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A For the 2010 calendar year, or tax year beginning 01-01-2010

C Name of organization

C/O JULIE QUIGLEY-SMITH

PAWCATUCK RIVER LABRADOR RETRIEVER

As Filed Data -

Number and street (or P O box, if mail is not delivered to street address) Room/suite

DLN: 93492270005071

D Employer identification number

30-0589201

E Telephone number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

Short Form

(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

and ending 12-31-2010

Open to Public Inspection

In In	ııtıal ret	turn	81 HENRY CASE WAY				
<u> </u>	eminat	ted			_		
Amended return		d return	City or town, state or country, and ZIP + 4 WAKEFIELD, RI 02879		F Group Exemp Number ►	otion	
I A	oplicatio	on pending			Number F		
		ting method PRLRC ORG	Cash Accrual Other (specify) ►		H Check ► 🔽	- If the or	ganization is not
J Tax	-Exemp	pt status(check	only one)— 501(c)(3) 501(c)(7) ◀(insert no) 4947(a)(1) or	_	required to a (Form 990,	attach Sc	hedule B
\$5	0,000	A Form 990	anization is not a section 509(a)(3) supporting organization an -EZ or Form 990 return is not required though Form 990-N (e- to file a return, be sure to file a complete return				
L Add more,			o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, of of Form 990-EZ	or if total asset	ts (Part II, line 25, ► \$	column (B)	below) are \$500,000 or 29,343
Pa	rt I		e, Expenses, and Changes in Net Assets or Fund to organization used Schedule O to respond to any question in		(See the instru	ctions fo	r Part I)
	1	Contribution	ıs, gıfts, grants, and sımılar amounts received			1	14,432
	2	Program ser	vice revenue including government fees and contracts .			2	14,911
	3	Membership	dues and assessments			3	
	4	Investment	income			4	
	5a	Gross amou	nt from sale of assets other than inventory	5a			
<u>a</u>	ь	Less cost o	r other basis and sales expenses	5b			
Revenue	c	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b fro	om line 5a)		5c	
ě	6	Gaming and	fundraising events				
	а	Gross income fi	rom gamıng (attach Schedule G ıf greater than \$15,000)	6a			
	ь		ne from fundraising events (not including \$ _of contributions fro line 1) (attach Schedule G if the sum of such gross income and · · · · · · · · · ·		-		
	С	Less direct	expenses from gaming and fundraising events	6с			
	d	Net income	or (loss) from gaming and fundraising events (Add lines 6a and	d 6b and sub	tract line 6c)	6d	
	7a	Gross sales	of inventory, less returns and allowances	7a			
	ь	Less cost o	fgoods sold	7b			
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other reven	ue (describe in Schedule O)			8	
	9	Total revenu	le. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	29,343
	10	Grants and s	similar amounts paid (list in Schedule O)			10	
	11	Benefits paid	d to or for members			11	
	12	Salaries, oth	ner compensation, and employee benefits			12	
φ φ	13	Professional	fees and other payments to independent contractors			13	5,274
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	1,000
EX.	15	Printing, pub	olications, postage, and shipping			15	408
	16	O ther expen	ses (describe in Schedule O)			16	16,952
	17	Total expens	ses. Add lines 10 through 16			17	23,634
B	18	Excess or (d	leficit) for the year (Subtract line 17 from line 9)			18	5,709
ο Ο	19	Net assets o	or fund balances at beginning of year (from line 27, column (A))) (must agre	e with		
NetAssets		end-of-year	figure reported on prior year's return)			19	13,424
ž	20	O ther chang	es ın net assets or fund balances (explain in Schedule O) .			20	
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20		•	21	19,133

