	44		X					
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		X					
	EEA F	orm 99	10-EZ (	(2009)					

Form 990-EZ (2009)

<u>.Part VI</u>	Section 501(c)(3) organizations a 501(c)(3) organizations and section 4947(a)(				All sectio	n			
	and complete the tables for lines 50 and 51	Ty nonexempt enantable at	acto mact anomor que	3110113 40 700					
46 Did th	he organization engage in direct or indirect political	tical campaign activities on	behalf of or in oppos	ition to		Yes	No		
	idates for public office? If "Yes," complete Scho	edule C, Part I · · · ·			46		Χ		
47 Did th	he organization engage in lobbying activities?	If "Yes," complete Schedule	e C, Part II • • • •		47		Χ		
	e organization a school as described in section			• • • • • • • • • • • • •	48		Х		
49 a Did th	he organization make any transfers to an exem	pt non-charitable related or	ganization?		49a		X		
b If "Ye	es," was the related organization a section 527 of	organization? · · · ·		• • • • • • • • • • • • • • • • • • • •	49b				
50 Comp	plete this table for the organization's five highes	st compensated employees	(other than officers,	directors, trustees and key	'				
emplo	oyees) 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	accoi	xpense unt and lowances	š		
NONE									
		-							
f Total	number of other employees paid over \$100,00	0 ▶		<del></del>					
	plete this table for the organization's five highes		nt contractors who ea	ch received more than					
•	,000 of compensation from the organization If	•							
	<b>3</b>								
	(a) Name and address of each independent contractor paid	more than \$100.000	(b) Typ	pe of service (c	) Compen	sation			
	· · · · · · · · · · · · · · · · · · ·								
NONE									
_									
d Total	number of other independent contractors each	receiving over \$100,000	· · · · •						
	Under penalties of penjury, I declare that I have exa	mined this return, including accomp	panying schedules and state	ements, and to the best of my knowled	1ge				
	and belief, it is true, compet and complete Declara	ition of preparer (other than officer	is based on all information	of which preparer has any knowledge					
Sign	I what the	en C		3/21/12					
Here									
	DR ALBERT BIANCHI JR, TREAS	SURER							
_	Type or print name and title								
Paid	Preparer's signature	111 1411 1	3 21 2010	Check if Preparer's Ident	ifying No (	See inst	)		
Preparer's	Company of the control of the contro								
Jse Only	Firm's name (or yours								
	address, and ZIP + 4								
May the IRS	S discuss this return with the preparer shown at		-	7	x Yes	_	No		
_,	, alleged and retain mail the property entries as				/\		-		

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section

See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Employer identification number Name of the organization AMERICAN SHETLAND SHEEPDOG ASSOCIATION FOUNDATION 56-2331020 Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). 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 c Type III-Functionally integrated Type III-Other a Type I b Type II 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) 1100 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (iv) is the organization (II) EIN (III) Type of organization (vi) Is the (vii) Amount of (v) Did you notify organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support (i) organized in the above or IRC section governing document? col (i) of your support? US? (see instructions) ) Yes No Yes Yes

Pa	Support Schedule for Or (Complete only if you checked th			ections 170(b	o)(1)(A)(iv) an	d 170(b)(1)(A)(	vi)
Sec	tion A. Public Support						
Cale	ndar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·						
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included			ľ		1	
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	ļ					
6	Public support. Subtract line 5 from In 4						
Sec	tion B. Total Support	<u></u>	<del></del>				
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 -				T		
12	Gross receipts from related activities, etc	(see instructions)		• • • • • • •		- 12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first	, second, third, four	th, or fifth tax year	as a section 501	(c)(3)	
	tion C. Computation of Public S				·	<del>- , . , </del>	
14	Public support percentage for 2009 (line 6						%
15	Public support percentage from 2008 School						%
16a	33 1/3% support test - 2009. If the organiz						_
	and stop here. The organization qualifies		•				▶□
b	33 1/3% support test - 2008. If the organiz			· ·		•	
	box and stop here. The organization quality	ies as a publicly s	upported organizat	ion • • • • •			▶ 🔲
17a	10%-facts-and-circumstances test - 2009.	If the organization	n did not check a bo	ox on line 13, 16a,	or 16b, and line 1	4 is 10% or	
	more, and if the organization meets the "fa	cts-and-circumsta	nces" test, check th	nis box and stop h	ere. Explain in Pa		
	organization meets the "facts-and-circums	tances" test. The	organization qualifie	es as a publicly su	pported organizat	ion • • • • • •	▶□
b	10%-facts-and-circumstances test - 2008.	If the organization	n did not check a bo	ox on line 13, 16a,	16b, or 17a, and	line 15 is 10% or	
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums	tances" test. The	organization qualifie	es as a publicly su	pported organizat	ion · · · · · ·	• • • • • • □
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b,	17a, or 17b, chec	k this box and see	e instructions • •	• • • • • ▶ □

