



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



2010

Open to Public Inspection

Form **990-EZ**

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 lung benefit trust or private foundation)**

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010 , and ending 12-31-2010

B Check if applicable

Address change

└ Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization	NEWFOUNDLAND CLUB OF AMERICA INC
-------------------------------	----------------------------------

Number and street (or P O box, if mail is not delivered to street address)
1004 HIGHWAY 78

Room/suite

City or town, state or country, and ZIP + 4
MT HOREB, WI 53572

D Employer identification number

22-2858819

E Telephone number

(608) 437-4553

F Group Exemption
Number

G Accounting method ☒ Cash ☐ Accrual Other (specify) ☐ _____

I Website: N/A

J Tax-Exempt status (check only one)— ☐ 501(c)(3) ☒ 501(c)(4) ☐ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 138,378

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	1,097
	2	Program service revenue including government fees and contracts	2	40,012
	3	Membership dues and assessments	3	94,768
	4	Investment income	4	2,500
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)		
	c	Less direct expenses from gaming and fundraising events	6c	0
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8	1	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	138,378	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	707
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	59,448
	16	Other expenses (describe in Schedule O)	16	90,100
	17	Total expenses. Add lines 10 through 16	17	150,255
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11,877
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	227,381
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	215,504

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	221,969	22	211,229
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	5,412	24	4,275
25	Total assets	227,381	25	215,504
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	227,381	27	215,504

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

☐

What is the organization's primary exempt purpose?		Expenses	
EDUCATION/RESCUE/DOG SHOWS		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	HELD ANNUAL DOG EVENT EDUCATED THE PUBLIC ABOUT NEWFOUNDLANDS GAVE GRANTS AND HELD HEALTH AND LONGEVITY CLASSES (Grants \$) If this amount includes foreign grants, check here ☐	28a	150,255
29	 (Grants \$) If this amount includes foreign grants, check here ☐	29a	
30	 (Grants \$) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a	
32	Total program service expenses (add lines 28a through 31a)	32	150,255

Part IV

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

Check if the organization used Schedule O to respond to any question in this 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
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
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, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	Yes	
35b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	Yes	
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
37b	Did the organization file Form 1120-POL for this year?		No
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 tax year covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
39a	Initiation fees and capital contributions included on line 9	39a	
39b	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 ▶		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		No
40c	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 ▶		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
40e	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		No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ MARY L PRICE Telephone no ▶ (608) 437-4553 Located at ▶ 1004 HWY 78 MT HOREB, WI ZIP + 4 ▶ 535723044		
42b	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)? 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 .	Yes	No
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶		No
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		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	Yes	No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

YesNo

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2011-03-27 Date			
	MARY L PRICE TREASURER Type or print name and title					
Paid Preparer's Use Only	Preparer's signature	EDMUND R SLEDZIK	Date	2011-04-13	Preparer's taxpayer identification number (See instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	EDMUND R SLEDZIK 1704 SHAGBARK CIR RESTON, VA 201904437				EIN
						Phone no (703) 471-7584

May the IRS discuss this return with the preparer shown above? See instructions

YesNo

Additional Data

Software ID:
Software Version:
EIN: 22-2858819
Name: NEWFOUNDLAND 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
ROGER FREY 11120 BROADWAY ST ALDEN,NY 140049515	PRESIDENT 20 00	0		
JACQUELINE BRELLOCHS 1405 ELLIS HOLLOW RD ITHACA,NY 14850	1ST VICE PRESIDENT 10 00	0		
KATHY MCIVER 751 HENSEL AVE LA HABRA,CA 90631	2ND VICE PRESIDENT 10 00	0		
LYNNE ANDERSON-POWELL 358 SWART HILL ROAD AMSTERDAM,NY 12010	CORRESPONDING SECREATRY 20 00	0		
MARY LOU CUDDY 1155 RAYMOND RD BALLSTON SPA,NY 12020	RECORDING SECRETARY 10 00	0		
MARY L PRICE 1004 STH 78 MT HOREB,WI 53572	TREASURER 20 00	0		
JOHN CORNELL 964 WILLIAMS HILL ROAD RICHMOND,VT 05477	DIRECTOR 10 00	0		
DONNA THIBAUT 4 SKOPEK ROAD UNION,CT 06076	DIRECTOR 10 00	0		
PAMELA SAUNDERS 26825 NW WEST UNION ROAD HILLSBORO,OR 97124	DIRECTOR 10 00	0		
SUE MARINO 5 IDLEWOOD DR AUBURN,MA 015012133	DIRECTOR 10 00	0		
MAREDITH REGGIE 632 BAUMS BRIDGE RD KOUTS,IN 463479613	DIRECTOR 10 00	0		
PAMELA RUBIO 8955 BURCHELL RD GILROY,CA 95020	DIRECTOR 10 00	0		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization NEWFOUNDLAND CLUB OF AMERICA INC	Employer identification number 22-2858819
--	--

Identifier	Return Reference	Explanation
Form 990EZ, Part I, Line 8		ADJUSTMENT TO BALANCE 1

Identifier	Return Reference	Explanation
Form 990EZ, Part I, Line 16		ADJUSTMENT TO BALANCE ADMINISTRATION 45 AKC DELEGATE 3110 ANNUAL MEMBERSHIP MEETING 1263 ASSOCIATIONS 1025 AWARDS 2086 BOARD 12427 BREEDER EDUCATION 1818 CONSTITUTION AND BY-LAWS AMENDMENTS 115 DUES - MEMBERSHIP EXP 7671 GENERAL EDUCATION EXPENSE 4250 GRANT HEALTH AND LONGEVITY 2165 HISTORAIN 210 JUDGES EDUCATION 731 JUNIORS 844 LEGISLATIVE LIAISON 123 LIABILITY INSURANCE 2043 NEWF TIDE 1349 NOMINATING 70 OBEDIENCE 603 OFFICERS 9393 RECOGNITION 110 REGIONAL SPECIALTIES SUPPO

Identifier	Return Reference	Explanation
Form 990EZ, Part II, Line 24		TROPHIES 5412 4275

Identifier	Return Reference	Explanation
Form 990, Part IX, Line 24f		DUES - MEMBERSHIP EXP EDUCATION PROGRAM HEALTH AND LONGEVITY JUDGES EDUCATION JUNIORS LIABILITY INSURANCE LTD PLATES MISC OBEDIENCE OFFICERS POLICIES/ASSOCIATIONS RECOGNITION RESEARCH ADVISORY TECHNICAL RESOURCES WEB SITE