Part II Balance Sheets Check if the organization used	Schedule O to respond to	any question in t	hıs Part II			
(See the instruct	ions for Part II)		(A) Beginni	ng of year	Π	(B) End of year
22 Cash, savings, and investments .				13,424	22	19,133
23 Land and buildings					23	·
24 Other assets (describe in Schedule O					24	
25 Total assets				13,424	25	19,133
26 Total liabilities (describe in Schedule	0)				26	
27 Net assets or fund balances (line 27 of	column (B) must agree wit	th line 21) .		13,424	27	19,133
Check if the organization used What is the organization's primary exempt ASSIST AND EDUCATE, PROMOTE RESP LABRADOR LOVERS TO INCLUDE THEIR Describe what was achieved in carrying out describe the services provided, the number	Schedule O to respond to purpose? ONSIBLE DOG OWNERSI DOGS IN THE OFFERED the organization's exemp	any question in t HIP, PROVIDE O PROGRAMS AN t purposes In a c	PPORTUNIT: D ACTIVITIE :lear and conc	S ıse manner,	(c) org 49	Expenses equired for section 501 (3) and 501(c)(4) anizations and section 47(a)(1) trusts, cional for others)
	s amount includes foreign	grants, check her	e	▶ ┌	28a	
(Grants \$) If the	′SHOWS, CONFORMATION amount includes foreign of the contract o			ons ► [29a	
31 O ther program services (describe in Sci	s amount includes foreign	grants, check her	· · ·	<u>▶</u>	30a 31a 32	
Part IV List of Officers, Directors, True				od (See the ins		s for Part IV)
Check if the organization used			•		•	· · · · · · · · · · · · · · · · · · ·
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	d, employ	Contributions ee benefit p ed compens	lans 8	(e) Expense account and other allowances
See Additional Data Table						

Pa	rt 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		ı				
33		e organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed		Yes	No			
34	Were a	ption of each activity in Schedule O	33		No No			
	Sched	amended documents if they reflect a change to the organization's name Otherwise, explain the change on ule O (see instructions)	34					
others), b		the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among hers), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income or rm 990-T						
а		organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501 or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		No			
b	If "Yes	," has it filed a tax return on Form 990-T for this year? (see instructions)	35b					
36	the yea	e organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during ar? If "Yes," complete applicable parts of Schedule N	36		No			
37a	Enter ar	nount of political expenditures, direct or indirect, as described in the instructions F						
b	Did the	e organization file Form 1120-POL for this year?	37b		Νo			
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were						
	any su	ch loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo			
b	If "Yes	," complete Schedule L, Part II and enter the total amount involved . 38b						
39	Section	501(c)(7) organizations. Enter						
а	Inıtıatı	on fees and capital contributions included on line 9						
b	Gross	receipts, included on line 9, for public use of club facilities						
40a	Section	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under						
	section 4	4911 ▶, section 4912 ▶, section 4955 ▶						
b	transa	s 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit ction during the year or did it engage in an excess benefit transaction in a prior year that has not been ed on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b					
С		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or lifed persons during the year under sections 4912, 4955, and 4958						
d		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the zation						
е		anizations. At any time during the tax year, was the organization a party to a prohibited tax shelter ction? If "Yes," complete Form 8886-T	40e		No			
41	List the	states with which a copy of this return is filed 🕨 RI						
42a	The o	rganization's books are in care of ▶ JULIE QUIGLEY SMITH Telephone no	► (40	1)398	-2080			
	Locate	3100 SOUTH COUNTY TRAIL ed at WEST KINGSTON, RI ZIP + 4	<u> </u>	2892				
b		time during the calendar year, did the organization have an interest in or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No			
	over a accour	42b		Νο				
	If "Yes							
		e instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and ial Accounts.						
c	Atany	time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No			
	If "Yes	," enter the name of the foreign country						
43	Section	a 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here er the amount of tax-exempt interest received or accrued during the tax year			▶ Г			
44a	Did the	e organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No			
	Form 9		44a		Νο			
h		e organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed						
_	instead of Form990-EZ		44b		No.			
c	Did the	e organization receive any payments for indoor tanning services during the year?						
d	If'Yes ın Sche	' to line 44c, has the organization filed a Form 720 to report these payments? <i>If 'No,' provide an explanation</i> edule O	44c		No			