Page 3

## Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Part III

<u> </u>	ction A. Public Support							
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include							
	any "unusual grants.")	61,257	90,829	76,965	70,316		51,549	350,916
2			1					
	dise sold or services performed, or fac- lities furnished in any activity that is related		ĺ					
	to the organization's tax-exempt purpose						_	
3	Gross receipts from activities that are not an unrelated trade or bus under sec 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	61,257	90,829	76,965	70,316		51,549	350,916
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							
С	Add lines 7a and 7b · · · · · · · ·							
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·							350,916
	ction B. Total Support					<del></del>	<del></del>	<del></del>
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20		(f) Total
9	Amounts from line 6 · · · · · · ·	61,257	90,829	76,965	70,316		51,549	350,916
ıva	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,127	2,865	3,112	2,540		1,484	12,128
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b · · · · · · ·	2,127	2,865	3,112	2,540		1,484	12,128
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)							363,044
14	First five years. If the Form 990 is for the orgonganization, check this box and stop here	ganization's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3	3)		▶ □
	ction C. Computation of Public Su							
15	Public support percentage for 2009 (line 8, c	. ,	•	**		15		96.66 %
16	Public support percentage from 2008 Schedu				· · · · · · · · · · · · · · · · · · ·	16		%
	ction D. Computation of Investmen			<del> </del>		.= 1		
17	Investment income percentage for 2009 (line	• •				17		3.34 %
18	Investment income percentage from 2008 Sc				[	18		<u>%</u>
19a	33 1/3% support tests - 2009. If the organization of the support tests - 2009, if the organization is not more than 33 1/3%, check this box is	tion did not check t and <b>stop here</b> . The	he box on line 14, organization qual	and line 15 is more ifies as a publicly s	e than 33 1/3%, an upported organiza	d line tion -		▶ 🏋
b	33 1/3% support tests - 2008. If the organization 18 is not more than 33 1/3%, check this is	box and stop here.	The organization of	qualifies as a publi	cly supported orga		nd 	▶□
20	Private Foundation: If the organization did no	ot check a box on l	ine 14, 19a, or 19b	, check this box an	id see instructions		· · · · ·	••••▶□

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

OMB No 1545-0047 2009

Open to Public **Inspection** 

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	e organization answered "Yes," to Form 9 Section 501(c)(4), (5), or (6) organizations	• • •							
	me of organization	Complete : dit iii			Employer ide	entification number			
	ŒRICAN SHETLAND SHEEPDOG ASS	OCIATION FOUNDA			56-233	1020			
_	<del></del>	ization is exempt under sect	ion 501(c) or i	s a section	527 orga	nization			
1	Provide a description of the organization				<u>ori oigo</u>	till Edition.	-		
2	Political expenditures				<b>&gt;</b> \$				
3	Volunteer hours · · · · · · · · · · · · · · · · · · ·								
						<del></del>	_		
Pa	rt I-B Complete if the organ	ization is exempt under sect	on 501(c)(3).	· · · · · · · · · · · · · · · · · · ·		<del>'</del> -			
1	Enter the amount of any excise tax incur				▶ \$				
2	Enter the amount of any excise tax incuri	ed by organization managers under se	ction 4955 · · ·		<b>▶</b> \$				
3	If the organization incurred a section 495	5 tax, did it file Form 4720 for this year	,			· Yes	No		
4a	Was a correction made?					· Yes	No		
b	If "Yes," describe in Part IV								
Pa	rt I-C Complete if the organ	ization is exempt under sect	on 501(c), ex	cept section	501(c)(3	3).			
1	Enter the amount directly expended by the			• = = = = = = = = = = = = = = = = = = =					
	activities · · · · · · · · · · · · · · · · · · ·		• • • • • • • • •		<b>&gt;</b> \$				
2	Enter the amount of the filing organizatio	<del>-</del>							
	527 exempt function activities · · · · · · · · · · · · · · · · · · ·								
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL,								
	line 17b • • • • • • • • • • • • • • • • • • •								
4	Did the filing organization file Form 1120-						No		
5	State the names, addresses and employe	er identification number (EIN) of all sec	ion 527 political o	rganizations to w	hich paym	ents			
	were made. For each organization listed,	enter the amount paid from the organiz	ation's funds. Also	o enter the amou	int of politic	cal			
	contributions received that were promptly	and directly delivered to a separate po	litical organization	i, such as a sepa	arate segre	gated			
	fund or a political action committee (PAC	) If additional space is needed, provide	information in Pa	rt IV		· · · · · · · · · · · · · · · · · · ·			
	(a) Name	(b) Address	(c) EIN	(d) Amount pa filing organiza funds If none, e	ition's	(e) Amount of politica contributions received a promptly and directly delivered to a separat political organization I none, enter -0-	ind le		
			-			-			
					-				
					<del></del>				
			<del> </del>						

che	edule C (Form 990 or 990-EZ) 2009 AMERICAN SHE	TLAND SHEEPDO	G ASSOCIATION	FOUNDATION	56-2331	020 Page 2
Pa	art II-A Complete if the organization	on is exempt u	nder section 50	1(c)(3) and filed	Form 5768 (elec	ction
	under section 501(h)).					
4	Check ▶ ☐ If the filing organization belongs					
3	Check ▶ ☐ If the filing organization checked			pply		<del></del>
		bying Expenditures			(a) Filing	(b) Affiliated
	(The term "expenditures" r				organization's totals	group totals
1a	,			• • • • • • • • •		
b	. Otal lossyling experience to illustrate a logic			• • • • • • • • •		<u>-</u>
C	. Otal long oxponentares (and into the nine					
đ	Cities exempt purpose experience					
e	Total exempt parpood expenditures (date miles			• • • • • • • •		
1	Lobbying nontaxable amount Enter the amount					
	columns	<del></del>				
	If the amount on line 1e, column (a) or (b) is:		nontaxable amount	is:		
	Not over \$500,000		mount on line 1e			
	Over \$500,000 but not over \$1,000,000		s 15% of the excess			
	Over \$1,000,000 but not over \$1,500,000         \$175,000 plus 10% of the excess over \$1,000,000           Over \$1,500,000 but not over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000					,
	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess o	ver \$1,500,000	ļ	i
	Over \$17,000,000	\$1,000,000				
g			• • • • • • • • • •	• • • • • • • •		
h	•		• • • • • • • • • •	• • • • • • • • •		
	Subtract line 1f from line 1c If zero or less, ente			F 4700		
J	If there is an amount other than zero on either i		-	· · · · · · · · · · · · · · · ·		
	section 4911 tax for this year?					Yes No
	(Some organizations that	made a section 501	eriod Under Section (h) election do not h ons for lines 2a thro	ave to complete all of	f the five	
	Lobb	ying Expenditures	During 4-Year Avera	ging Period		
	Calendar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
	beginning in)			1		
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures	<u>.                                    </u>				
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Page 3

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f	iled	Form	5768		_
	(election under section 501(h)).		(a)		(b)	
		Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of					
а	Volunteers? · · · · · · · · · · · · · · · · · · ·		X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1)?		Х			
С	Media advertisements?		Х			-
d	Mailings to members, legislators, or the public?		Х			
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		Х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body? • • • • • • • • • • • • • • • • • • •		Х			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? • • • • • • • • • • • • • • • • • • •		Х			
i	Other activities? If "Yes," describe in Part IV		Х			
j	Total Add lines 1c through 1i · · · · · · · · · · · · · · · · · ·					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X			
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	1(5)	_	ction		
u	501(c)(6).	·/(~/,	0. 00	01.01.		
	34.14N-1.				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines."  Dues, assessments and similar amounts from members				∌d 	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year · · · · · · · · · · · · · · · · · · ·		2a			
b	Carryover from last year · · · · · · · · · · · · · · · · · · ·		2b			
С	Total · · · · · · · · · · · · · · · · · · ·		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues · · · · · · · ·		3			
1	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	rt IV Supplemental Information					
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, and Part II-B, line	11		· · · · ·		
	complete this part for any additional information					
	, , , , , , , , , , , , , , , , , , , ,					
	<del></del>					
		-				

## **SCHEDULE G** (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

\_ Department of the Treasury Internal Revenue Service . Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