orm 990-E	EZ (2010)							Page 4
							Yes	No
	y related organization a controlle Form 990 and Schedule R must be		-	of section 5	512(b)(13)? <i>If</i>	45		No
	he organization receive any payn iing of section 512(b)(13)? <i>If 'Ye</i>		•		•	45-		N -
46 Did th	he organization engage, directly idates for public office? If "Yes,"	or indirectly, in political	campaign activities on			45a		No
Part VI				nexempt	charitable tri	46 usts (nlv.	No
	All section 501(c)(3) organ 47-49b and 52.		` '` '	•			-	stions
	Check if the organization used	l Schedule O to respond	to any question in this	Part V I				
							Yes	No
1 7 Did th	he organization engage in lobbyir	ng activities? If "Yes," c	omplete Schedule C, Pa	art II		47		
8 Is the	8 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
i9a Did th	he organization make any transfe	ers to an exempt non-ch	arıtable related organıza	atıon?		49a		
b If "Ye	es," was the related organization	a section 527 organizat	tion?			49b		
	plete this table for the organization							
	oyees) who each received more t	than \$100,000 of compe (b) Title and average			nere is none, enter		e " e) Expe	ns e
	and address of each employee Id more than \$100,000	hours per week devoted to position	(c) Compensation	employe	e benefit plans & d compensation	a	count a rallowa	and
		devoted to position		delette	u compensation	Othe	i allowe	inces
50(f) Tota	al number of other employees pa	ıd over \$100,000 .				• <u> </u>		
50(f) Tota	al number of other employees pa	ıd over \$100,000 .				•——		
5 1 Comp	al number of other employees pa plete this table for the organization mpensation from the organization	on's five highest comper			• • • • • • • • • • • • • • • •	►	an \$10	0,000
61 Comp	olete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"		o each received m		an \$10 compen	
i 1 Comp	olete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"					
i 1 Comp	olete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"					
i 1 Comp	olete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"					
61 Comp	olete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"					
1 Comp	olete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"					
61 Comp	olete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"					
i1 Compoficor (a) Na	plete this table for the organization mpensation from the organization ame and address of each indeper	on's five highest comper n If there is none, enter ndent contractor paid mo	"None " ore than \$100,000					
51 Comp of cor (a) Na 51(d) Tota	plete this table for the organization mpensation from the organization ame and address of each independent of other independent of	on's five highest comper If there is none, enter Indent contractor paid mo	"None " ore than \$100,000 ng over \$100,000 .	(b) Ty	pe of service	(c) C	ompen	sation
61 Compoficor (a) Na 61(d) Tota 62 Did	plete this table for the organization mpensation from the organization ame and address of each indeper	on's five highest comper If there is none, enter Indent contractor paid mo contractors each receiving	"None " ore than \$100,000 ng over \$100,000 .	(b) Ty	pe of service	(c) C	ompen	sation
61 Compoficor (a) Na 61(d) Tota 62 Did mu	plete this table for the organization mpensation from the organization ame and address of each independent of the organization of other independent of the organization complete Schest attach a completed Schedule	on's five highest comper If there is none, enter ndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None" ore than \$100,000 ng over \$100,000 on 501(c)(3) organizati	(b) Ty	47(a)(1) nonexen	npt cha	aritable (es	trusts No
of composition (a) Na (a) Na (b) Tota (c) Did mu inder penal nowledge a	plete this table for the organization mpensation from the organization ame and address of each indepensation ame and address of each indepensation and address of each indepensation and the organization complete Schedule st attach a completed Schedule	on's five highest comper If there is none, enter ndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None" ore than \$100,000 ng over \$100,000 on 501(c)(3) organizati	(b) Ty	47(a)(1) nonexen	npt cha	aritable (es	trusts No
(a) Na (a) Na (a) Na (b) Tota (c) Did (d) mu (d) rependence pendence penden	plete this table for the organization mpensation from the organization ame and address of each independent of the organization of other independent of the organization complete Schest attach a completed Schedule	on's five highest comper If there is none, enter ndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None" ore than \$100,000 ng over \$100,000 on 501(c)(3) organizati	(b) Ty	47(a)(1) nonexen	npt cha	aritable (es	trusts No
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of composition of composition (a) Na id (a) Na id (b) Total (c)	al number of other independent of the organization ame and address of each independent of the organization and the organization complete Schest attach a completed Schedule ties of perjury, I declare that I have and belief, it is true, correct, and complete it is true, correct.	on's five highest comper of If there is none, enter ndent contractor paid more ontractors each receiving the second of the secon	"None" ore than \$100,000 ng over \$100,000 on 501(c)(3) organizati	(b) Ty	type of service 47 (a)(1) nonexents, and to all information of	npt cha	aritable (es	trusts No
of Composition (a) No.	al number of other independent of the organization ame and address of each independent of the organization and the organization and the organization complete. So the stattach a completed Schedule ties of perjury, I declare that I have and belief, it is true, correct, and contains the organization of the organization complete.	on's five highest comperation of property of the second contractors each receiving the second contractors ea	"None " ore than \$100,000 ing over \$100,000 on 501(c)(3) organizati cluding accompanying scleparer (other than officer oate oate oate oate	heck if	type of service 47 (a)(1) nonexents, and to all information of	npt cha	aritable /es st of my prepare	trusts No r has ar
51 Compoficor (a) Na 51(d) Tota 52 Did mu	al number of other independent of the organization ame and address of each independent of the organization complete. Schedule ties of perjury, I declare that I have and belief, it is true, correct, and complete of the state of perjury. I declare that I have and belief, it is true, correct, and complete of officer. JULIE QUIGLEY-SMITH TREASURER Type or print name and title Preparer's signature. CYNTHIA FISH Firm's name (or yours & JACK BERTI	on's five highest comperation of property of the second contractors each receiving the second contractors ea	"None " ore than \$100,000 ing over \$100,000 on 501(c)(3) organizati cluding accompanying scleparer (other than officer oate oate oate oate	(b) Ty	statements, and ton all information of Date Preparer's taxpay (See instructions)	npt cha	aritable /es st of my prepare	trusts No r has an
51 Composition of correction (a) No. (a) No. (b) Section (b) Section (c) Secti	al number of other independent of the organization ame and address of each independent of the organization complete. Schest attach a completed Schedule ties of perjury, I declare that I have and belief, it is true, correct, and control is the organization of the organization complete Schest attach a completed Schedule ties of perjury, I declare that I have and belief, it is true, correct, and control is true, correct, and	on's five highest compendent of there is none, enterndent contractor paid monomeration of processing and the complete. Declaration of processing and the complete of the compl	"None " ore than \$100,000 ing over \$100,000 on 501(c)(3) organizati cluding accompanying scleparer (other than officer oate oate oate oate	heck if	ype of service 47(a)(1) nonexen statements, and to n all information of	npt cha p the be which	aritable fes st of my prepare	trusts No r has an

Additional Data

Software ID: Software Version:

EIN: 30-0589201

Name: PAWCATUCK RIVER LABRADOR RETRIEVER

C/O JULIE QUIGLEY-SMITH

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
CLAIRE WHITE PETERSON S 36 WYASSUP RD NO STONINGTON, CT 06359	PRESIDENT 50 00	0		
KATHLEEN CIPRIANI (S) 27 ANNA FARM RD NO STONINGTON, CT 06359	VICE PRESIDE 000 00	0		
CATHY STRAUB BENEDICT 452 MOODUS RD E HAMPTON, CT 06424	RECORDING SE 000 00	0		
JACK GORDON 45 KNOWLES AVE WESTERLY, RI 02891	CORRESPONDIN 3 00	0		
JULIE QUIGLEY-SMITH S 81 HENRY CASE WAY WAKEFIELD, RI 02879	TREASURER 3 00	0		

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As Filed Data -

DLN: 93492270005071

OMB No 1545-0047

2010

Open to Public Inspection

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.

Name of the organization PAWCATUCK RIVER LABRADOR RETRIEVER C/O JULIE QUIGLEY-SMITH Employer identification number

30-0589201

ldentifier	Return Reference	Explanation
OTHER EXPENSES	PART I, LINE 16	EXPENSES ADVERTISING AND PROMOTION 160 OFFICE 646 PUBLIC OFFICIALS TRAVEL/ENTERTAINMENT 891 CONFERENCES/MEETINGS 4,494 INSURANCE 600 EQUIPMENT RENTAL 2,132 TROPHY'S 1,503 SUPPLIES-FUNDAY 188 SUPPLIES - SUNSHINE 389 SUPPLIES - WC &CC 1,130 SUPPLIES - SPECIALTY 2,449 SUPPLIES-HOLIDAY 1,021 SUPPLIES 232 CLOTHING SUPPLIES 327 JUDGES-SUPPLIES 193 MATCH SUPPLIES 258 COMPUTER SUPPLIES 339 TOTAL 16,952

ldentifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	ASSIST AND EDUCATE, PROMOTE RESPONSIBLE DOG OWNERSHIP, PROVIDE OPPORTUNITIES TO ALL LABRADOR LOVERS TO INCLUDE THEIR DOGS IN THE OFFERED PROGRAMS AND ACTIVITIES

ldentifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS	FORM 990-EZ, PART III, LINE 31	HOLDS AKC EVENTS AND SPECIALTY SHOWS, CONFORMATION CERTIFICATE EVALUATIONS

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TY 2010 Compensation Explanation

Name: PAWCATUCK RIVER LABRADOR RETRIEVER

C/O JULIE QUIGLEY-SMITH

EIN: 30-0589201

Person Name	Explanation
CLAIRE WHITE PETERSON	
KATHLEEN CIPRIANI	
CATHY STRAUB BENEDICT	
JACK GORDON	
JULIE QUIGLEY SMITH	