Open to Public Inspection

Employer identification number

AMERICAN SHETLAND S	HEEPDOG A	ASSOCIA	TION	FOUNDATION	56-	2331020
Part I Fundraising Activit	ies_Complete if the required to complete	e organization ete this part	n answered	d "Yes" to Form 990, F	Part IV, line 17	
Indicate whether the organization of a Mail solicitations  internet and email solicitations  Phone solicitations  In-person solicitations  In-per	raised funds through n or oral agreemen 90, Part VII) or entil dividuals or entities	t with any of the find the fin	following action Solicitation Solicitation Special function with pro-	ctivities Check all that in of non-government on of government grant indraising events luding officers, director fessional fundraising s	t apply grants s  ors, trustees services?	Yes 🗌 No
(i) Name of individual or entity (fundraiser)	(ii) Activity	Did fundr custody or c contribu	control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
		Yes	No		col (i)	
		1		1		
		_				
						<u> </u>
		_	<u> </u>			
	-	<del>                                     </del>				
			İ			
				i		
		<u> </u>				
		<del> </del>				<del></del>
			<u> </u>		-	
Total · · · · · · · · · · · · · · · · · · ·						
3 List all states in which the organization or licensing	ion is registered or	licensed to se	olicit funds	or has been notified i	t is exempt from	
			<u></u> .			
-		<u> </u>			<del> </del>	
						<del></del>
	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	
	· · · - · · · · · · · · · · · · · · · ·					

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000						
		11010 IIIaii \$ 10,000 011 0111 00	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events Add col (a) through
R e			(event type)	(event type)	(total number)	∞l (c))
v e	1	Gross receipts · · · · · ·				
n u	2	Less Charitable				
е	3	contributions · · · · · · · · · · · · · · · · · · ·				
		minus line 2) · · · · · · · ·				
D	4	Cash prizes · · · · · · · · · ·				
ı r	5	Non-cash prizes · · · · · ·				
e c t	6	Rent/facility costs · · · · · ·				
E	7	Food and beverages · · · · ·				
p e n	8	Entertainment • • • • • • • • • • • • • • • • • • •				
s e s	9	Other direct expenses · · · · ·				
	10	Direct expense summary Add lines			• • • • • • • • •	( )
De	11   11	Net income summary Combine line  Gaming. Complete if the or				
LES	<u> </u>	than \$15,000 on Form 990-EZ			o to, or repented more	
Reve	:		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
enue	1	Gross revenue · · · · · ·				
Direct	2	Cash prizes · · · · · · · · ·				
	3	Non-cash prizes · · · · · ·				
Exper	4	Rent/facility costs · · · · · ·				
n e s	5	Other direct expenses · · · · ·				
	6	Volunteer labor · · · · · ·	☐ Yes % ☐ No	☐ Yes % ☐ No	Yes %	
	7	Direct expense summary Add lines	2 through 5 in column (d)			( )
	8	Net gaming income summary Com	bine line 1, column (d), an	d line 7 · · · · · · · ·		
9	Ent	er the state(s) in which the organizat	ion operates gaming activ	ties		Yes No
a t	ls t	he organization licensed to operate on the organization licensed to operate of the org				• • • • 9a
	_					
10a		re any of the organization's gaming	licenses revoked, suspend	ed or terminated during th	ne tax year? · · · · ·	· · · · 10a
t	o If"\ 	es," Explain				
11	Do	es the organization operate gaming	activites with nonmembers	?		
12	Is t	he organization operate gaming the organization a grantor, beneficiar, med to administer charitable gaming	y or trustee of a trust or a r	nember of a partnership o		12

#### **Federal Supporting Statements** 2009 PG 01 Name(s) as shown on return AMERICAN SHETLAND SHEEPDOG ASSOCIATION FOUNDATION 56-2331020

FORM 990EZ, PART I, LINE 5(C)

STATEMENT #101

# GAIN(LOSS) FROM SALE OF PUBLIC SECURITIES SCHEDULE

GROSS SALES \$40,000 SALES EXPENSE TOTAL NET \$40,000 BASIS

## FORM 990EZ, PART I, LINE 16 OTHER EXPENSES SCHEDULE 2

DESCRIPTION	AMOUNT
SCHOLARSHIPS	2,000
RESCUE OPERATIONS	7,185
VETERINARY SERVICES	18,165
RESEARCH	14,000
TOTAL	41,350

DONNA CRABTREE

### **EXPLANATION**

THE OFFICERS ARE NOT COMPENSATED

	Federal Supporting Statements	2009
Name(s) as shown on return		FEIN
<u> </u>		

MARILYN MARLOW

## **EXPLANATION**

THE OFFICERS ARE NOT COMPENSATED

JAN LEONARD

## EXPLANATION

THE OFFICERS ARE NOT COMPENSATED

KATHY KOZAKIEWICZ

## **EXPLANATION**

THE OFFICERS ARE NOT COMPENSATED

Name(s) as shown on return	Federal Supporting Statements	2009 FEIN
DR ALBERT BIANCHI JR		
THE OFFICERS ARE NOT	COMPENSATED	